

**Addiction: The Search for, Loss, and Transformation of
Consciousness**

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INTRODUCTION

Consciousness, by Stanley Krippner's (2003) definition, is "an organism's pattern of perceptual, cognitive, and/or affective activity at a given point of time" (p. 9). Although this pattern may shift at different times and during different activities, we can generally agree on the range of what we call "normal waking consciousness." However, the use of psychoactive drugs throughout history, as well as their continued use today around the globe, indicates that humans are not content to remain within the ordinary range of consciousness. *Webster's Encyclopedic Unabridged Dictionary* (2001) defines the term "drug" as "a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being." Psychoactive drugs specifically "affect the mind, especially mood, thought, or perception" (Weil, 1998, p. 225). Darryl Inaba (2004) defines the term "psychoactive drug" (which I will use interchangeably with "psychoactive substance" in this paper) as "any substance that directly alters the normal functioning of the central nervous system when it is injected, ingested, smoked, snorted, or absorbed into the blood" (Psychoactive drugs, CD glossary). The use of psychoactive drugs includes psychotropic drugs, "used to treat mental illnesses" (Inaba, 2004, Psychoactive drugs, CD glossary), and psychedelics, also referred to as hallucinogens, and defined by Weil as "drugs that stimulate the nervous system and produce varied changes in perception and mood." All of these psychoactive drugs, which include a number of legal drugs (such as caffeine, nicotine, and alcohol), are part of humanity's historical use of substances to experience non-ordinary states of consciousness (NOSCs).

Evidence indicates that as far back as 50,000 years ago Neanderthals used fly-agaric mushrooms (Inaba, 2004) to experience states of consciousness outside the ordinary. William James (1916/1958), based on his experiences with nitrous oxide intoxication, states that he came to the conclusion that "our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different" (p. 298). James describes his perception while in a NOSC that "the opposites of the world, whose contradictoriness and conflict make all our difficulties and troubles, were melted into unity" (p. 298). He ascribes metaphysical significance to his insights in NOSCs and makes clear his opinion that for some people, NOSCs are necessary to understand certain aspects of reality.

Some experiences of NOSC can facilitate the development of the kind of insight James describes, revealing a larger, more spiritually connected perspective. This new perspective, when integrated into everyday consciousness, can lead to an individual's evolution. Other experiences of NOSC are brief journeys into an alternate state of consciousness with no corresponding change in ordinary consciousness thereafter. For example, a heroin addict who ingests the drug for the immediate effects must take the drug again when the effects fade. As Inaba (2004) quotes one recovering cocaine user saying, "I have the choice about the first snort of cocaine I take. I have no choice about the second" (p. 60). Most addicts have conscious awareness of some of their motivations for using their substance of choice. However, in my years of practice in the addiction recovery field as a movement therapist and counselor, I witnessed many times the dawning awareness of those in recovery as they came to terms with unconscious motivations for their drug use. While using, they lacked understanding of unconscious needs they were often attempting to meet through their substance use. While needs below the surface of conscious awareness motivated their use of drugs, it was difficult for them to make healthy choices about which modalities of entering NOSC might satisfy their needs, and which would take them into a downward spiral of deterioration. Christina Grof (1993) describes her motivation to use alcohol as a search for the "promise of freedom, connectedness, and love" she had experienced as glimpses occasionally throughout her life. She says,

And I *knew* I found it in the delicious oblivion of alcohol. My boundaries melted, the pain disappeared, and I was, I thought, free. I felt comfortable within my own skin and felt connected with a carefree vitality that told me I could do anything. I was at ease with people in a way that was impossible in my daily life. I felt included, accepted, and cherished – until alcohol turned against me. (p. 10)

What begins as a simple experiment with a NOSC may become a craving for pain relief, or confidence, or any number of changes in state of consciousness that seem like solutions to current problems in a person's life. The heroin addict continues to choose heroin, rather than a

drumming circle, a Holotropic Breathwork™ session, or perhaps an ibogaine therapeutic session, any of which could initiate a NOSC that might provide a more transformative and healing experience. This paper explores the drive to experience NOSC, some of the problems that emerge when that drive falls into an addictive pattern of substance abuse, and the transformational process of recovery from addiction.

SEEKING

Andrew Weil (1998) maintains that there is a basic human need to alter or vary conscious experience. We see it in the rocking and spinning of children as well as in the use of substances that chemically affect the brain chemistry and thereby the state of consciousness. Weil lists many uses for psychoactive drugs, some of which are sanctioned by the cultures in which they evolved, some of which are not sanctioned, despite their historical and ongoing use. He begins with the idea of getting “high,” which might include feelings of euphoria, self-transcendence, increased concentration, or increased energy.

Weil (1998) tells us “curious individuals throughout history have taken psychoactive substances to explore and investigate parts of their own minds not ordinarily accessible” (p. 16). He cites their use “to stimulate artistic creativity and performance” (p. 18). Psychoactive substance use can change moods. Weil describes the use of legal medical drugs to relieve uncomfortable or unwanted moods and says, “Many people of all ages use nonmedical drugs, both legal and illegal ones, in this fashion” (p. 16). He states that people use psychoactive substances to escape boredom or despair. Psychoactive substances can alter consciousness to treat disease, a practice that Inaba (2004) traces back at least to Paracelsus, who medicated his patients with opium to achieve the pain relief and sleep that he believed were essential to curing disease (Inaba, 2004). The use of psychoactive substances can enhance sensory experience and pleasure, promote and enhance social interaction (coffee breaks and cocktail hours), and improve physical performance, as the Inca runners used coca (Weil, 1998). Weil, describing ceremonial and sacred uses of psychoactive substances, points out that

Throughout history, people have used drug-induced states to transcend their sense of separateness and feel more at one with nature, God, and the supernatural. Marijuana was used for this purpose in ancient India, and many psychedelic plants are still so used today by Indians in North and South America. (p. 15)

Another example of religious use of psychoactive substances is the use of wine in Jewish ceremonies such as the Sabbath (Inaba, 2004).

There is a common theme in all these reasons for inducing NOSC's with psychoactive substances. Each indicates a "thirst for wholeness," as Christina Grof (1993) entitled her book about addiction. Those words are from Jung's (1987) statement referring to craving for alcohol as the "spiritual thirst of our being for wholeness, expressed in medieval language: the union with God" (Jung, 1987, p. 21). This may be the key to the compelling and universal need for NOSC's that humans seem to have. McPeake, Kennedy, and Gordon (1991) draw our attention to this need as a missing component of most addiction treatment programs, reminding us that without the opportunity to experience NOSC's in "constructive, ritualized, socially approved ways" (p. 76), individuals find other ways to alter consciousness which may be destructive to themselves, their loved ones, and their communities.

The yearning for spiritual connection that may be an underlying force in the use of psychoactive substances may include a need for healing. Certainly, the use of NOSC's can be an important part of healing, but contemporary substance abuse is like attempting to perform shamanic ritual without a shaman and a cultural context. Without a structure and a guide, without appropriate set and setting, and without conscious intention to use the substance and the ritual surrounding its use for healing, the attempt falls short.

GETTING LOST

In the process of seeking NOSC's to quench the thirst for wholeness, something can go awry. The unconscious attempt to reach out for healing or transcendence can lead to addiction, abuse and the disintegration of the user's life. One difficulty in modern society is that there are no structures to contain and guide the experience. Users explore the unknown terrain of their psyches alone or with peers, without the guidance of an understanding culture, a mentoring person or a ritual to assist their integration of the experience.

The archetype of the addict carries the shadow of our modern culture. Kremer (1998) points out that anthropologists judge the state of consciousness of the “other” without awareness of their own projection process. They may see their own shadow in other, supposedly “primitive” cultures, rather than seeking to understand a different state of consciousness on its own terms. In the same way, the user of psychoactive substances receives the projected shadow of a culture that does not understand the NOSC that drug users seek. Not comprehending the thirst for wholeness, they condemn the addict. Very few understand the tragedy of the dead end in which addicts find themselves when psychoactive substances provide only a temporary glimmer or even a distortion of the state of consciousness that they seek. Kremer (1998) says that indigenous people become the recipients of the “conflicted and split off material dominant cultures unconsciously injected into them” (p.18). The same may be true of drug users and addicts, who then view themselves through the lens of society’s loathing and fear.

The NOSC that an addict seeks, and the inner wisdom that comes forward in that state, is not a function of the rational mind. The idea of the NOSC becomes a repository for all that the rational mind represses. Our rational, mentally oriented culture rejects and represses the magical, mythic, and perhaps even the integral consciousness states delineated by Jean Gebser (as cited in Combs, 1993). Combs describes Gebser’s evolutionary structures of consciousness as processes, with the rational structure as our dominant culture’s current process. According to Gebser’s schema, the rational structure of consciousness should include all the structures that come before it, the archaic, the magical, and the mythical, allowing us access to those processes through which the rational structure evolved. Unfortunately, it seems that most people do not have access to all of these structures, and anyone exhibiting attributes of the earlier structures tends to be censured by the mainstream rational culture. The censured and outcast include those who are lost

in addiction and dysfunctional habit and struggling to find the healing and spiritual connection they hoped the psychoactive substance could provide. They are caught in a loop of habit that may be slowly destroying their everyday lives. It is easy to see how the projective identification process can occur. The addicts themselves may take on the accusations of society: they feel downtrodden, crazy, bad, etc. Denial may keep this self-identification from becoming conscious, as addicts attempt to convince themselves and others that they are not addicts because they do not fit society's image. As the recognition of their addiction sinks in, the addicts begin to address this internal condemnation and self-loathing in the process of recovery.

Addicts are "caricatures of our own dilemma of attachment," and our society sets them apart because "their condition reminds us of our painful cravings" (C. Grof, 1993). In a sense, the dependence of our culture on external sources of satisfaction is addiction in its broadest sense, according to Stanislav Grof (1987b). Addiction has catapulted the lives of addicts into such dysfunction and chaos that they seek treatment, where they can address this issue.

TRANSFORMATION

If we understand the idea of the thirst for wholeness underlying addiction as a longing for spiritual connection and healing, it follows that the process of finding a way out of the maze of addiction lies in a more overtly focused path of spirituality. This is "the direct encounter with mystical or transpersonal realms" (C. Grof, 1993, p.220), rather than a turn towards the dogma of any specific religion. At the heart of Alcoholics Anonymous, the first of the Twelve Step groups, is Carl Jung's (1987) statement, "spiritus contra spiritum" (p. 21). This is the formula that he had in mind when he told an alcoholic patient that the one hope remaining for recovery was a spiritually transformational experience. The addict's psychoactive substance use has turned into a vicious cycle of repetition and disappointment, but a NOSC of a different kind may be an

essential part of the path of the person seeking recovery. In a transformational NOSC, an addict may have an experience of feeling deeply imbedded in and an integral part of a larger whole. From this experience, a new path can open towards the spiritual perspectives that some NOSC's can stimulate. With intention and hard work, this path can lead to a life that holds the meaning and wholeness they once sought and did not find through the substance or behavior to which they were addicted.

As mentioned earlier, McPeake, Kennedy, and Gordon (1991) argue that the need for NOSC's in substance abuse treatment is often a neglected element. Many in the substance abuse treatment field acknowledge that spirituality is an important component of treatment, but specific training in achieving NOSC's is not often a component in treatment programs. It is clear from past experiences of most addicts that merely experiencing a NOSC does not satisfy the thirst for wholeness. The question is how to determine healthy means to achieve what the substance abuser had been attempting through unhealthy means, providing an opportunity to experience the spiritual transformation of which Jung spoke.

A useful framework for determining what might create a healthy NOSC is the working model of states of consciousness developed by Ruth-Inge Heinz (2003). Recognizing the complexity of the topic of what she terms "alternate states of consciousness," Heinz charts these states according to their placement along two intersecting continuums: From dissociation to mind-expansion and from decreased control to increased control. She clarifies that her use of the word "control" indicates here the "capability of accessing different states of consciousness at will, entering and leaving such states with ease, despite temporary periods of flooding" (p. 18). Heinz writes of the need for shamans to relinquish control over their trance state temporarily so that "divine powers can enter their body" (p. 18). The control she refers to is the ability and choice to

access and exit the NOSC, rather than the ability to control the experience of the NOSC. Those states that are mind-expanding rather than dissociative, and that involve increased control by Heinz' definition are in direct contrast to the experience of the addict who was (and perhaps still is) powerless over their addiction. Heinz proposes that "the highest point of the development is the state of 'intuitive knowledge-being'" (p. 19), at the top of the mind expansion scale and the far right end of the increased control scale, a state reached only by a few well-prepared individuals. NOSCs moving in those directions are likely to be the ones most conducive to recovery. The paradox here is that the admission of powerlessness over the substance or behavior of abuse can motivate a conscious choice to enter a healing NOSC (with the increase of control as Heinz defines it) and a corresponding surrender to that state of consciousness and the possibility of intuitive wisdom, "cosmic consciousness," or a spiritually transformational experience.

This is what Sandoz (2001) refers to as the "sudden" spiritual awakening, as opposed to the "slow" spiritual awakening, which tends to develop gradually over time. The slow awakening does not involve an immediate experience of transformation during a NOSC (although it might possibly include meditation and less dramatic NOSC experiences). Many of the activities McPeake, Kennedy, and Gordon (1991) suggest as part of their Altered States of Consciousness Therapy (ASCT) program involve these types of NOSCs. These include physical activities, relaxation training, cognitive therapy, art/aesthetic experience, and meditation and prayer, all with the intention of creating "nondrug-induced alterations of consciousness" (p.79). McPeake, et al. recommend connecting these activities specifically with the idea of altered states of consciousness and spiritual awakening, teaching patients in recovery programs how to consciously generate healthy NOSCs.

Consciously and deliberately connecting various activities to spiritual awakening is part of creating a context or structure for NOSC's to enable their transformational potential. NOSC's that have the potential to generate sudden spiritual awakenings may work best with a structure or ritual to provide a container for the experience. A good example of this is the Native American Church, which uses peyote circles as part of their worship. This experience, in the context of a clear ceremonial structure and a guide, has been instrumental in the recovery of many Native Americans from alcohol addiction (S. Grof, 1987a).

One possible understanding of recovery through NOSC's is the integrative function of those states of consciousness. It has been suggested that the 20-50 Hz waves associated with ordinary consciousness allow or assist a process of coordinating different areas of the brain, resonating in such a way that an integrated experience is created (McGovern, 2003). If ordinary consciousness binds and integrates experience, it may be that NOSC's loosen the binding of experience enough to allow a shift or transformation – a “restructuring process of the ego” (Krippner & Combs, 2002, p. 47). Certain kinds of NOSC's may be opportunities for a special type of processing that brings information unavailable in waking consciousness into the global workspace of the mind. There the binding effect and integration can take place, integrating new ideas and insights with the knowledge and perception available in ordinary consciousness.

Current research into the neurobiology of psychoactive substances and addiction focuses on the possibility of creating pharmaceuticals to assist addiction treatment. New brain imaging techniques provide visual confirmation of changes in the brain circuit systems involved in addiction (e.g., reward, motivation, memory/learning, control), which inspires the development of new medications that can counteract the chemical and structural brain changes of addiction (Inaba, 2004). It seems possible that effective neuropharmacological approaches affect the brain

chemistry similarly to NOSCs, but the answers may be more complex than identifying the neurotransmitter receptor sites involved or understanding the brain's changed use of glucose. An example of this complexity is the use of ibogaine, an alkaloid compound from the root of a shrub in West Africa, to treat heroin addiction. There is anecdotal evidence indicating that the use of ibogaine eliminates heroin cravings. To avoid the dangerous side effects of ibogaine (there have been deaths associated with its use), researchers are working with two close molecular relatives of ibogaine that do not stimulate the hallucinations that are a part of ibogaine's effects. One of the researchers, Deborah Mash, a neuropharmacologist at the University of Miami Medical Center, wonders if this may eliminate an important key to its success as a life-transforming experience. Even if the new drug binds to some of the same brain receptors as ibogaine, Mash worries that the beneficial effect on heroin craving will disappear without the life review and other effects that ibogaine provides (Holmes, 2003).

In most substance abuse treatment settings, the use of peyote or ibogaine to initiate integrative NOSC experiences is unlikely, but other means to provide this experience are becoming more common. One NOSC technique that has shown positive results within recovery treatment settings is Holotropic Breathwork™, developed by Stanislav Grof and Christina Grof (Taylor, 1994). Another is the use of drumming circles in substance abuse programs. Winkelman (2003) reports on several programs that have introduced this modality, which can assist recovery in several ways. Winkelman lists a number of components of the positive effect of drumming on recovery treatment, including the physiological effects of relaxation and enhancement of theta-wave production and brain-wave synchronization.

INTEGRATION

As discussed earlier, guidance and structure are missing pieces in pre-treatment NOSC experiences of addicts. The treatment center, at its best, offers a sanctuary for the rite of passage into recovery, an initiation process that facilitates addicts' letting go of their prior identities. The surrender that comes with admitting powerlessness over addiction and opening to contact with the spiritual realm is the beginning of an integration process that is aided enormously by the safe container of a loving and supportive atmosphere where addicts can break down and then begin moving into new ways of being with themselves and the world around them.

One of the tools of recovery often offered to the recovering addict is creative expression, often in the form of journal-writing and expressive arts therapy. Creativity can be a means of communication from parts of the self that one does not have conscious access to, bringing material from both the personal unconscious and the collective unconscious into ordinary consciousness. Although the creative endeavors of recovering addicts may lead to NOSCs, they are more likely to be part of the slow spiritual awakening that Sandoz (2001) refers to, as the emerging information from deeper parts of the self is integrated. Cook-Greuter and Miller (2000) describe the human growth trajectory as "one of increasing differentiation toward the rational, conventional view of reality from birth to early adulthood, and then one of a growing and conscious deconstruction of boundaries and increasing reintegration with the ground of being at later stages of differentiation" (p. XX). Most traditional Western psychologies do not recognize the second part of this trajectory. They value the rational, objective stance as the final goal of development, leaving few alternative paths for those who yearn for transcendence. Creative expression is one possible path for the movement from the rational, cognitive mode of consciousness and into a less boundaried and more integrative state that Cook-Greuter and Miller describe.

Another aspect of recovery, and an important part of the structure that treatment provides, is group therapy and Twelve Step groups. In addition to the many other functions these groups serve in recovery, they also provide an antidote to the addicts' experience of the projected identification of the culture's shadow material. We can examine this in terms of Dirks, Eley, and Ortner's (1994) analysis of cultural identity. They describe "culture as emergent from relations of power and domination, culture as a form of power and domination, culture as a medicine in which power is both constituted and resisted..." (1994, p. 6). Addicts entering treatment often struggle with the concept of powerlessness. The Twelve Step program's First Step suggests that addicts admit powerlessness over their addiction. Within a cultural context that conflates one's ability to have power in the world (and avoid domination) using the "personal power" that addicts think is the answer to their addiction, this is an uncomfortable admission to make. Realizing that they cannot overcome their addictions through personal power, they feel themselves to be without power in their world at all. Without a spiritual context that can be empowering in a new way, addicts experience a sense of isolation and deflation. Within the group process, addicts become conscious of the cultural dynamic to which they are subject and begin to join in the creation of a NEW culture (sub-culture) where they establish an identity that allows them agency in the world. In this way, the participation in recovery groups is the medicine Dirks, et al, refer to. The sub-group's presence and effect may contribute to transforming the larger culture, over time.

The possibility for individual and cultural transformation is what drew me to working with addiction recovery treatment. In the process of transformation through the journey of recovery, the thirst for wholeness that had seemed lost in the dead end of addiction transforms into the development of a spiritual perspective for the individual addict. I believe this reaches

beyond individuals in recovery to touch others in our culture and contributes to the emerging integrative consciousness that we hope for as we struggle as a culture to evolve. My work here at Saybrook will continue to explore the transformation of individual consciousness and the integration and spread of that evolving consciousness throughout our culture.

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