RECOVERY FROM ALCOHOLISM:
TRANSPERSONAL DIMENSIONS

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Much of the literature on the treatment of alcoholism indicates that the recovered person will show improved functioning in the outward aspects of his/her life but will show little psychological or emotional improvement regardless of length of sobriety or the amount of psychotherapy. However, a small body of literature, empirical in nature in part, maintains that the subjective experience of transcendence does bring about a restructuring of the alcoholic’s personality. This paper provides a brief survey of the reports of the transcendent experience in recovery and proposes that further study of transpersonal aspects of consciousness in recovery from alcoholism is necessary if effective and appropriate treatment models are to be developed.

In searching the literature for studies on the transcendent or unitive experience in recovery from alcoholism, very few were found in what William Madsen (1974), author of The American Alcoholic, refers to as the “fantasyland of alcoholic research and therapy” (p. viii). For example, the collection of selected abstracts which covers world-wide literature from 1960 to 1972 on alcoholism treatment and rehabilitation contains only one reference to “transcendent experience:” (Four studies on LSD Therapy and one on Alcoholics Anonymous do mention “peak,” “Transcendental,” and “intense” experiences, but the studies are not indexed under those words.) A computerized search of the literature on the psychological aspects of recovery from alcoholism from 1950 to 1977 by The National Library for Medicine’s National Interactive Retrieval Services generated 21 references to unitive or transcendent experiences in recovery from alcoholism, the majority of which were studies on psychedelic treatment of alcoholism.
Tart (1975) states that psychology has generally not studied these kinds of phenomena (which have been labeled ephemeral, subjective and unreliable) because they are purely internal experiences with few known physical manifestations. Mann (1973) suggests that it is only those people who are experientially close to alcoholism who feel that there is a "spiritual component" to the disease.

One such person was Bill Wilson, one of the founders of Alcoholics Anonymous, whose sobriety began with a vision - an experience of "great white light," described in Alcoholics Anonymous Comes of Age (1957). Wilson later acknowledged his awareness that just such a transcendent experience was deduced by Jung as being necessary for recovery from hopeless cases of alcoholism. Jung (1974), in a letter written to Wilson many years after Wilson's white light experience, referred to a patient whom he had been unable to help and to whom he had recommended the seeking out of a spiritual or religious experience:

...what I really thought about was the result of many experiences with men of this kind. His craving for alcohol was the equivalent on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God.... The only right and legitimate way to such an experience is that it happens to you in reality, and it can only happen to you when you walk on a path which leads you to higher understanding. You might be led to that goal by an act of grace or through a personal and honest contact with friends, or through a higher education of the mind beyond the confines of mere rationalism (p, 64).

This patient of Jung's had become the subject of a spiritual experience through the Oxford Group, and later that movement's basic principles of honesty, love, purity and unselfishness were incorporated into Alcoholics Anonymous (Madsen, 1974).

As Wilson describes the immediate aftermath of the experience: he was left knowing that life was meaningful, not hopeless, senseless and chaotic.

A great peace stole over me and I thought, "No matter how wrong things seem to be, they are all right. Things are all right with God and His world" (p. 63).

Wilson found further validation of his own transcendent experience in his later study of William James who, in Varieties of Religious Experience (1958), quotes a number of examples of "conversion experience" which resulted in permanent alteration of the person's habitual nature. Restates that the most
numerous examples of permanent character alteration are those of reformed drunkards. However, the revised edition of Alcoholics Anonymous states that it is erroneous to believe that "these personality changes or religious experiences must be in the nature of sudden and spectacular upheavals."

The terms "spiritual experience" and "spiritual awakening" are used many times in this book, which, upon careful reading, shows that the personality change sufficient to bring about recovery from alcoholism has manifested itself among us in many different forms.... Most of our spiritual experiences are what the psychologist William James calls the "educational variety" because they develop slowly over a period of time (p. 569).

Burns, Randall, Calhoun, & Abrahamson (1975) state that alcoholism is due to the fact that Western culture, followed by the whole world, has abandoned God and that "there is only one possible solution to the problem: spiritual conversion, return to God" (p. viii). They explain that the problem is not a religious or a spiritual one, but an ontological problem having to do with what actually is real as opposed to what man believes is real. Burns et al. appear to have confused the evidence validating the existence of God and the empirical evidence for the experience of unity. Campbell & McMahon (1974) suggest that just such confusion is the difficulty for studies of the transcendent experience because:

... highly elaborate overbeliefs about the essential nature of the ultimate "super-ordinate whole" with which/whom we become one, often tend to cloud the issue when attempts are made to scientifically discuss the actual human experience of transcendence and union" (p. 74).

One of the most powerful accounts of an alcoholic's attainment of the unitive experience, of the results of this attainment, and of the lifelong search for it, is included among the stories of enlightenment in Three Pillars of Zen edited by Philip Kapleau (1965). In this account Mrs. L.T.S. describes her groping as a teenager for inner truth and her later search for it in her work as a sculptor. She writes movingly of her discovery of "blessed alcohol, which subtly dulled my pain and unshackled my soaring spirit" (p. 250). She describes the process of alcohol slowly taking over her whole life and the eight years of psychiatric treatment during which she continued drinking and remained trapped in her alcoholism. She finally called Alcoholics Anonymous, stopped drinking, and found that:

... with this act [I] was at last freed to truly look at myself, and with the help of all the other alcoholics who had lived through the same hell, to be myself. ... I learned that there is something infinitely
more powerful than my small human mind. And I knew that J must find it, know it, see it, be it (p, 251).

She describes her discovery of the Aphorisms of Patanjali, her five years of Kriya Yoga meditation, her four years in the practice of Zazen, her attainment of realization, and the results of that attainment [italics hers]:

I feel clean.
I feel free.
I feel ready to live every day with zest, by choice!
I am delighted by the adventure of each moment.
I feel as though I have just awakened from a restless, disjointed dream. Everything looks different!
The world no longer rides heavily on my back. It is under my belt.
I turned a somersault and swallowed it.
I am no longer restless.
At last I have what I want. (p. 254)

One psychiatrist's approach to the transcendent experience is found in the studies by Dr. Harry M. Tiebout (1949,1958) who wrote extensively about the phenomena of the "conversion experience" in recovery from alcoholism. From his observations of members of Alcoholics Anonymous and of his own patients, Tiebout (1949) found the conversion experience to be compounded of hopelessness (the "hitting bottom" of AA); of surrender, which he describes as the acceptance of the need for help; and of a state in which the thinking switches from negative to positive. For Tiebout (1958) true surrender cannot be accomplished through an act of will, "It is a vital experience and can only be achieved in the midst of crisis" (p. 14). Originally he found the very idea of surrender to be abhorrent. From his patients, however, he discovered that "surrender does not weaken a person, but ... enables him to give up the fruitless battle to maintain an unbroken front, and instead devote his life to the pursuits of peace and fellowship with those about him" (1958, p. 14). Thereafter in his own practice, therapy directed toward inducing the surrender experience became a legitimate goal for all people in trouble, not just alcoholics. The course of therapy is described as a process in which the "big fat ego" is replaced with another "self" which is a "little less in need of having all the answers and being in control" (1949, p. 14). Tiebout also describes the course of therapy as a continuing surrender experience.

Alcoholics Anonymous deals with the importance of surrender in the Third Step of its twelve-step program of growth: "Made a decision to turn our will and our lives over to the care of God as we understood Him" {italics theirs}. The Twelve Steps of
Alcoholics Anonymous given in *Alcoholics Anonymous* are as follows:

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

II. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (pp. 58-59).

Tiebout (1958) describes the Third Step in terms of "surrender and as a way of health" (p. 11), and Clinebell (1963) found it to be similar to a religious conversion. The writers of *Alcoholics Anonymous*, however, refer to the Third Step as "this spiritual step" (p. 63) and view it as important in reducing the inflated ego. The discussion of the step in *Alcoholics Anonymous* is focused upon the observation that:

... our troubles are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot, though he doesn't usually think so. Above everything, we alcoholics must be rid of this selfishness. We must or it kills us! ... Neither could we reduce our self-centeredness much by wishing or trying on our own power. We had to have God's help (p. 62).

Elmer and Alyce Green, in their chapter on "Self-image and Field Independence" in *Beyond Biofeedback* (1977), discuss the program of Alcoholics Anonymous in a slightly different context. They first discuss the conclusions of their associate,
Paul Kurtz (1973). Kurtz proposes that chemical dependence may be viewed not as a moral problem, but as an attempt to open up and explore our hidden inner selves. Kurtz suggests that three of the best ways to do this without using drugs are through meditation, biofeedback and the program of Alcoholics Anonymous, the essential features of which are "ego reduction, acceptance of a power greater than self, and 'spiritual awakening' " (Green & Green, 1977, p. 193). "Spiritual awakening" is referred to in the context of the last step of the program of Alcoholics Anonymous: "having had a spiritual awakening as a result of these steps, we tried to carry the message to alcoholics and to practice these principles in all our affairs." For the Greens, "spiritual awakening ... is not an emotional retreat into dogma but an existential event, and often is the beginning" (p. 193) of a third-level field independence in which we realize that we are not our emotions and not our thoughts. When people no longer identify themselves only in terms of society (for the Greens, the first level of field independence), of the body (the Greens' second level) and of the emotions and thoughts (third level), they then may move on to an awareness of new levels of experience which the Greens have termed the "cosmic level" and the "universal level." The Greens state that these levels are associated with "basic questions of self-identity" (p. 193).

Most of the studies on the transcendent experience in recovery from alcoholism have been done on subjects treated with psychedelics. The enthusiastic use of LSD in the treatment of alcoholism in the late 1950's and early 1960's was due to the fact that under some conditions, LSD produced a state which Sidney Cohen (1964) defines as chemical transcendence. Achievement of this state appeared to induce abstinence in alcoholics. According to Ludwig, Levine & Stark (1970), "relatively high dosages of LSD, ... are given to produce a profound, overwhelming cosmic, mystical or transcendental experience which in itself is regarded as a basis for healing or cure" (p. 16). William James had earlier called attention to the "case of Mr. Peek, where the luminous affection reminds one of the chromatic hallucinations produced by the intoxicant cactus buds called mescal by the Mexicans" (p. 202).

According to Caldwell (1968), psychedelic therapy for alcoholics was originally conceived in 1953 to produce a state which mimicked delirium tremens. (Psychedelics were viewed at that time as psychotomimetic or psychoses-producing drugs, and delirium tremens was seen as a state which represented a "bottom" of horror and despair from which the alcoholics were able to gain some insight and reverse the trend of their disease.) However, McClean et al. (1961) began to carefully
arrange the therapeutic situation to facilitate mystical experiences and achievement of patient insight. Other therapists followed his lead, and it was thought that better therapeutic results were occurring.

The use of "one-shot" psychedelic cures for alcoholism spread across Canada and the United States during the 1950's and 1960's. Masters & Houston (1966) reported that:

Some startling psychotherapeutic results have been reported in the treatment of particular groups of patients. This has been notably true of therapy directed at alcoholics who, in some cases, were selected as LSD subjects precisely because they had proven intractable to all previous therapy (p. 52).

By 1970 the early enthusiastic claims had been tested in well-controlled studies, and it was generally found that LSD and other psychedelic substances were without any prolonged effect on the behavior of alcoholics.

However, Grof & Halifax (1977) compare the studies conducted at Spring Grove, Maryland, by Pahnke, Kurland, Unger, Savage & Grof (1971) with those studies conducted by Grof at the Psychiatric Research Institute in Prague.

In the Spring Grove Studies, where the number of LSD sessions were restricted, there was a definite tendency among both alcoholics and heroin addicts to discontinue their habit following a single high-dose LSD session. In a more open-ended treatment situation in the Psychiatric Research Institute in Prague, where it was possible to administer serial LSD sessions, complete working through of the perinatal material [material from the unconscious] resulted in several instances of lasting abstinence and deep restructuring of the alcoholic's or addict's personality (p. 214).

Grof found that after alcoholics had discovered and experienced feelings of cosmic unity in their sessions in psychedelic therapy, they realized that this state, rather than drug intoxication, was the state they had been craving. According to Grof and Halifax:

The presence of strong feelings of this kind, as improbable as they might seem to those familiar with the behavior patterns and lifestyles of addicts and alcoholics, can be illustrated by statistics from psychedelic therapy. In the Spring Grove research, alcoholics and heroin addicts had the highest incidence of mystical experience of all the study groups, including neurotics, mental health professionals, and individuals dying of cancer (p. 215).

Grof (1973) suggests that an expanded model of consciousness which includes the deeper perinatal and transpersonal levels
can more satisfactorily explain the symptomology of various psychopathologies (including alcoholism) and is "essential for the understanding of schizophrenia" (p. 39). As Madsen (1974) has pointed out, both schizophrenia and alcoholism "lack: adequate definitions, verifiable etiologies and a favorable prognosis" (p. 11). Both alcoholism and schizophrenia are variously considered to be primarily a biological problem with a clear genetic basis or primarily an emotional reaction to traumatic experiences in the person's life history. For the schizophrenic, Grof (1973) indicates that the elements of all four perinatal levels in Grof's expanded model of the human personality may be activated by various traumatic experiences in his/her life history and that the biochemical factors do not directly produce the symptomology but also contribute to the activation of these levels. (For a detailed discussion of "perinatal levels" in Grof's expanded model of the human personality, see Grof, 1976.)

In Grof's model, alcoholism appears to have its roots in the second level of the perinatal matrices. This level was experienced by subjects undergoing LSD psychotherapy in the form of "agonizing feelings of metaphysical loneliness, alienation, helplessness, hopelessness, inferiority and guilt" (Grof, 1972, p. 53). The unique characteristics of the pattern on this level were the focus on the role of the victim and "the fact that the situation is unbearable, inescapable, and eternal-there is no way out either in space or time" (p. 53). It is tempting to postulate a similar emotional or biological activation of the elements of the specific perinatal matrix implicated, for alcoholism, with the added complication that drinking may provide a specific, if temporary, relief for irrupting symptomology before the development of addiction and further emotional and physical damage. Some schizophrenics have also found that the use of alcohol will temporarily relieve their symptoms (Vonnegut, 1976).

For Grof the perinatal levels are a standard and universal component of the makeup of the human personality. The basic difference between the psychotic and the neurotic seems to be in the level of the unconscious which is influencing them. The psychotic (and the alcoholic) are influenced by the deeper perinatal levels, while the neurotic is influenced for the most part by a "specific constellation of memories" from different periods in his life on the shallower psychodynamic level. (For a more detailed discussion of the "constellation of memories" - COEX-systems, see Grof, 1973.)

Therapists who are unaware of or closed to the deeper levels of the unconscious will be less effective with those clients whose
psychopathology has roots in these deeper levels, according to Grof, and will also fail to respond sensitively to the intense spiritual needs of these clients. As Ferguson (1978) mentions, many people have had transformative experiences in Alcoholics Anonymous, whose program can be considered a spiritual discipline, and it is a "desperate need that drives them there" (p. 105).

Although "the concept of therapeutic success is itself as vague as the definition of alcoholism" (Madsen, 1974, p. 24), it appears that those psychotherapists and physicians willing to treat alcoholics have used a variety of different techniques -orthodox psychoanalysis, hypnosis, aversion therapy, shock treatment, megavitamin therapy, diet control, tranquilizers- and that generally treatment failure is more usual than success.

Madsen suggests that treatment failures in alcoholism therapy reflect some basic misconceptions in those sciences dealing with human behavior and consciousness. He viewed alcoholism within the context of the larger controversy between biological determinists, who see man as controlled primarily by organic drives, and psychocultural determinists, who see the biological aspects of man as totally irrelevant in explaining behavior. He urges a holistic approach and synthesis of the various interpretations for those engaged in alcoholic therapy and research.

Any holistic approach to the therapy of alcoholism must recognize the transpersonal dimensions of the human personality. Wilber (1977) concludes that in an expanded model of consciousness, transpersonal therapy underlies other forms of therapy and that different types of therapy are effective at different levels of identity in the larger spectrum of consciousness. Thus it may not be that the traditional approaches of Western psychotherapy in the treatment of alcoholism are necessarily ineffective, but rather that they are limited or being used at an inappropriate level.

Very little research has been done on alcoholics who have attained a transcendent experience using a proven spiritual discipline to integrate the experience into their daily lives. Mrs. L.T.S. (above) was sitting Zazen, and Bill Wilson (above) after his experience of enlightenment followed the principles of the Oxford movement (love, honesty, purity and unselfishness). Later with the help of other alcoholics, Wilson devised a "spiritual path," the Twelve Steps of Alcoholics Anonymous. The Eleventh Step states (italics theirs): "Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His
will for us and the power to carry that out" (Alcoholics Anonymous, 1955, p. 59).

Transcendent experiences may be discounted, considered hallucinatory or disregarded by some therapeutic models, but, according to Vaughan (1979), from a transpersonal viewpoint they "are considered potentially valuable for optimum health and self-realization" (p. 27). The suppression or discounting of such experiences may be psychologically damaging and impede psychological growth.

Whether from a perspective of origin of psychopathology or from a perspective of continuing psychological growth, the recognition of the validity and the value of the transcendent experience in recovery from alcoholism is long overdue. It may be that recognition of the experience as valid and meaningful is the most important aspect of transpersonal psychotherapy of alcoholism. For it appears that it is not the content of the experience nor oneness with the larger universe within which the person lives, which is most important to the alcoholic. Rather, it is the context within which the transcendent experience is viewed which is significant. From the transcendent experience the person gains an altered sense of him/herself and his/her significant participation in a meaningful universe: the person no longer views the larger system within which he/she lives as chaotic, painful and meaningless, but comes to view the larger system as having an intrinsic plan within which his/her being also has meaning.

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