

## ADDICTION AND TRANSCENDENCE AS ALTERED STATES OF CONSCIOUSNESS

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To an unbiased observer of human nature, it would appear that addictions, compulsions and attachments are a normal and inevitable part of human experience. To this same observer, a visitor from another world perhaps, it would probably also be evident that searching for transcendence, for expanded or heightened states of consciousness, is an equally pervasive and natural human activity. The purposes of this paper are to 1) propose that considering the fixated, repetitive nature of addictions, it is possible to describe them as contracted states of consciousness; and 2) contrast addiction with transcendence, which involves an expansion of consciousness, sometimes to the point of visionary or mystical experience.

What is addiction? The first point I would like to make is that addictions and compulsions (which I regard as the broader, more encompassing term) are exaggerated or pathological expressions of normal and natural human behavior. Most, if not all, people have compulsive and addictive tendencies. When the behavior becomes so habitual as to dominate the individual's life to the detriment of interpersonal and occupational functioning, then we have the clinical diagnosis of addiction or dependency. Millions of people have identified themselves as addicts of one kind or another, and such labelling of compulsion as a condition or "disease" has undoubtedly been helpful and therapeutic for many individuals. However, like all metaphors, the disease metaphor has its limitations, and it has been justifiably criticized by some for encouraging a conception of addiction as a fixed, unchangeable condition. If, on the other hand, we regard clinical addiction as merely the extreme on a continuous spectrum of behavior, then learning to recognize, identify and somehow deal with one's addictive or compulsive tenden-

*addictions  
and  
compulsions  
are  
exaggerated  
or  
pathological  
expressions*

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des becomes a normal process of human development, a kind of maturing or growing up.

As an alternative to the disease model, some define addiction as an attitude that seeks for sources of satisfaction exclusively in the external, material world. This is then contrasted with an attitude of psychological-mindedness, or interiority, or spiritual growth, all of which involve directing attention inwardly, to interior states and experiences, away from the external world. This is also a very broad definition, which would also make addiction a normal part of human experience, since an exterior orientation, a focus on the acquisition and consumption of material goods, is widely regarded as a dominant feature of the collective consciousness of Western (if not all) humanity. In the Asian spiritual traditions, including Yoga, Hindu Vedanta and the various schools of Buddhism, "attachment," "craving" or "desire" are seen as root processes of human consciousness, and the primary obstacles to "liberation," "enlightenment" or "self-realization." "The source of suffering is craving," states the second of Buddha's Four Noble Truths, after the first, which asserts the universality and inevitability of suffering.

*many  
addicts  
crave  
a certain  
experience,  
a state  
of  
consciousness*

Yet there is a problem with this definition of addiction as a seeking of external objects, because what many addicts crave is a certain experience, a state of consciousness, rather than a material object. The object may just be desired for the sake of the experience it induces. There are forms of compulsive behavior, for example gambling or sexuality, in which the person's attention is clearly focused on the inner experience, or the "rush," and the external "object" is, in a sense, secondary or irrelevant. A further complication is the possibility of becoming addicted to spiritual experiences. The kind of detached, meditative states that are advocated in the spiritual traditions as the antidote to craving and attachment, can themselves become the objects of compulsive pursuit. There are compulsive meditators, who use the quest for spiritual experience to avoid confronting unpleasant aspects of their own external or internal world. Psychedelic drugs which, under favorable circumstances and with the appropriate intention, can produce transcendent, expanded, even mystical states of consciousness, can also become the objects of addictive or compulsive drug-taking behavior. So the contrast between an external, addictive orientation and an interior, spiritual addiction cannot be so sharply drawn as might at first appear.

Some years ago, Andrew Weil, in his book *The Natural Mind* (Weil, 1986), made the point that the drive to alter one's consciousness is a pervasive and natural feature of human consciousness, as can be seen in the predilection children have for activities such as spinning, swinging or turning upside down. This pattern can be seen as well in the sensation-seeking behavior of adults in situa-

tions of extremity or danger, and in the never-ending quest for "rest and relaxation" from the active mode of doing and working, through entertainment, tourism, aesthetic enjoyment, sports and the like. Modulating our consciousness is not only a universal human urge, it appears to be widespread in the animal kingdom as well, as Ronald Siegel has documented in his book, *Intoxication* (Siegel, 1989).

Furthermore, through the *twenty-four-hour circadian* cycle, a regular modulation of states of consciousness between waking, sleeping and dreaming is built into our physiology, from birth to death. In recent years, a second endogenous cycle has been identified by Ernest Rossi (1991) and others: this is the ninety-minute *ultradian* cycle of doing and resting, left-brain and right-brain, sympathetic and parasympathetic activation that puts us, every ninety minutes or so, into a light, hypnotic interior trance, filled with creative imagery and possibilities of self-healing and restoring our energies. States of consciousness are constantly changing. It appears to be of the essence of consciousness that it goes through periodic fluctuations. Consciousness is wavelike, rather than static. When we are asleep, we typically descend through four phases to deep sleep, then ascend again to the tightest state and go through a phase of dreaming accompanied by rapid eye-movement. When we are awake, this also is not a uniform condition: rather, the degree of alertness constantly fluctuates as we oscillate between moments of high arousal and brief "micro-sleeps." In addition to the multiple regular cycles and periodic fluctuations of consciousness, we are susceptible to a diversity of more or less common or unusual catalysts or triggers of altered states, including drugs, foods, sounds, rhythms, visual stimuli, movement, aesthetic enjoyment, natural scenery, stress, illnesses, injuries, shocks, as well as various practices deliberately designed to alter consciousness, such as breathing exercises, hypnosis, meditation, shamanic practices, religious rituals and the like.

*states  
of  
consciousness  
are  
constantly  
changing*

Elsewhere (Metzner, 1989) I have pointed out that historically there have been two main metaphors for consciousness, one spatial or topographical, and the other temporal or biographical. The spatial metaphor is expressed in conceptions of consciousness such as a territory, a terrain, or a field, a "state" one can enter into or leave, or as empty space, as in Buddhist psychology. The spatial metaphor, if unconsciously adhered to, would tend to lead to a certain kind of fixity in one's perception or worldview, it would perhaps lead to a sense of consciousness as "static," and a craving for stability and persistence. From this point of view, ordinary waking consciousness is the preferred state, and "altered states" are viewed with some anxiety and suspicion-as if an "altered" state is automatically abnormal or pathological. In many ways this is the attitude of mainstream Western thought toward alterations of coo-

sciousness. Even the rich diversity of dreamlife and the changed awareness possible with introspection, psychotherapy or meditation is often regarded with suspicion by the dominant, extraverted worldview. For example, it is unlikely that one could become a presidential candidate in the United States if one has ever been in psychotherapy because it would suggest mental illness or deficiency in health.

The temporal metaphor for consciousness is seen in conceptions such as William James' "stream of thought," or the stream of awareness, or the "flow experience," as well as in developmental theories of consciousness going through various states. Historically and cross-culturally, we see the temporal metaphor emphasized in the thought of the pre-Socratic philosophers, Thales and Heraclitus, in the Buddhist Teachings of impermanence (*anicca*), and in the Taoist emphasis on the flows and eddies of water as the basic patterns of all life. From this point of view, wavelike fluctuations of consciousness are regarded as natural and inevitable, and health, well-being and creativity are linked to one's ability to tune into and utilize the naturally occurring, and the "artificially" induced, modulations of consciousness.

*space  
and  
time  
as  
metaphors*

According to Immanuel Kant, "space" and "time" are the *a priori* categories of all thinking. It seems appropriate that these are the two most common metaphors we have come up with in our reflections on consciousness. Perhaps the most balanced way to think about consciousness would be to keep *both* the spatial and the temporal metaphors in mind. We can recognize and identify the structural, persistent features of the perceived world we are "in" at any given moment, *and* we can be aware of the ever-changing, flowing stream of phenomena in which we are immersed. Although Heraclitus is believed to have said, "You can't step twice into the same river," what he actually said was, "When we step into the same river, it is always different water flowing past." This is a statement in accord with the dual perspective I have here suggested.

#### ADDICTIONS AS CONTRACTED STATES OF CONSCIOUSNESS

A useful book that summarizes and integrates social psychological research on addiction is Stanton Peele's *The Meaning of Addiction* (Peele, 1983). In this book, Peele identifies the main features of what he calls "addictive experience" or "involvement." In other words, this is an analysis in terms of the state of consciousness of the addicted person. Addictive experiences or involvements are defined as "potent modifiers of mood and sensation." When a drug or behavior has the ability to produce an immediate, effective and powerful modification of mood and sensation, then there is the potential for the development of an addictive or compulsive in-

volvement. This definition identifies an addictive experience as a particular variety of altered consciousness. An altered state of consciousness may be defined as a time-limited state in which the patterns of thought, of feeling or mood, of perception and sensation, are altered from the ordinary or baseline condition (Metzner, 1989).

The relative role of genetic, biochemical, sociocultural, personality, and situational factors in the development of addictive involvements is still a matter of considerable controversy. Some believe that genetic, biochemical conditions create a predisposition to becoming addicted, and that personality and situational factors act as triggers or catalysts. Others argue that the addiction is completely learned and that biochemical/genetic factors only predispose the particular choice of the addictive object or behavior. Much more research is obviously needed to sort out the relative contributions of these different contextual factors. In this essay I am focusing on the experience, on the phenomenology of addiction.

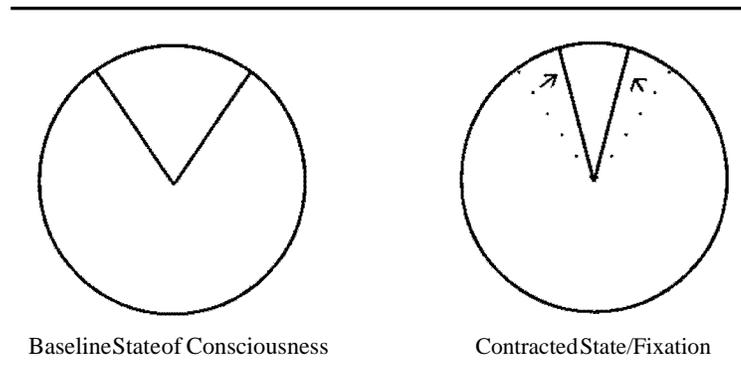
If we examine addictive experience as an altered state of consciousness of a certain kind, we can compare it with other kinds of altered states of consciousness. I propose that addictive experiences, compulsions, and attachments involve a fixation of attention and a narrowing of perceptual focus—in other words, a contracted state of consciousness. This is in contrast to transcendent or ecstatic or mystical states which involve a moment of attention and a widening of perceptual focus—in other words, the classic expanded state of consciousness. "Transcendent" means "above and beyond," and "ecstasy" is from the term "exstasis"—out of the static condition, out of the usual state of consciousness. Addiction and attachment, on the other hand, involve the opposite direction, as we have seen: fixation, repetition, narrowing and selectivity of attention and awareness.

*contraction  
contrasted  
with  
expansion  
of  
consciousness*

We may think of consciousness as a spherical field of awareness that surrounds us and moves with us wherever we go. Taking a horizontal plane section of this sphere, we then have a circle of 360° which we could say is the circle of potential awareness. So, in this model, there is a three hundred and sixty degree circle of potential awareness, of potential focus of attention. (Actually, of course, the sphere has many more than 360 degrees, but the circle will suffice to illustrate the point.) Then, **in** contracted, fixated states (see Figure 1), attention is selectively focused on only 30°, or 15°, or even 1°—just the object of desire, the craved sensation, the bottle, or the pipe, to the exclusion of other aspects of reality, other segments of the total circle.

The comedian Richard Pryor did a performance about his cocaine addiction, which was filmed and can be seen on video. It is an

FIGURE 1  
 BASELINE AND CONTRACTED STATES



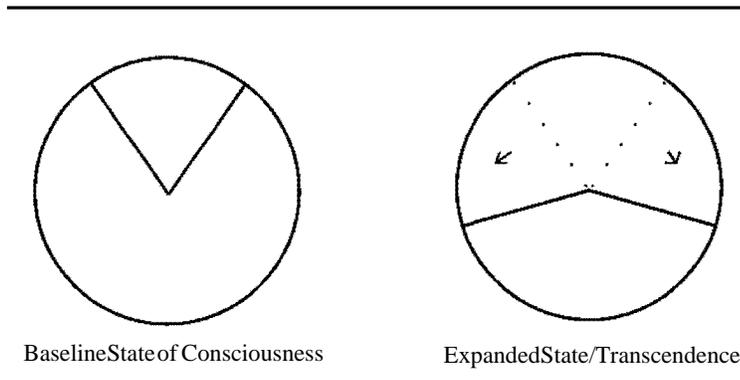
*complete  
 contraction  
 and  
 fixation*

awesome performance, in which he describes living a life-style that became more and more restricted, until he was isolated from all other relationships except the one with his crack pipe, which had become repetitive and ritualistic. He does not work or socialize or communicate with anyone—only the pipe with which he talks, and which tells him: "This is all you need." One smoke after another, and nothing else matters; nothing else can capture his interest or attention. Awareness and attention are completely contracted and fixated.

By contrast, in terms of the 360° circle of potential awareness, in transcendence and ecstasy, awareness and attention expand (see Figure 2) from the normal or usual "baseline" (which might be 30° or 60°) to a wider arc of 90°, or 120°, or 180°, or even 360°<sup>a</sup>—fuller range of awareness. A similar step-wise expansion of consciousness takes place every morning when we wake up. Interestingly enough, people who took LSD (a prototypical consciousness-expanding substance) often reported that their range of visual perception had expanded to 360 degrees, so that they felt they could see out of the backs of their heads. Possibly this is a literal interpretation of what is an experience of psychic awareness, or sentience, expanding to a complete, all-around field. We do have the possibility of being aware of what's happening behind us, of sensing subtle energy currents in our immediate vicinity, not necessarily based on visual perception.

Sentience, awareness, or attention can be thought of as a kind of beam that can be focussed on a very narrow point or band, or can take in much wider arcs and areas of the total circle of potential awareness. This awareness/attention beam changes its focus and range constantly, and narrowing or widening it are obviously normal and natural capacities. In addition, in unusual states of consciousness including addiction and transcendence, a contraction or expansion of awareness may be triggered by external stimuli.

FIGURE 2  
BASELINEANDEXPANDEDSTATES



Another area of human experience in which selective narrowing of attention occurs is in the mother-infant bonding situation. The linguistic affinity of the words "bonding," "attachment," and "addiction" already points to their psychological similarity. This was brought home to me in a very vivid way when I was watching my infant daughter and her attachment behavior toward the maternal breast. She would be moving around, gurgling and wiggling her limbs, and then suddenly she would start focusing on the breast. She would start to cry, and all her movements were toward her mother, with her attention completely focused in on the breast. I then lost the ability to distract my daughter or capture her attention. I could no longer say, "Here, look at this," and have her follow me with eye and hand movements. I suddenly realized that this was the same kind of narrowing of awareness and attention as would occur in a drinker, focusing only on the bottle, or myself focused only on "I want that chocolate cookie, now!" or the junkie, on the drug.

The attachment or addiction process, then, can involve an immediate or very rapid alteration of mood and sensation, including both need satisfaction and anxiety reduction. By focusing awareness and attention on the object or experience we are craving or wanting, awareness ceases to be engaged with other aspects of our experienced reality, particularly pain, fear, or anxiety. There is a genuine need to reduce pain and fear, and this need is immediately and effectively satisfied. There is a narrowed focus, a fixation of attention. Then there is repetition of these steps, and gradually, over time, a kind of ritual may develop.

*alteration  
of  
mood  
and  
sensation*

The ritual aspect of addictions and compulsions is very significant. I once worked with a man who had a self-described sexual addiction that involved compulsive viewing of pornography and visits with prostitutes in which he always placed himself in submissive and degrading positions. It was extremely repetitive and ritualistic

behavior---and no other kind of sexual activity had any attraction for him. Even the orgasmic sexual fulfillment seemed to be secondary to the peculiar satisfaction gained from ritualistic repetition.

The ingestion of drugs that produce dependency often seems to become associated with ritualistic behavior, which is compulsively repeated in the same way, over and over. Freud also spoke of a "repetition compulsion" in neuroses. This is true of the narcotic drugs such as opiates, depressants such as barbiturates, psychiatric tranquilizers and antidepressants, and stimulants such as amphetamine and cocaine. Ritualistic ingestion is quite obvious and well-known in the case of the socially sanctioned and commercially promoted addictive substances, including alcohol, tobacco and coffee. In these situations, the ingestion ritual forms part of the advertising message promoting consumption. Ingestion rituals are also evident in the case of food addictions, especially those involving sugar, wheat products and meat. Food ingestion rituals become painfully distorted in the binge and purge behaviors of those with "eating disorders," who may be, among other things, trying to forcefully control their addictions.

*the  
development  
of  
dependency*

The immediate or very rapid modification of mood and sensation produced by such drugs and foods is one of the factors facilitating the development of dependency. Alcoholics often remark upon the empowerment they feel when their chosen drink first hits the stomach: immediately the anxiety or frustration is lifted, there is an experience of relief from pain, or, in the case of stimulants, relief from the feelings of impotence and inadequacy. The sense of power comes from the immediacy of the change of state. Any unpleasant aftereffects, which may be well-known to the addict, are too far removed in future time to override the immediate feedback.

The power to instantly alter one's state of consciousness, especially to move it from painful to pleasurable or even neutral, may generalize from the physiological drug effect to the ritualistic behavior surrounding it. For the smoker, just pulling out the cigarette and preparing it for lighting may already have some anxiety-reducing effects. Similar considerations apply in the case of the activity addictions, including compulsive sexuality, gambling, shopping or working, where the ritualistic repetition of certain behaviors, in itself, seems to be able to reduce anxiety and change one's consciousness. Being a workaholic in recovery myself, I am aware that by becoming absorbed in routine tasks I could avoid dwelling on other anxiety-provoking aspects of my life. The fact that "working hard" is an essential ingredient of the European and American (especially Protestant) work ethic, and that obvious social rewards are associated with it, does not alter the basic dynamics. When "working hard" is associated with an extreme narrowing and fixation of attention, to the exclusion of other pursuits and interests, it

becomes compulsive "workaholism." Family and other social relationships may be impaired, and even work productivity and resourcefulness can decline—justifying the diagnosis of addiction.

Similar processes of fixation, attachment and ritualistic repetition can be observed in relationship addiction, or the co-dependency pattern that has now so often been described in the literature on addiction. In a relationship addiction, or compulsive co-dependency, there is a narrowed focus of attention on what the other person thinks or feels or wants or dislikes, to the exclusion and neglect of awareness of what I think or feel or want or dislike. In this way, I can avoid paying attention to what I really need or want, and what the situation might really call for. More and more, the whole focus of the relationship becomes what the other person wants, to the denial of my own interior awareness. If the other person in a relationship is doing the same kind of focusing on the partner, it is easy to see how communication becomes extremely confusing and problematic.

*co-dependent  
relationships  
and  
communication  
problems*

Transcendent experiences and expansions of consciousness may also powerfully modify mood and sensation, but in a way that is quite different: the entire range of experience, the continuum of sensation and perception, is extended and made more fluid. Terminal cancer patients, who were given LSD and compared its pain-reducing effect to that of morphine, said that with the psychedelic they still felt the pain, but it wasn't as painful anymore; and there were many other experiences that also occupied their attention (Grof & Halifax, 1977). Generally, the consciousness-expanding psychedelics have not led to addiction, and narcotics addicts tend not to like them. The effects are too unpredictable, too varied, too subtle and too delayed, to allow the kind of immediate pain- or tension-relief the addict is seeking.

Nevertheless, there is some evidence to suggest that, in rare circumstances, transcendent experiences themselves, whether induced by drugs, or by meditation, or by physical practices such as running, can also become the objects of addiction. If someone is taking psychedelic drugs, such as LSD, or empathogenics, such as MDMA, repetitively, with a similar kind of change of state involved (to the exclusion of other interests, and the eventual neglect of family and other responsibilities) then again there is the classic pattern of addiction and abuse. The pattern has also been observed with some meditators, who may avoid dealing with intrapsychic or interpersonal conflict by constantly and compulsively meditating. Teachers in the Asian spiritual traditions talk about the possibility of spiritual addiction, or "spiritual materialism," and warn of becoming attached or too fascinated by unusual, ecstatic, or visionary experiences—which are disparaged as "illusions." The compulsive meditator or user of psychedelics becomes addicted to that tran-

scendent experience itself, so they just want to keep repeating the transcendent experience over and over which, of course, is not possible. There is an inherent self-limiting factor in these kinds of experiences: you can't keep transcending, you have to have something to transcend from. Or, as some have said, the ego first has to build some boundaries, before **it** can dissolve them in unitive states of consciousness.

#### TRANSCENDENCE AND DISSOCIATIVE PSEUDO-TRANSCENDENCE

Transcendent or ecstatic experiences, like the classic accounts of mystical or cosmic consciousness, involve a widening of *the* focus of attention, an expansion of awareness beyond the boundaries of the ordinary or baseline state. Thus, such experiences involve the opposite of the addictive contractions of consciousness. Awareness and attention, instead of being fixated and narrowed, are extended and widened. It is a process of detachment rather than attachment, of dissolution or loosening rather than fixation. When LSD was first discovered, it was recommended to the psychiatric profession for the purpose of "psychic loosening" (*see lischen Auflockerung*); and LSD-therapy is still known in Europe as "psycholytic" (Grinspoon & Bakalas, 1979).

*contractions  
and  
expansions  
are  
normal  
and  
natural  
processes*

Both contractions and expansions of awareness are normal and natural processes, and we are generally familiar with the phenomenology of such state changes. Psychedelic drug states were originally and aptly described as "consciousness-expanding" experiences. Meditation practices, such as "Transcendental Meditation" (TM), clearly aimed *to* produce a kind of unitive state of consciousness in which the conflicts and dualisms of ordinary consciousness would be dissolved or transcended. However, on closer examination, this process of transcendence is much more complex. There are at least three different processes related to transcendence that need to be distinguished.

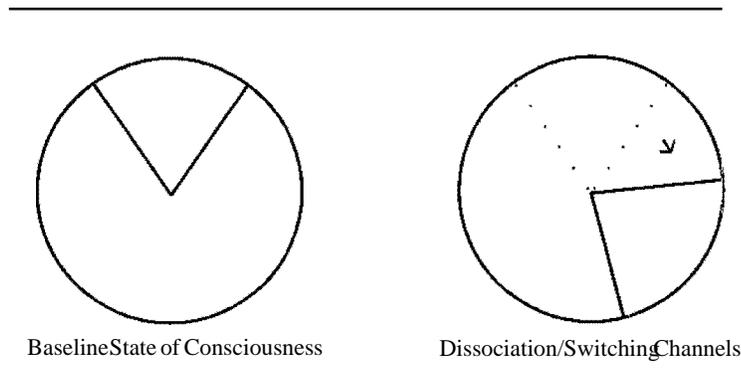
We need to distinguish between true transcendence and a kind of pseudo-transcendence, or dissociation, that could be called-as an analogy- "channel-switching." If you have your focus of attention on some object or event in your exterior or interior world, the analogy would be that it's like looking at a program on a TV channel. One could sharpen the analogy here, by imagining that you have a mini-TV screen strapped to your eyes so that you don't see anything else except that. So the focus or fixation of attention and perception is on the images being presented to you. We might call this the "attachment mode" of perception. If I am depressed, or sad, or watching some exterior event or activity, I am perceptually attached, or focused, or fixated, on that depression, or sadness, or perceived event.

Switching the channel is a kind of transcendence, in the sense that you are no longer watching the program to which you were previously attending. If you are depressed, and you are able to "switch channels" somehow, you would have "gone beyond" the depression. Antidepressant drugs could be considered "channel-switching" drugs; probably most psychiatric mood-altering drugs function in this way. Some forms of psychotherapy, such as the use of affirmations, and some other kinds of interventions or distractions by friends (what the French call "*changer les idées*"), could be understood in this way. You are able to change the focus of your attention, away from the distressing or painful contents that were preoccupying you. What I am calling "channel-switching" here may be quite similar to dissociation, as seen in hypnotic trance states and in certain reactions to trauma. In terms of the model of 360° of total potential awareness, channel-switching (see Figure 3) involves directing attention at another segment of the circle: from one 60° arc to a different 60° arc. But this would not involve an expansion of consciousness, merely an alteration. To say this is not to deny the possible therapeutic value of such redirection of attention.

*"channel-switching" and alteration of consciousness*

FIGURE 3

IIASILINI AND CHANNIL-SWITCHING STATES



The effect of the psychoactive, mood-altering drugs can, I believe, best be understood in terms of this channel-switching analogy. They are consciousness-altering, whereas the psychedelic drugs are truly consciousness-expanding. Alcohol, for example, just switches your channel of attention and awareness. It doesn't expand your awareness or perception. It switches the focus of your attention, so that, for example, instead of feeling tense or anxious, you may feel relaxed and euphoric—at least for a while, until the depressant effect spreads to more and more aspects of cognitive and sensory-motor function. The same is true of other depressant drugs: they shift the focus of attention from anxiety to relaxation. Because they bring about this change of mood-state effectively and rapidly,

we learn that we can "escape" painful inner states and a fixation-addiction can easily develop.

The stimulant drugs, including cocaine, the amphetamines, and also nicotine, trigger a shift of the focus of attention, without an expansion of awareness. With these drugs there is often a switch from feelings of powerlessness, inadequacy and impotence, to feelings of powerfulness, competence and sexual arousal. The so-called cocaine "rush," or the amphetamine "speed" feeling is the feeling of being "on top of the world," full of competence and power, immediately after ingestion. A personal story may illustrate this phenomenon. Years ago, when I was in my twenties, I was once driving across the country with two friends, and we were taking turns driving, day and night. One night I took an amphetamine pill in anticipation of my late night driving shift. Then our car broke down, and we had to camp out in a field, to wait for mechanical assistance in the morning. Of course, I was sleepless all night, my eyes wide open, my mind racing. I fantasized myself doing all manner of grandiose projects, and actually felt some of the exhilaration of accomplishment followed, of course, by deflation in the cold, grey light of dawn.

*stimulants  
and  
the  
sense  
of  
powerlessness  
and  
helplessness*

I have often wondered whether the pervasive and spreading attraction of cocaine and other stimulants, as well as of nicotine, a comparatively mild stimulant, is not in some way a reflection of the increasing sense of powerlessness and helplessness that so many people feel, in our fragmented society, marked by profound social inequities and dislocations. Perhaps, too, there is a personality or temperament difference between those who are drawn to the depressants to escape anxiety in a passive manner, and those who are drawn to the stimulants, and the activity addictions, for switching to a state of feeling powerful and competent.

Rage addiction (in German called *Tobsucht* or compulsive violence, which is often, though not always, associated with sexual aggression and abuse, may also be understood as a learned, fixated response to early and repeated feelings of inadequacy and powerlessness. Assaultive and destructive behavior temporarily switches the perpetrator's attention and awareness away from painful feelings of inadequacy and impotence, and fear of even deeper helplessness. Having once learned a "way out" of extraordinarily painful feeling-states, the road to addiction and compulsive repetition is easily followed.

I would like to quote here from a fascinating article on "The Ritualization of Hatred and Violence in Racism," by Maya Nadig, psychoanalyst and Professor of European Ethnology at the University of Bremen, in which she analyzes the psychological attitude of the nee-Nazi skinheads. She writes:

The emphasized potency in the paramilitary dress and gear allows the young men to defend against feelings of threatened manliness .... The culture of violence is sought in an addictive manner, in order to overcome feelings of paralysis, powerlessness and emptiness .... The jointly organized episodes of brutality afford a kind of "rush" experience, in which external boundaries and interior insecurities are dissolved. The perpetrators experience themselves as omnipotent and just, and representing a cleansing energy that restores order" (Nadig, 1993).

The addictions to shopping and gambling may develop because these activities momentarily shift attention away from feelings of worthlessness, where a great deal of identity and self-esteem are tied up with how many material possessions one owns or how much money one has to spend. Shopping may give one the momentary illusion of an increase in possessions and greater self-worth based on spending. The advertising media know this "consumer complex" and play on it to maximal effect, as one can readily observe in any suburban shopping mall, where the powerful, constantly repeated subliminal message is: "Buying is good." "You are good and beautiful when you buy." The compulsive gamblers, likewise, can toy with the illusion, and the possibility, of suddenly winning large sums. Having material possessions, or even being close to the possibility of monetary wealth, can give feelings of worth, prosperity and social esteem.

The process I describe as "channel-switching," a pseudo-transcendent method of altering one's consciousness, may also be involved in what is popularly referred to as "head-tripping." This is the kind of compulsive intellectualizing that has also been characterized as a "thinking addiction." Here again I can readily identify one of my own addictive tendencies. In early adolescence I learned that I could switch my attention and awareness from the painful feelings that tended to be localized in my heart or abdominal regions, to the head: I could think, read books, write, talk and get social and interpersonal rewards for cognitive activity. If I am "tripping" in my head, in the realm of thoughts and ideas, I can avoid really feeling and learning from my emotions and bodily sensations. For many, this is the easiest form of escape, the easiest and least noticed form of addictive fixation. Psychoanalysis calls it the defense mechanism of intellectualizing or rationalizing. Perhaps because the head is spatially located above the rest of the body, the notion of transcending or climbing above, by directing attention to thought-processes in the head, comes easily to mind.

*compulsive  
intellectualizing*

Channel-switching is probably also an appropriate analogy to use in describing spiritual addiction, or compulsive meditation practice. I once had a client who was a former practitioner of TM. She was quite nervous and anxious, except when she was meditating, which was twice a day for twenty minutes. In TM, one concentrates

on a specific, selected mantra-and the mind can exclude nearly all other thoughts. While she was meditating, she was not anxious; when she was not meditating, she was anxious. So it was a shift in focus, in attention, a channel-switching, not a true transcendence, not an expansion of consciousness.

*transcendent  
states  
and  
"the  
bigger  
picture"*

For true transcendence, with consciousness expansion, the analogy would be that you still watch the images on TV, but you step back from it, or remove the screen from your face, and you also see what is around you in the room, and through the window, outside the house. You can still perceive the TV images, but you realize that it is a TV, with this and other programs, and there's a great deal else going on as well, within you and in the space around you. The transcendent state includes the former narrower focus of attention and more. You get the bigger picture, as it were, the context-the awareness that there's a whole world out there, and that you have a choice as to where to direct your attention. You're not switching away from the prior focus, but expanding awareness: perhaps from a 30° arc to 90° or 180°, which would include the former 30°. True transcendence dissolves fixations and expands contracted forms of perception. "The doors of perception are cleansed," as William Blake put it, and which is also the phrase that Aldous Huxley used as the title for his book on his mescaline experiences.

Mindfulness meditation (*vipassana*) can produce true transcendence, because in mindfulness meditation, you don't try to hold concentration on some chosen object or subject. You simply observe and note the continuous stream of sensations, feelings and thoughts. Whatever comes up, you just note it. You just observe it. You don't go away from it, you don't try to leave it, you don't try to concentrate on something else. You also don't analyze or interpret it, as you would in psychotherapy. Just let it come up, and let it pass away. Thoughts arise and pass. All aspects of experience are included; none are excluded. That's why mindfulness meditation produces a gradual transcendence, a gradual, progressive detachment and disidentification, that can include the former contents of consciousness, as well as elements of a larger whole.

In the addiction-recovery movement, as exemplified in the writings of John Bradshaw, and other teachers, as well as in the basic Twelve Step teaching, tremendous importance is given to acknowledging and validating the horrible and painful experiences that one has had: the pain, shame, guilt, grief, loneliness, abandonment, abuse, humiliation, despair and so on. This acknowledging of the pain and shame is seen as essential to freeing oneself from the addiction. We can understand this from the point of view of the process of true transcendence, where everything is included (as compared to channel-switching, as usually occurs in the addictions, where we try to run away from confronting the demons).

## TRANSCENDENCE AND TRANSFORMATION

A final distinction that can be made is between transcendence, as "going beyond," and transformation as "becoming different." Transcendence is an altered state of consciousness that is always temporary; this includes all mystical experiences, expansions of consciousness and ecstasies. Transformations are lasting changes in the structures and functions of consciousness-of mind, of emotions, of perceptions, of identity, self-image, and so on. You could shift your awareness, or even expand your awareness, but the underlying pattern that got you into that state of consciousness in the first place is still the same. To bring about transformations in the underlying personality structures may involve psychotherapeutic or process work, i.e., going into the deeper layers of the body-mind system and actually undoing the *samskaras*, the karmic pattern that caused you to go into that kind of behavior in the first place.

William James (1901), in his *Varieties of Religious Experience*, posed the question about the difference between these two as follows: he asked if a "conversion experience," which was his term for transcendent experience, would necessarily lead to "saintliness," i.e., better, more moral, more humane behavior. His conclusion: not necessarily. It would depend a great deal on what the personality was like before the experience, and whether changes in behavior and life-style were appropriate. For someone who is already more or less doing their life's work, a mystical or ecstatic experience might only confirm them in knowing their path, rather than radically change their behavior.

*transcendent  
experience  
and  
moral,  
humane  
behavior*

The spiritual traditions throughout the world all recognize transcendence experiences of some kind, and many of the spiritual practices are known to bring about heightened states of perception, such as clairvoyance, precognition and telepathy. In yoga these are called *siddhis*-"*powers*"-but the traditions universally tend to warn against seeking or wanting them too much. They warn: don't be too eager to have these visions; they are only illusions and can distract you. I believe the traditions give that warning because they recognize there is a potential for getting hooked on transcendent experiences. One would end up just doing the meditation in order to have those experiences over and over again. If you do that, you're stuck on the means rather than the end, or what is called "spiritual materialism." So traditional teachers often say, "Keep going on, until total liberation, or self-realization, or enlightenment, which is beyond all dualistic visions or experiences."

Practices leading to ecstatic, transcendent experiences have been a central part of all the world's spiritual traditions, including shamanism, regarded by many as the oldest religion and healing

practice on this Earth. Some of these practices have involved hallucinogenic, vision-inducing plants, and others have used trance-inducing methods such as drumming, movement, fasting, isolation, ordeals, vision quest, chanting and many others. Any of these methods can be pursued in a compulsive, addictive manner when they lead to fixations and contractions of awareness. The traditions warn against these tendencies.

#### CONCLUSION

Very briefly then, what are the implications for the individual? Since we all have addictive potential, tendencies to compulsions, we must learn to balance genuine need satisfaction with spiritual practices of true transcendence or consciousness expansion. We need to learn to consciously focus our awareness when that is needed, and expand our awareness when that is indicated. This is another way of stating the ancient virtue of moderation. It is excessive use, the repeating over and over, far beyond the point of actual need, that gets us into the addictive pattern,

*the  
ancient  
virtue  
of  
moderation*

We can see in the addiction-recovery movement a genuine religious revitalization movement that describes the transformative spiritual path of freeing oneself from addiction. This path may begin with "hitting bottom"-accepting the worst in oneself, going on through a period of assessing one's strengths and weaknesses and repairing damaged relationships, and ending with a reintegration into social life. We can compare this pattern of recovery with the traditional Asian teachings concerning the transformation of attachments, and with the Western traditions of psycho-spiritual transformation. In some ways the addiction-recovery model is close to the traditional Western religious conception, as portrayed in Dante's *Divina Commedia*. First there is the descent into hell; then there is the painful and laborious ascent of the mountain of purgatory, where character is transformed; and, finally, there is ultimate transcendence into the spiritual worlds or "paradise."

By contrast, the Asian model, both Buddhist and Hindu, is much more one of progressive detachment through meditation. In the Wheel of Samsara, in each of the six worlds there is a Buddha figure, teaching the way to transcend or be liberated out of that world. Whatever realm we are in, according to Buddhist teaching, we can, through spiritual practice, transcend the false dualities and conflicts, and attain insight and liberation from the Wheel of Births and Deaths.

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