

Notes From a Fellow Traveller
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Addiction, Meditation, and Contemplative Practice

It would be appropriate to begin in the customary manner by presenting the statistics that define the extent and cost of addictive disorders. These usually state the percentage of population addicted to alcohol and drugs and the related economic burden to society. Wherever one draws the line in defining addiction the numbers are staggering. Let's leave it there. Why, because it is not my intent to define addiction in the usual way as an involuntary, repetitive, compulsive behavior that is dysfunctional to the individual and others. Rather, I shall define it here as **a disturbance of consciousness**. From this viewpoint the problem of addiction is an inherent aspect of an undeveloped consciousness – a problem whose scope extends to and includes what culture considers normal behavior.

The modern day perspective asserts that addiction is primarily a psychological and physiological disorder. There are psychological triggers, circumstances, and patterns of behavior that initiate and re-enforce addictive behavior as well as physiological correlates of addiction that further compel it. For example, alcoholism is seen as triggered by a variety of identifiable psychological circumstances sustained by physiological dependence.

The approach to treatment is multi-modal addressing both its psychological and biological aspects. Twelve step programs such as Alcoholics Anonymous, currently the mainstay of treatment for addictive disorders, have expanded this perspective by emphasizing the role of spirituality. Because of its success in assisting with addiction it is important to carefully examine the original spiritual vision and intent of AA. This undertaking will point us in the direction of a very different understanding of this disorder.

Rowland H., Carl Jung, and AA

In early 1961 there was an important exchange of letters between Bill Wilson, the founder of AA, and the famed Swiss psychologist Carl Jung. Bill Wilson wrote to Jung his desire to relate the fate of one of Jung's patients, Rowland H., who Jung had treated for alcoholism. He reminded Jung about his advise to his patient and related how this counsel ultimately led to the founding of AA. Bill Wilson writes in his note that during Rowland's last visit to Jung he was advised that neither medicine nor psychiatry had a cure for alcoholism and that his case was therefore "hopeless." When Rowland further inquired of Jung whether there was any hope to be found, Jung answered yes, "...if he could become the subject of a spiritual or religious experience."

Unknown to Jung, who never again saw Rowland H, he left Jung's office and subsequently joined the Oxford Group, an evangelical movement in Europe that emphasized meditation and prayer. Through his spiritual efforts he overcame his addiction. He returned to New York and through a series of inter-connections Bill Wilson became aware of the experience of Rowland H. with the Oxford Group and following his example similarly achieved a remission from alcoholism. Wilson then went on to start what we now know as AA.

What were Jung's recollections about his final meeting with Rowland H.? What did he write in response to Bill Wilson's thank-you note to him? Here are Jung's words:

His craving for alcohol was the equivalent, at a low level, of the spiritual thirst of our being for wholeness; expressed in medieval language: the union with God.

You see, "alcohol" in Latin is spiritus, and you use the same word for the highest religious experience as well as for the most depraving poison.

Jung's understood that the driving force and root cause of addictive behavior was the addicts unrecognized and unmet spiritual need. In order to heal addiction at its source, this natural and unmet spiritual need must be responded to and satisfied in an appropriate and authentic manner.

In Exile

Jung was correct, very correct. He knew and could articulate what we all know and feel – that **we are in exile from our true home, our spiritual home. We know this place of exile. We know it through a persistent and vague dis content, dissatisfaction, meaninglessness, and longing that move through our sadness and pleasure. We know it from a ceaseless sense that there is more to life than what we live each day. We know it from our search for meaning and purpose, and from our endless striving and ambition. We know it from those rare glimpses when we touch a deeper presence that removes us from our day-to-day world and briefly opens a doorway to the transcendent and divine.** But we can neither hold nor abide in this essence for more than a few moments. Yet neither can we let it go.

Each of us carries within our self this inner presence, this timeless peace, wholeness, and well-being long after we have wandered from our natural home early in life. It is this vague but extraordinary recollection of our true nature that drives us to reunite with it once again. The authentic search and re-union with our inner home is a genuine spiritual path. The false search is called addiction. Addiction is a mistaken path to the genuine impulse for a spiritual reawakening.

It can be said that all addictions – emotional and physical, positive and negative – arise from the natural impulse for the spiritual existence. They arise in response to the human possibility of transcendence – the possibility of a higher life. But addictions are mistaken perversions of this natural impulse to return to our deeper home. They obscure the true path while intoxicating us with temporary pleasures that are inadvertently substituted for the enduring peace, happiness, and wholeness that patiently waits within.

The authentic path home to the center of our being has been well described for millennia and across cultures. It is there in the Judeo-Christian tradition, in the Eastern philosophies, and if we choose to look closely at the roots of western rationality, we will find it there also. But in our time, most authentic spiritual paths have been obscured, diluted, or distorted – their core essence has been eroded. As a result we can no longer find our way home and that is the source of all addictions. That is the core of the problem.

Unless we can diagnose the problem correctly we cannot apply the correct therapy. It is easy and customary to respond to addiction with pharmacological and psychological measures. And they are of value in managing addictions. But they work on the surface rather than at the source. They pull out weeds rather than destroy the root system. That is why in modern times we consider addictions “life long” problems. They return like weeds in the spring when their underground roots have been left intact by partial and limited understandings and treatments.

But what if we could understand addictions correctly – not so much as physical, emotional, and psychological disorders – but recognize them at their source as spiritual problems? Then we could apply the correct antidote, the only authentic and enduring healing elixir. To do so we must approach what is essentially a problem of the mind through the mind – through an expansion of consciousness.

Counterfeit Gods

The problem of addiction is really quite simple to understand when approached from the direction of consciousness studies in distinction to psychology. Here is how it goes. Our natural state is one of simple unadorned awareness. It is the gap between two thoughts – two mental movements. As our mind is usually filled with ceaseless chatter what remains of this natural condition are only these small gaps of stillness and naked open awareness. However there are other moments in life when we can also experience this place of stillness, timelessness, peace, and wholeness. We can experience this in communion with nature, at the peak of athletic performance, through the arts, in the first blush of romance, at the peak of sexuality, at times of awe and wonder, and in meditation.

For a moment we are lifted out of our usual experience, lifted out of our busy minds into a world that is both familiar and unfamiliar. In these moments all mental – that is cognitive activity – ceases and experience flows freely. We are awake, aware, alive, and one with experience. Here there is neither suffering nor addiction, and not even the usual sense of “I.” For a moment we are in the center of our being. All is complete in this moment. There is no further longing and certainly no addictions. We all know this place. It is the authentic and healing object of our longing and of life itself. But we are unable to sustain this experience because our mind has been trained to default back to thought and cognition - from who we are to what we’ve become.

But we continue to long for this heaven on earth. We are tired of being refugees in the inhospitable land of ceaseless mental chatter. We long for home. We long for our self. We seek it everywhere, except where it is – within. Therein lies the entire problem and solution of modern addictions. In our mistaken search for our native home, in our effort to re-experience the peace, happiness, and wholeness of the spiritual life we reach out to counterfeit experiences and turn them into counterfeit gods believing all the time we have found our lost world. Addiction results from this grand and convincing delusion.

Pleasure is the name we give to these counterfeit experiences. Seen superficially they are just that - pleasurable. Seen more deeply they are distractions and diversions that assure suffering by taking us further and further from our authentic self. How could this be? How could we be so mistaken? How could a temporary pleasure that is really nothing more than an experience that relieves a previous moment of suffering be mistaken for the real thing? The answer is through habit, cultural conditioning, false role models and the hypnosis of temporary sensual pleasures, imagined material security, and the ephemeral allure of fame, name, and worldly success. We are taught to seek these pleasures as if they were the real thing. In fact, our entire economy is dependent on sustaining these false gods. And the advertising industry works as hard as possible to support and market this delusion.

What must be apparent by now is that we are all, to one degree or another, addicts. Some of our addictions are socially unacceptable and overtly destructive while others are socially encouraged although they insidiously rob us of life and health. From a conventional mundane perspective the first is termed addiction and the second normal.

The Spiritual Perspective on Addiction

From a very young age we wander from a natural, open, naked, and free experience of life into the world of mental experience. By wander I mean a very specific process. It is in the nature of the human mind that thoughts, feeling, visual images, and sensory experiences rise and fall in awareness like waves on the sea's surface or images reflected in a mirror. In the spiritual mind of open awareness these mental movements are quite natural. We experience them in the moment and almost immediately they dissolve back into our ground awareness. Much as the mirror does not chase after or cling to the images on its surface or the ocean to its waves, our natural and open awareness does not fix and freeze any aspect of experience. Experience is free to come and go without the fixation and coloring of thought. You may experience this in your meditation.

This wandering, our inability to remain in the natural stream of ongoing experience, is the first step in addiction. The second step occurs at the moment, when out of desire, we begin to chase after or cling to a seemingly pleasurable and seductive mental or sensual experience. When we get involved with mental movements an open awareness slowly recedes to the background and the object or thought moves to the foreground of our experience. Rapidly and automatically we lose our experience of natural open awareness and become involved in the cognitive mind that turns a direct fresh experience into a thought and idea that becomes enmeshed in time and memory. Slowly, thought, feeling or imagery becomes a larger and larger part of our experience until it occupies and supplants open awareness and direct experience. Finally, we further elaborate the thought with stories from memory. What was free experience transforms into abstract thought. We leave a fresh natural world and become enslaved in the afflictive realm of cognition.

This confused loss of our spiritual home begins with the movement toward an object we experience as pleasant. We cling to it and want more of it whether it is a thought, feeling, or sensory experience. Desire becomes attachment. Attachment leads to clinging, possessiveness, and protectiveness, and this sequence in time leads to addiction. That is the full cycle that mistakenly takes us from our home to a distracted, afflictive, and addictive mental life. That is our circumstance.

It is important for you to verify this understanding with your own experience. Observe your mind. Watch how it clings to mental movements. Examine how your open and unfettered awareness recedes into the background and your mental world moves to the foreground veiling your natural home. Follow your mental experience as it leads to desire, attachment, addiction, and suffering. Learn how and why we repeat the same patterns over and over. Recognize that there is no way that this circular sequence of events can ever take you home or provide you with peace, happiness, or wholeness. If you understand this you will understand the true nature of addiction. It is rooted in the workings of a confused consciousness. When you are certain of this truth you can then apply the appropriate solution.

An Integral Perspective

From an integral perspective we experience life through consciousness, biology, social interactions, and cultural institutions. It follows that in order to embrace the wholeness of human life we must understand and address issues of health and disease, including addiction, from each of these arenas of human experience. Failure to do so results in an inability to consider the multi-dimensional nature of health and disease leading to partial understandings and partial efforts at health and healing. The value of the integral perspective is that it reminds us to consider this multi-dimensional nature of the human experience. However, it is essential to remember that although these four aspects of human experience may appear distinct and can be addressed separately they are in actuality inseparable from each other. Human life is a unified and integrated experience.

In contrast to the integral approach the current understanding and treatment of addiction is largely limited to the conventional perspectives, understandings, and capacities of modern times. For example, we are most familiar with attributing health and disease to biological factors and thus we raise the possible role of family-carried genetic tendencies. Psychological interventions such as behavioral therapy have entered the mainstream of western culture following the work of William James in the late 19th century. As a result, that contribution toward treatment of addiction is a natural extension of psychological theory and methodologies developed in the West since that time. Finally, our more recent understanding of social and cultural influences on health and disease such as age-restricted alcohol, organizations such as MADD, and alcohol awareness programs have broadened our approach to addiction. It is best that all of these elements are brought together to address the complex and poorly understood phenomenon of addiction.

It must be noted, that unlike these other approaches AA, which was developed outside of the medical or psychological mainstream, was founded on spiritual principles. Its basic 12-Step format remains the core approach to a variety of addictive disorders. As with many great movements the initial intent as articulated by Jung, the need for a spiritual conversion to supplant the misguided search for spirit, is often diluted in practice. The spiritual conversion Jung spoke of requires devotion, a realized spiritual teacher, and a disciplined path. It cannot be attained through rituals, group discussion, or principles unsupported by rigorous theory and practice. The dilution of its core aim has solidified the AA view that addiction is a life-long problem – which it is unless addressed by an authentic spiritual transformation.

Although AA is a very important part of a treatment program, its failure in emphasizing the skills and practices of genuine and comprehensive spiritual development obscures the possibility of permanent cure. Too often addiction to alcohol is transferred to an addiction to AA (certainly a vast improvement) but what is lost is the opportunity for full spiritual development and the attainment of its innate qualities and capacities which alone can bring a final cure.

Consciousness and Health

In modern times our focus on biology and psychology has distracted us from the exploration and study of the uniquely human domain of consciousness – its science and methodologies. Yet, it is the potential for an expansive consciousness that most distinguishes humankind from the animal kingdom and allows for the spiritual transformation and conversion Jung spoke of.

Human consciousness is a series of evolving developmental levels of experience. Broadly speaking these levels ascend from basic instinctual and patterned behavior, to rational cognitive thought, to the open, expansive, and non-cognitive domain of spiritual consciousness. An individual's developmental level of consciousness and its character – healthy or afflictive – is a major factor in health and disease particularly in those arenas of human experience that are strongly influenced by consciousness.

There can be no argument that addiction is a particular human phenomenon that is related to the unique character of human consciousness much as is stress, anxiety, depression, suffering, and high level well-being. I propose that further advances in the understanding, treatment, and potential alleviation of addiction may depend on **our willingness to incorporate contemplative understandings and practices into current multi-modal approaches to addiction.** This was the message of Jung and the founding essence of AA.

Addiction and Contemplative Practice

The microscope and its extended versions are central to investigative and therapeutic biological medicine. Contemplative practice, meditation, is central to contemplative medicine. Biological medicine is directed at healing and maintaining a healthy body and physiology. **Contemplative medicine is directed at expanding consciousness, alleviating mental suffering, and enhancing the quality of human life.** Addiction, seen from the contemporary perspectives of biology and psychology, is conventionally conceptualized as a genetic, physiological, and psychological disturbance. However, when seen from the perspective of consciousness theory it is understood as the result of disturbed and undeveloped consciousness.

Contemplative theory is the foundation for contemplative practice, the healer/teacher relationship the keystone, and its methodologies are the tools that lead to an expanded consciousness.

Contemplative Theory and Addiction

We have already discussed contemplative theory as it applies to addiction. In summary, the problem begins when, through habit, our mind moves from its natural state of open awareness towards an object of experience – a thought, emotion, visual image or sensory experience. When this occurs our open awareness recedes to the background and the object of experience moves to the foreground where it is frozen into an idea – a conceptualization.

What was once a free and moving moment-to-moment experience is now fixed as an idea. Direct experience has been abstracted to thought. Then, we automatically label these mental thoughts as pleasant, unpleasant, or neutral. We grasp and cling to those we find pleasant, and we want more and more of them. We increasingly protect and defend these mental pleasures. Within time clinging turns into desire which turns into attachment which subsequently turns into addiction. We mistake these pleasurable mental or sensory experiences as being the source of true happiness. What appears to bring happiness in actuality brings suffering. Our pleasures become our addictions. “Positive” addictions are called virtue and “negative” ones are called non-virtue. However, from the perspective of consciousness studies their source is identical. Both are habitual, repetitive, and unconscious mistaken efforts to satisfy the deep human impulse for authentic spiritual experience.

The Practitioner-Client Relationship

Contemplative practice follows contemplative theory. Its aim is to alleviate suffering and promote human flourishing – the experience of profound and enduring health, happiness, and wholeness. Both are perceived as accomplished by the alleviation of the dysfunctional aspects of consciousness and the simultaneous expansion of the mind's capacities. There are various steps in the pursuit of this goal. I will address only the more basic and essential steps.

Central to the implementation of contemplative practice is the role of the teacher/healer. In modern times this is frequently ignored or considered of secondary importance. We have lost this powerful healing modality as a result of our reliance on generic diagnostic categories, methodologies, and instrumentation. We label and justify this as clinical distance and objective medicine. Metaphorically, the laboratory has gradually replaced the ritual of the ear gently being placed on the chest listening for the sounds of the beating heart in an unspoken communion of healer and patient.

However difficult it may seem in modern times the personal relationship between the individual suffering addiction and the teacher/healer must be re-invigorated with deep empathy, patience, availability, heart, devotion, presence, and continuity. This is at the core of all healing and in particular the healing that arises from contemplative practice that is traditionally taught in the context of and

empowered by this core relationship. The one-to-one healing relationship at the core of contemplative practice must be close, personal, and present. Having said this, I cannot overstate the importance of a healing community of like-minded individuals such as AA sharing the journey home to health and wholeness.

Contemplative Methodologies

For greater than two millennia Eastern philosophies and methodologies have directly addressed the core issue of addiction. Contemplative methodologies begin with one of various techniques whose aim is to train attention and calm the mind through the use of the mental faculties of mindfulness and vigilance. These approaches are best tailored to the individual, their age, capacities, and temperament. This may mean frequent fine-tuning of the frequency and duration of meditation, and shifting its form, focus and timing in both the formal meditative session and the post-meditation period of daily activities. This may change week-to-week as new skills are developed or new obstacles arise.

It may be helpful to note that it is tradition in the East to encourage the beginner to practice meditation for “short moments many times.” Because our mental habits are deeply ingrained it is difficult for the beginner to gain moments of calmness. Excessive efforts to do so will only further engage the cognitive mind, frustration, anxiety, and sense of failure. Short moments of meditation many times allows for the experience of mental calm avoiding the negativity engendered by strained effort. In time the individual can naturally extend and stabilize the calm mind, gathering new skill, capacity, and confidence at his/her own pace.

Why begin with attention training? Because the mind that is absorbed in relentless mental chatter is not available to be worked with, less understood or transformed. Calming the mind-talk allows us to tame our mind, observe it, investigate and understand its dynamics, progressively gain control over habitual behavior, and intentionally access the mind’s open awareness. Calming the mind allows us to extend the “gap” between two thoughts. In that gap lies the choice between freedom and addiction. That’s why we begin by calming the mind. It offers the opportunity to take control of our mind, move forward through intention rather than habit, and progressively discover our authentic spiritual life that as Jung noted is the only cure for addiction.

When proper motivation is present and the appropriate practices are skillfully taught and applied, every individual can experience the capacity to work with his/her mind. However brief and unstable the experience of inner calmness may at first be, the fact that it is possible is often a relief and revelation. It is essential to clearly point out and re-enforce this possibility the moment the realization of an open spiritual awareness is realized in one’s personal meditative experience. The issue is no longer whether addictions can be permanently overcome, but rather one of extending and stabilizing the “cure” that through personal effort is discovered within. Helplessness and confusion are replaced by hope and empowerment as the taste of the transformation Jung spoke of, however fleeting at first, is directly experienced.

The Larger Issue

Addictions are reflections of an untrained and undeveloped consciousness that is incapable of living in an open awareness. The individual with an overt and dysfunctional addiction is the proverbial tip of the iceberg. We, you and I, are the remainder of the iceberg. Although we avoid this challenge to our arrogant pride or presumption by labeling subtle addiction as “normal,” in actuality it is the social norm in Western culture. However, when seen from the perspective of a fully developed inner life, with its qualities of clarity, wisdom, inner peace, and universal embrace, this social norm is seen as merely a culturally acceptable lesser level of dysfunction.

The greater teaching of addictive disorders may be their role in highlighting the universal and pervasive dilemma of undeveloped human consciousness. The disabilities experienced by the individual with an addictive disorder may one day be seen as an instructive microcosm of the accepted and less seen addictions challenging all individuals. Our aim should not be limited to returning those with overt symptoms to “normal,” but rather, assisting all individuals in attaining the full possibilities of the human condition that arrive with the intentional development of our unique endowment of a higher consciousness.

In Summary

By adding contemplative practice to the multimodal approach now used to control the symptoms of addictive disorders, we can bring to bear a powerful set of methodologies specifically directed at reversing the sequence of events that leads to addiction. These methodologies, whose theoretical base and practical application have been developed and time-tested, are diverse and highly nuanced. They are grounded in the practitioner/client relationship and a human community of like-minded individuals. Contemplative approaches can be tailored to a wide range of individual capacities, temperaments, and dispositions.

Beyond their capacity to overcome addictive disorders these very same techniques can assist the individual in moving toward greater well-being. Although our initial effort is to make or become better addictive behavior our larger goal, it should ultimately be to assist the individual in “using” the gift of this disorder as a step to a higher level of living.