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ALKOHOLIZMUS A DROGOVÉ ZÁVISLOSTI

(PROTIALKOHOLICKÝ OBZOR) ROČNÍK 35 - 2000 3

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R. HAUSER / ALTERED STATES OF CONSCIOUSNESS AS A COMPLEMENT IN THE TREATMENT OF ADDICTION – A PROCESS-ORIENTED APPROACH

1. Introduction

The experiential psychotherapeutic model of process-oriented psychology, or Process Work, developed by Arnold Mindell, since 1982, advocates that multiple measures in addiction medicine, such as prevention, harm reduction, and treatment are complemented with experience-oriented explorations of the processes behind the urge for altered states of consciousness. It proposes a series of related interventions designed to facilitate experiencing the precise meaning in substance and non-substance addictions for individuals and the systems in which they are embedded.

It is suggested that this approach enhances treatment effectiveness, since it tends to improve therapist interpersonal functioning, such as „therapeutic alliance," which correlate to greater therapist effectiveness in addiction treatment (McLellan 1998). Furthermore, it promotes experiential evidence of meaning or purpose in one's behavior, which is positively associated with recovery (Frankl 1963). The interventions presented in this study, outlined as guided inner-work instructions, are intended to supplement existing treatment modalities and can be integrated into experience-oriented psychotherapies with individuals, families, and groups.

This study reviews relevant background toward a process-oriented interpretation of addiction and illustrates this approach in a single experimental session with a heroin user in recovery. It prepares the ground for a prospective discovery-oriented study with 10 single cases of opiate-dependent persons to explore the exact nature of client experiences in response to their drug of choice, to investigate altered states as significant moments of change, and to inquire the interventions presented in this study for their effectiveness in promoting such experiences (Goldfried 1980). The hypothesis is that for subjects, who have an interest in self-exploration and the ability to focus their attention on the stream of inner experiences, these interventions will have the potential to elicit discrete altered-state experiences. These experiences have transformative power and are connected to positive in-session outcome (Orlinsky and Howard 1978; Mahrer 1985; Rice and Greenberg 1984).

Although not by itself a sufficient ingredient in the prevention or treatment of substance addiction, the deliberate use of altered states of consciousness in psychotherapy (Leuner 1993) and, specifically, in addiction treatment has a long tradition (Hoffer and Osmond 1960) and is currently entering a new phase with renewed interest in various altered-states therapies (Heggenhougen 1997). Indigenous rituals and folk medicine (Blum et al. 1981), outbound programs (Houston et al. 1990), meditation (Gelderloos et al. 1991), relaxation (Klajner et al., 1984), biofeedback (Denney et al. 1991), psychedelic therapy (Kruptitsky 1997), altered-states therapy (Frye 1990; McPeake et al. 1991), and creative art therapies (Johnson 1990) recognize an innate need for altered experiences and provide means to achieve a „high" with nondestructive means.

The process-oriented interventions presented in this study are unique and nowhere to be found in the literature. First, they are designed to help the client toward experiencing the very altered state of consciousness the addict is seeking to reach through the use of a drug -in this study, an opiate -and unfold it more deeply, until its implicit meaning can be directly experienced. Second, these interventions are meant to assist the client in experiencing the root of the addictive craving, that

„unknown" which precedes the impulse; thus they create a space for sensing the subtle tendencies that give rise to the addiction. Third, the client is encouraged to transfer this „sentient experience" (Mindell 1999a), or „felt sense" (Gendlin 1962), into anew style of relating in the moment, in relationship to the therapist, in fantasy or role play. Fourth, they explore clients' beliefs about what hinders or stops them in their ability to experience an altered state without drugs.

After working with hundreds of people with all kinds of addictions and addictive tendencies, I began to see how the search of the addict, her attempt to transcend the status quo and actualize hidden, seemingly inaccessible experiential potentials, may be one of the central processes underlying addiction. I came to understand addictive states as „big dreams", mirroring disowned individual needs, affects and ideals, relationship wants, and social tensions. This report holds the perspective that the addict's quest is a spiritual practice, an attempt to get in contact with lesser-known aspects of the self in order to become whole. This quest is not defined by the contents of experience but involves complementing one's ordinary consciousness with whatever may be missing. The implicit tendency of the addictive process carries one forward -beyond the limits of one's current awareness, beyond one's momentary identifications, beyond one's edges (Mindell 1985) which condition and set up the very fabric of our normal state of mind.

Process work has developed a methodology for re-accessing and unfolding the addictive state to find the missing experiences precisely where they are least expected: in the addictive state itself. When unfolded with respect, curiosity, and awareness, that very state provides answers to the question of what each individual person yearns for and needs. For each person, being in that state is a unique and very individual experience. Thus, addictive states are a call to the specific aspects of self that each addict needs a conscious relationship with. They are seen as unconscious movements toward experiencing the „missing pieces of reality" (Mindell 1993:114): the more access one has to the particular altered sense of self the substance is calling for, the deeper the sense of inner unity and well-being.

Although this study deals mainly with addictive processes in individuals, it is important to be aware that addictive states also pertain to what the larger system, the relationship, the family, and mainstream society marginalize. Some altered states spring up as reactions against social, political, and spiritual climates that oppress people. As a „city shadow" (Mindell 1988), the individual addict is often expressing a need for an aspect of experience that is also unfamiliar or unknown to (and being disowned in) the larger community or system: the addict as „city shadow" confronts the status quo by being a voice for social change and spiritual renewal.

2. Altered states

„There is in all of us a desire, sometimes latent, sometimes conscious and passionately expressed, to escape from the prison of our individuality, an urge to self-transcendence. It is to this urge that we owe mystical theology, spiritual exercises and yoga – to this, too, that we owe alcoholism and drug addiction" (Huxley 1964).

One premise of Process Work holds that our normal everyday consciousness is but one state of mind and that individuals seek altered states in an attempt to trans-

cend the status quo. These ideas build on decades of research in the field of psychology on experiences with altered states of consciousness. One of the starting points lies in the empiricist attitude of William James (1902), who, early on, noted the myriad states of mind and their potential:

„It is that our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they arc there in all their completeness, definite types of mentality which probably somewhere have their field of application and adaptation." (James 1976).

There seems to exist a universal passion in humans to occasionally alter the baseline state of mind (Weil 1972), a basic striving toward self-transcendence in the search for meaning (Frankl 1968; Carroll 1993), a pull toward actualizing our highest possibilities (Maslow 1975), an innate tendency toward wholeness (Jung 1981).

For Charles Tart, psychologist and researcher, the altered state (as well as the normal state) is an experiential reality. People know with certainty when they are in a normal state and recognize many altered states, past or present, readily. „For any given individual, his normal state of consciousness is the one in which he spends the major part of his waking hours", whereas an altered state is „one in which he clearly feels a qualitative shift in his pattern of mental functioning." (1972). Tart introduces a useful and precise terminology of different states of mind. He defines a discrete state of consciousness (d-SoC) as „a specific pattern of functioning of the mind, recognizing that this pattern may show a range of variation in its specifics while still remaining the same overall pattern" and a discrete altered state of mind (d-ASC) as a „radical alteration of the overall patterning of consciousness, such that the experiencer (or perhaps an observer) can tell that different laws are functioning, that a new overall pattern is superimposed on his experience" (1983).

A state of mind thus is likened to a pattern, a style of overall functioning, analogous to a personal paradigm governed by (often) unconscious assumptions, sets of rules and implicit belief systems that stabilize and at the same time limit awareness in a given state. Identifying different experiential patterns and associated verbal and non-verbal behaviors clients present, and especially, their variations, limits, and transitions into alternate states, is instrumental in exploring experiential meaning in therapeutic work with addictive states. In the present study, the sober normal state and the longed-for altered state represent two prominent and distinct states of mind -both identifiable to the human observer -who is considered the best instrument for pattern recognition in psychotherapy process research (Rice and Greenberg 1984).

3. Addictions as adaptive strategies

Addiction theories consider biological, psychological, relational, social, cultural, and spiritual conditions as well as adaptive strategies in the process of addiction. There is agreement on the multifactorial nature of addiction: biological vulnerability, developmental problems, social pressure, access to drugs, and a lack of meaning

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in life (Frankl 1978) within the governing socio-political and economic climate (Amendt 1996) form an interwoven tapestry of factors that contribute to addiction.

Peele (1985) understood addiction as a style of coping with internal and external pressure. He advocated that the cycle of craving, withdrawal, and tolerance is not reducible to the pharmacological effects of a drug but primarily due to personal and social influences: „...addiction exists fully only at a cultural, a societal, psychological, and an experiential level" (1985). Evidence that narcotic use must not necessarily lead to addiction or that non-substance addictions (e.g., to gambling, sex, relationship) have effects comparable to those of substance addictions suggests an underlying process which includes substance and process addictions: the addictive potential of potent experiences. The addict wants „to achieve a desired feeling – a state of being – that is not otherwise available to them" (1985).

Psychology of self and modern psychoanalytic perspectives (Yalisove 1997) have posited that addiction serves as an adaptive mechanism to cope with psychological deficiencies and the external environment. For Kohut (1977), vulnerability and traumatic absence of „good enough" parenting may lead to addiction. In his view, drugs serve to restore a „sense of wholeness and potency". For psychoanalysis, addictive behaviors are strategies to cope with anxiety in the transition from adolescence to adulthood (Chein 1964) and to strengthen defenses against affects like rage, hurt, shame, and loneliness in a kind of self-treatment (Wurmser 1972; 1974), or attempts at accessing the mothering part in the „absence of the ability to comfort and soothe oneself (Krystal 1978). Kanthzian's self-medication hypothesis states that the drug substitutes defective ego defense mechanisms and thereby alleviates pain, stress, dysphoria, and rage. Kanthzian (1985) believed that much can be learned from addicts' self-reports about their subjective experiences, not only about the problematic state of mind but also about short-term solutions via a particular drug.

He discovered an unexpected solution in the report of a cocaine addict:

„Originally when I evaluated this man, I thought he was using the stimulating properties of the drug as an augmentor for his usual hyperactive, expansive manner of relating. He finally convinced me to the contrary when he carefully mimicked how he put down several lines in the morning, snorted it, and breathed a sigh of relaxation and then described how he could sit still, focus on his backlog of paper work, and complete it" (Kanthzian in Yalisove 1997).

The self-medication hypothesis provides a useful motive for considering treatment alternatives such as the kinds of process-oriented interventions proposed in this study. These interventions evoke and deepen the kind of experience Kanthzian's client searches for so desperately, by unfolding and completing the experiential patterns in the background – the altered state that is trying to happen, as well as the felt tendencies that give rise to that state – until a felt resolution emerges.

4. Addiction as spiritual search

„The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates and says no; drunkenness expands, unites, and says yes. It is in fact the great exciter of the Yes

function in man. It makes him for the moment one with truth. Not through mere perversity do men run after it – it is part of the deeper mystery and tragedy of life" (James 1976).

In the treatment of addiction, the recognition of the potential of so-called spiritual or meaningful experiences to initiate positive change toward abstinence has a long tradition and flows from C.G. Jung through Bill W. into the Alcoholics Anonymous (AA) movement and the 12 steps, the most successful model in the United States for overcoming alcohol addiction (AA 1953,1976; Ellis and Schoenfeld 1990). In his famous letter to Bill W. Jung made a remark that would become instrumental in the foundation of AA:

„You see, the alcohol in Latin is *spiritus* and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is: *spiritus contra spiritum*" (Adler 1984).

In the same letter, Jung expressed his belief to Bill W. that the addict is a seeker of God:

„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" (ibid.).

Jung considered experiencing the numinous to be the real therapy (Jung 1979: 123); it provides one with new meaning and direction in life. Similarly, spiritual experiences have been seen as therapeutic and conducive to recovery from addiction (Assagioli 1965; Leuner 1996; Farkas 1973; Hein 1974; Grof and Grof 1990;

Vaughn 1991; Georgi 1998). In the same vein, Christina Grof found the impulse behind addiction to be „this fervent thirst for wholeness" (1993), a craving for experiencing a larger sense of self. When experiences of unity and closeness to the Higher Power or a deeply felt sense of belonging becomes available, the craving for the drug lessens. When made conscious, the underlying search in addiction becomes apparent: the addictive process takes on a numinous quality and can become its own resolution. However, when the attempt at overcoming the ordinary state of mind is acted out instead of completed internally, the consequence may be self-destruction rather than liberation (Grof and Grof 1990). Process Work seeks to facilitate with psychological means the conscious experiencing of the inner potentials the addict searches for by means of drugs, to bring the individual closer to her emotional and spiritual home, to a sense of belonging and inner and outer unity.

5. Process Work with addiction

„This longing you express is the return message. The grief you cry out from draws you toward union. Your pure sadness that wants help is the secret cup. Listen to the moan of a dog for its master. That whining is the connection. There are love dogs no one knows the names of. Give your life to be one of them" (Rumi in Barks 1995).

Mindell, physicist, Jungian analyst, and, since 1982, developer of process-oriented psychology, understands addictions to substances and compulsive behaviors as attempts at wholeness (1988; 1989c), a search for neglected aspects of oneself, and an expression of our yearning for a deeper connection with „Dreaming," the mystical core of reality:

„...alcohol is a symptom of trying to find dreamtime in cosmopolitan reality, it is a symptom of loss of rootedness in wholeness and dreaming, and of the pain of oppression and disenfranchisement Drugs are means of getting around personal history and journeying to other realms to find the missing pieces of reality" (Mindell 1993).

If we accept the premise that the yearning for altered states is a potentially meaningful and purposeful tendency toward wholeness, important considerations concerning the treatment of addiction arise.

First, the core belief that addictive experiences are expressions of growth tendencies helps clients and therapists alike to welcome and value even the strangest experience. Within such an atmosphere the details of the deepest yearnings can emerge and become available to the client through other means than drugs.

Second, a crucial tool is awareness or attention. We can train our perception to notice dreamlike events on the edge of awareness, to sense into the mass of nonverbal experiences, and attend to the subtle perceptions arising out of the fuzzy and murky waters of the unknown. Developing our „second attention" helps us perceive and enter the flux of experience, unfold and complete altered states emerging on the fringe of who we think we are. Such perceptual shifts are at the core of peak experiences: they can bring about attitudinal changes, and detachment as well as embracing of „Being-values" (Maslow 1984).

Third, Process Work studies experiential patterns according to their distance from awareness and according to the (sensory) channels in which they become evident. Primary processes (PPs) are experiences individuals or systems embrace and identify with. Secondary processes (SPs) are further from awareness and happen outside of an individual's or a group's familiar identity. The experiential barrier that separates the PP from the SP and restricts the world view and its associated feelings and behaviors is called an edge (Mindell 1985; Goodbread 1997).

Fourth, therapeutic strategies support awareness of experiential patterns, both established ones and newly emerging ones that lie beyond the edge of one's current awareness. They also facilitate exploring the edges of awareness per se, as well as associated belief systems, to bring closer to home how these patterns and edges limit our experiential capacities. All interventions are closely joined to and in accord with experiential patterns and very sensitive to client feedback. Change, in this perspective, happens through awareness, through embracing and unfolding one's experiences – „through appreciating what is already happening" (Mindell 1988).

Fifth, interventions arise from systemic levels that is calling for attention. From a field perspective, the marginalized parts expressing themselves in addictions do not belong to personal psychology alone but are connected to the environment and to the spirit. The interventions presented in this study complement each other, and each one is needed. They are all expressions of an inherent tendency toward wholeness.

On a social or large group level, the communal family becomes whole by welcoming all voices, as well as listening to the messages of the „city shadow" and using them in work toward social change on a group level. Social interventions include community work and town meetings to address the systemic conflicts and abuse issues in the background of addiction (Mindell 1999a).

On a relational level, the addictive state represents a disowned voice in the relati-

onship, and interventions aim at bringing the message consciously back into the relationship. For example, if love or warmth is marginalized internally, an impulse sets in toward substances or experiences that carry the promise of love or warmth. Here lie the roots of the craving for substances and certain relationships, as well as the potential resolution: the addictive tendency is an attempt to get in touch with „good enough" parenting that wants to be part of one's repertoire.

On a psychological level, „wholeness" stands for embracing all of our experiences or parts. In this perspective, addictions can be seen as an effort to relate to inner parts of ourselves that our sober lifestyle excludes, and which we cannot experience and use deliberately (Hauser 1994). The addictive tendency is a vehicle into a particular altered state that lies beyond the contracted vision of our everyday state.

From a spiritual viewpoint, the direction of attention is toward the Higher Power one believes to be the mystical source of process. Australian Aboriginal people call the power behind everyday reality, the „energy or life force" that moves us, the „Dreaming". Aboriginal „Dreaming" is comparable to the quantum potential in modern physics, a „field of tendencies" (Mindell 1999b) out of which reality and all our experiences arise. If we attend to our „sentient experience"– which precedes all thoughts, images, or feelings that can be expressed in words-we can sense dreaming in the form of subtle perceptions. „It is empirical, an experience, something one senses. If you train your awareness, you can sense, for example, that you do not simply move, but that every move is preceded by a „tendency" to move in a certain direction" (Mindell 1999b).

If we dissociate from our „sentient experiences" and ignore them, they tend to reappear in the form of addictive impulses toward the very experiences that have been marginalized on a preconceptual level. To paraphrase Freud, the repressed returns as unintentional communication signals, or double signals, in our moment-to-moment interactions. The yearning for a particular state not only shows up in night-time dreams and in addictive tendencies, but also becomes evident in involuntary verbal and non-verbal signals. Addiction work, in part, is an effort toward reconnecting to our sentient experience and developing the ability to notice our subtlest tendencies before they move into expression and become evident as addictive impulses or addictions.

If we consider these levels together, we see how addictive impulses carry important information about life. Like body symptoms, addictions can teach us about our physical body and our health, about the longing for particular states of mind or parts of ourselves we have little contact with, about our deepest sentient experiences, from whence the tendencies for altered experiences arise. They teach us about the atmosphere in the social world around us, in our relationships, family, group, and the community we belong to. Addictions can bring the gift of healing and be their own resolution when we live the sentient experiences consciously, instead of marginalizing them and acting them out externally.

Since the focus of this study is to explore the longing for altered states and discover the varieties of experiences addicts crave, less attention is given to the negotiation process at the edge. However, it is understood that in the therapeutic process and in addiction treatment alike, learning to take a stand toward and transform inner, limiting assumptions and criticisms is crucial for sustainable development and

recovery (Diamond 1995).

Implicit rules, unconscious beliefs and assumptions, restrict our awareness and limit the degree of freedom our normal state enjoys to such an extent that no conscious experiential access to the desired altered state appears possible. In the addictive process, typically, the struggle between two conflicting experiential patterns, the sober state and the altered state, seems almost insurmountable to the person. A sense of hopelessness and fear; a need to understand, control, or be perfect; and many other such beliefs characterize the edge figure. Self-medication then becomes a means to „tunnel" these beliefs: the drug numbs the guardians representing these ideologies and allows for experiences, at least temporarily and approximately, in the direction of the yearning. What may look like a „cure" for our sober state, however, eventually constitutes the cycle of the addictive process precisely because the edge figures are not dealt with consciously. Consequently, these inner belief systems remain unchallenged, and the primary process rigid. Also, the state achieved by drug and the experience ultimately yearned for are not the same. When the addict longs for warmth and wholeness, that yearning reaches to the highest dreams... into heaven, so to speak, and ultimately cannot be satisfied but only held in a spiritual embrace. The challenge for the addict is to understand that „this longing you express is the return message", as Rumi says (in Barks 1995s). Similarly, Bateson, in his analysis of alcoholism, concludes that recovery demands a spiritual change (1971). Instead of being addicted to avoiding the pain, recovery comes with surrendering to the moment-to-moment experience.

6. Process structure analysis

The present paper prepares the ground for an upcoming discovery-oriented exploration of altered-states therapy interventions in addiction treatment – from the perspective of process-oriented psychology. The purpose of the prospective study is to explore experiential responses of heroin and methadone addicts as well as persons who have completed detoxification and are in abstinence programs.

Nowhere in the literature are there research-generated explorations of interventions that elicit strong positive in-session feelings and changes of consciousness, even though clients and psychotherapists alike value such significant moments. This present study fills a gap and proposes four essential steps in addiction work to answer the following questions: What are the in-session significant client experiences following the structured therapist intervention? What do clients and therapist do to bring about these consequent significant moments? When altered states occur, how does the therapist help maintain and use them?

Each session will be videotaped and transcribed. The material will be subjected to process structure analysis (Mindell 1985) or experiential pattern analysis, to investigate the therapeutic movement from normal state of mind (PP) to altered state (SP) and/or pursue explorations of the forces that prevent such movement (edge). Process pattern recognition relies on verbal material and non-verbal signals in various channels of experience: auditory (hearing, linguistic, and paralinguistic elements of speech), proprioceptive (body feeling and sensation), kinesthetic (movement), relationship (expression through another person), and world (world events) channels.

While the goal of the interview/session is the client's experiencing of the altered

state and its integration in the present relating, it is likely that the client is going to come up against the edge, and at that point the therapist helps the client to move beyond it. Possibly, the client does not progress but hesitates, retreats, avoids, and holds to the known-or PP. The therapist then makes use of the situation and helps the client negotiate with that which stops her or him from experiencing and living lesser known aspects of self.

PRIMARY PROCESS (PP/NSC) *EDGE* *SECONDARY PROCESS (SP/ASQ)*

INTEGRATION

Figure 1. Client in-session states and movements. PP, primary process; NSC; normal state of consciousness; SP, secondary process; ASC, altered state of consciousness.

Following below, four essential steps in working with addictions are introduced. In these instructions there are many open spaces... to allow the client to feel and sense into the vague..., the not yet clear..., often pre-verbal material. Parts of the session may proceed non-verbally, and all therapist suggestions seek to pace client experience in the respective channels and adapt to feedback to support the flow of client experiencing.

1. In a first step, the client is encouraged to relax and recall the craving for a substance and to re-experience in the body the state he or she hopes the substance would create. The therapist helps the client re-access, unfold, and complete the state until its experiential meaning is discovered and a resolution occurs.

2. In a second step, the client explores the impulse behind the craving for this particular altered state. The therapist helps the client in experiencing the formless potential that gives rise to the addictive impulse by attending to and unfolding the felt sense of it and embodying being/living/experiencing the new state in the present.

3. In the third step, the client is encouraged to notice how these sentient experiences are being marginalized and, instead, substituted by a substance. Is it possible to open up to these sentient experiences? How? What tendencies, figures, or voices are against it?

4. The fourth step transfers the deep inner experiencing of the altered state into a relationship and/or group situation (real, fantasized, or imagined, or a combination of these). The therapist assists the client to use this new state of being in his or her style of relating in the present moment in fantasy or role-play, or both, or in relating to the therapist in the moment.

The above steps are nonlinear. The sequencing depends on the client feedback, timing, and the co-creative process; in some sessions step two and three may be disregarded; in others, step three may be addressed in the end of the session, and so forth.

7. Case example: A 30-minute session with Tina

A young woman, let's call her Tina, introduces herself in a seminar on addiction: she's 18, has been using Heroin for a couple of years, followed by detoxification, 5 months of outbound therapy, and 6 months in a therapeutic community where she

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4.00 Th: *Try to go*
what is happening i
sense (pause).
4.25 Th: *You look*
4.30 Cl: *No. I woul*
4.45 Th: *Imagine a*
your body.
5.00 (Th lies down
5.40 Th: Can you f
-what you feel under

[Th introduces foc
and her feedback to
supports focus on bo
sue, several minutes
sense the body state.]

9.20 Th: *Maybe yo*
feeling and where.
9.25 Cl: *In my hea*
9.30 Th: *You sense*
10.00 Th: *Go dee*
(60-second pause)
11.00 Th: *You look*
which she holds on to
12.20 Th: *You look*
12.50 Th: *Let the e*
13.25 Cl: *In my che*
13.50 Th: *Wonder*
(30-second pause)
14.30 Cl: *It's warm*
14.50 Th: *Can you*

currently lives. The therapist proposes to re-access the state. The session between therapist (Th) and client (Cl) is reported below, in the increments of time (minutes and seconds) during which it unfolds. My comments are included within brackets.

1.15 Cl: *Yes, that's fine with me* ... (pause). *My mother is here* (points to her in the room). I *lived alone with her since age 2-after my father had left* (stem voice). *He works in a city street project and he took me in for detox* (quickly flings both arms around herself with a broad happy smile). *At that time I was really down* (low voice).

[The first few minutes of a session often contain the client process in a nutshell. The therapist recognizes two distinct experiential patterns: one, closer to her awareness, appears to be organized around her identity as an ex-user in recovery, growing up with mom, abandoned by father; the other, further away from awareness, appears to be organized around being taken in by her father and shows up in a flicker-embracing herself and brief happy smile.]

4.00 Th: *Try to go into the feelings you have had when using the substance-observe what is happening in your body, be sober, observe and at the same time experience, sense* (pause).

4.25 Th: *You look down -you remember something?*

4.30 Cl: *No. I would like to lie down* (lies on her back with a cushion on her belly).

4.45 Th: *Imagine a very positive experience you've had back then and sense it in your body.*

5.00 (Th lies down too, Cl grabs more cushions). Th: Make it really comfortable.

5.40 Th: Can you feel the experience happening? Take your time, sense..., observe -what you feel under the influence.

[Th introduces focusing on a felt body experience while watching client signals and her feedback to help her go deeper into the experience. Th paces her position, supports focus on body „felt sense" while relaxing everything else. Long pauses ensue, several minutes of inward sensing, occasionally interrupted by Th reminder to sense the body state.]

9.20 Th: *Maybe you can say something about -what you feel, the beginning of a feeling and where.*

9.25 Cl: *In my head. my thoughts change.*

9.30 Th: *You sense something in your head.* (30-second pause)

10.00 Th: *Go deep inside and sense that something changes in your head.* (60-second pause)

11.00 Th: *You look like you could use more cushions (puts more cushions on her which she holds on to).* (another 60-second pause)

12.20 Th: *You look great!* (20-second pause)

12.50 Th: *Let the experience happen as if you felt the effect... where...?*

13.25 Cl: *In my chest* (she explores area with her fingers).

13.50 Th: *Wonderful, sense it and expand this feeling throughout your body'.* (30-second pause)

14.30 Cl: *It's warm! What a feeling!*

14.50 Th: *Can you expand that feeling throughout your body?* (60-second pause)

15.50 Th: *Maybe sounds go along with that feeling of warmth.*
16.20 Cl: *Not really.*
16.25 Th: *OK, feel the warmth.*
17.00 Cl: *A whole new atmosphere, safety. I am not alone.*
17.15 Th: *Yes, great. A different atmosphere... warm and safe... feel how it feels and hold on to those cushions.*
18.20 (Cl embraces and squeezes the cushions while the group adds more cushions).
18.50 Th: *Allow yourself to stay deeply in that feeling of safety.* (90-second pause)
20.30 Th: *Mmmhhh...oh, you move slightly, wonderful.* (Th whistles a children's tune and gently moves the pillows in her rhythm).
21.30 Th: *Can you exaggerate the movements and your need for this state? Great job* (she is swinging back and forth slightly under the cushions).
22.00 Th: *Yummy!*
22.15 Cl: (moves, swings under the heap and growls): *Ahhhhh!* (stops).
22.30 Th: *Can you make this sound even more?* (20-second pause)
22.50 Cl:(rocking, growls loudly): *Aahhhhhhhaahhhhhhahhhh!*
23.30 Th: *That's it* (growls too). *What if I want some cushions too...?*
23.55 Cl: (fights for cushions, holds them all very tightly): *They are all mine! I take them all home „with me!*

[The middle part of the session is characterized by long pauses, stillness and inward focus. It is crucial to make space for that inward sensing, into the many vague, not yet verbalizable experiences. It is in the non-verbal and paralinguistic behavior that much of what is happening transpires. There is a need for cover, warmth, a need to hold on tightly to the cushions with a feeling that they are all hers. The deep growl is congruent for a moment, then stops abruptly (edge), then goes over it with little encouragement.]

26.00 Th: *Could you bring this feeling you have now into relationship, maybe with your mother who is here. Yes, take this feeling home with you, don't let go.*
26.50: Cl: *I feel very good. I have fun, I feel well.*
27.20 Th: *Take this feeling home with you, relate from this state.*
27.45 Cl (reappears from under the cushions, sits up).
28.00 Th: *Don't forget the state of well-being.*
28.20 Th: *I am not sure what else needs to happen. Hi, mom!*
29.00 Cl: *I feel I could grab her...* (gets up and grabs mom, lifts her in the air, embraces her and kisses her. They cry together, a warm and loving scene). (The group claps).
30.30 Cl: *Are we done?*
30.40 Th: *Thank you very much!*

Remarks on the case example

A primary pattern is being a 18-year-old woman, a client in recovery who grew up with mother and felt abandoned by father when she was 2 years old. A secondary

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8. Discu

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pattern, one of which the client is less aware of, comes up in a flicker in the first couple of minutes when she mentions being cared for and taken in for detox by her father. Very briefly, she embraces herself and flashes a broad smile. As the session unfolds, she experiences and starts to identify with feeling warm, safe, and not alone. Finally, she becomes the one embracing and loving another (the mother), thus picking up the(inner) figure of the father.

In terms of channels-in the attempt to access the felt sense of the drug state, she starts to occupy body feeling (warmth, safety) and relationship (not alone); her process then moves into the kinesthetic channel (rocking); the therapist then tries to help her fill out the channels to make her experience more complete by suggesting sounds, such as „ahhhhhhhh.". Finally, the therapist brings up relationship again by trying to take some cushion away. She holds on with excitement: They are mine! For transfer, the therapist suggests that she use her current feeling state in the relationship to mother: I love you! (embracing, kissing, crying).

The edge that stops her from feeling warm, safe, and taken care of and, in the moment, the edge to her deep growl, were not addressed in this session. The focus was on exploring the altered state and the experiences she was searching for in her addiction.

One can argue that heroin addiction for this young woman was organized around the yearning for the father and for positive aspects associated with him. She is looking for contact with those marginalized parts of herself which reappear not only in the form of impulses to the substance that promises the fulfillment of that need, but also show up in communication signals the client is less aware of, the loving embrace right in the beginning of the session.

8. Discussion

From some points of view a gap is perceived to exist between spiritual and agnostic approaches to the treatment of addiction in current therapeutic practice. Relying on, as well as promoting, spiritual beliefs and group/peer support to initiate change has proven very helpful in general (Frank 1974) and, specifically, in facilitating self-help toward abstinence for millions of people in AA and the 12-step programs. Despite these positive findings, spiritual aspects of addiction remain largely unstudied (Miller 1990).

Criticisms against AA have come from several positions: the mental health community cannot embrace fully an approach that substitutes chemical dependency with group dependency and advocates giving oneself over to a higher power (Bufe 1991). Other critics have held that AA does not work well in the African-American community because of cultural homogeneity: mainstream white European values and needs („I am powerless") were professed instead of empowerment (Williams 1992). Still others propose that the disease model of AA open up to discovering in the addiction itself an opportunity for change and advocate a return to the roots of the 12-steps, emphasizing direct spiritual experiences with methods of experiential psychotherapy (Sparks 1993).

In my practice. Process Work as a treatment approach complements spiritual and agnostic approaches to the treatment of addiction. New conscious experiences are

meaningful and provide purpose and direction. In exploring personal experiences with awareness, we discover who we are not yet, or not yet fully, and learn to dwell in new or disavowed inner parts of ourselves.

The spiritual quest is the adventure of experiencing altered states; the philosophy grounding experiential therapy maintains that this movement forward provides meaning: „meaning is experienced" (Gendlin, 1962). Just as there is always an experiential „plus", an „excess" to the life process that cannot be folly conceptualized, a new form of spiritual practice replaces sterile beliefs. It is by connecting to the creative matrix, the Dreaming from whence all our experiences arise, that we are carried forward into the unknown. „I myself do nothing, it is the spirit that accomplishes all through me", Blake says. Not doing, being mindful and receptive to the stream of sentient experiences, awakens us to living our whole selves.

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