

Research: Process Work with Addiction

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Altered States of Consciousness as a Complement in the Treatment of Addiction - a process-oriented approach

Summary

The article (part I and II) introduces the process-oriented perspective to working with addictions and gives a practical example of a session with a heroin addict in recovery. Process-oriented psychology - a neo-Jungian approach developed by Arnold Mindell over the past 25 years - proposes that multiple addiction treatment measures are complemented by exploring experientially the addict's urge for altered states. It advocates process-oriented interventions or inner work instructions designed to access the altered state the addict yearns for and discover its meaning and purposefulness relative to the persons usual waking state. A discovery-oriented follow-up study will investigate the occurrence of alternate states as significant in-session events and inquire the interventions presented in this paper for their effectiveness in promoting such experiences.

The present article reviews background relevant to the philosophy and methods of process-oriented psychology. It illustrates the concept of altered states of consciousness as well as current theories on addiction, i.e the self-medication hypothesis. It further explores the notion of addiction as a search for powerful experiences and elaborates the process-oriented approach with a case transcript. The work illustrates how the altered state can be re-accessed and unfolded with psychological means until the personal meaning of the state is experienced by the client. Process structure analysis demonstrates how these altered experiences are missing in the addict' s everyday life and how important they are to complement normal everyday consciousness.

Keywords

Process-oriented psychology, addiction, altered states of consciousness, therapeutic use of altered states, in-session significant moments, spirituality

Altered States of Consciousness as Adjunct in the Treatment of Addiction - Effectiveness of a single process-oriented intervention - an empirical study with 13 heroin dependent persons.

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Abstract

One of the central tenets of process work holds that addictions may be understood as potentially purposeful behaviors, as a search for experiences which are missing in an addict's everyday life. The present study researches a single process-intervention: to re-access the state the addict yearns for and to unfold it until a sense of completion or resolution occurs. The intervention facilitates re-experiencing the "high" without drugs, with a sober attitude, and deepens the experience in an interactional process through

body awareness, movement and relationship work until some deeply felt personal meanings emerge (Mindell 2000). The idea is that the altered state carries a message which wants to be lived and integrated into the person's everyday life. The goal in the treatment of addiction is not the altered state per se but expansion of awareness and reorientation toward what has been neglected and, toward a spiritual life.

In an AB design, an initial verbal exploratory session was compared to an intervention session (re-accessing the state) with 13 heroin dependent persons. On the SOC-13, a measure of health (Antonovsky 1979, 1987), the empirical results demonstrated effectiveness of the intervention with a significant increase of +7.4 scores from t1 to t2 from 49.23 to 56.62 (t-test $p=.01$; paired samples correlation $r=0.75$, $p=0.003$; Cohen's effect size $d=0.85$). This highly significant increment on top of initial session gains empirically underlines the remarkable potential of the process-oriented intervention (re-accessing the state) to promote movement toward the health end of the ease/disease continuum in opioid dependent persons. An increased SOC stands for an improved attitude in the face of challenges, augmented resistance to stress and more protection of one's health (Lamprecht 1997). The result further indicates that life is perceived as more meaningful which is the most crucial ingredient in health promotion (Frankl 1959).

On the Experiencing scale, a measure of client involvement in the therapeutic process (Klein et al 1969), which is based on ratings of session transcripts and video tapes by trained raters, the increases in the average and the peak scores between sessions were significant too. Average session scores rose by +0.49 from 2.22 - 2.71 ($p=0.006$; $r=0.524$, $p=0.066$ trend; $d=0.91$) and peak scores increased from 3.24 - 3.65 (t-test $p=0.03$; $r=0.57$, $p=0.043$; $d=0.68$). Similarly, on the Process Index, an adaptation of the Experiencing scale to process work, increases were statistically significant in the mode and in the peak, they increased by a full stage from 2.95 - 4.03, which is critical stage 4, the level where clients are able to follow their process and focus on inner experiencing in a meaningful way (t-test $p=0.000$; $r=0.58$, $p=0.039$; $d=2.27$).

Although seemingly modest, increases on both EXP and PI are interpreted as clinically meaningful considering the severity of disturbance (Klein, personal communication 2001). They have a distinct health-promoting impact. This salutogenic benefit derives from the person's increased ability to be in touch with inner felt referents, the basic data from the life process. As demonstrated elsewhere, higher experiencing levels and therapy benefit or outcome correlate (Hendricks 2000).

The qualitative results of the research are somewhat more complex to summarize since every individual has a unique process which needs to accurately and precisely be followed in therapy. Case vignettes and process observations are given in detail for two clients while process structures are analyzed tentatively for all thirteen persons in the study. The qualitative results illustrated a tendency toward some core experiential states revolving around yearnings for self love, intimacy and belonging in relationship as well as expressing social and spiritual messages. In all cases, aggression in the form of a harsh inner critic, a perpetrator or even a killer was found as a threat in the background pointing to the need for more conscious contact with and integration of that power into everyday life, for some to "kill off" addiction rather than themselves. Additional examples illustrate edges to awareness, to experiencing, to believing in dreaming, and to the universe (Mindell 2000). Relapse fears that can come up are addressed and safety measures discussed. Like other cue exposure techniques the intervention may hold promise in extinguishing craving and diminish the urge over time (Childress et al 1993).

In summary, the results demonstrated very significant client progress on a measure of health and improved contact with one's self through accessing and unfolding the altered state the person yearns for. One of the limitations of the study is the lack of follow-up measurements which makes it impossible to draw conclusions about the stability of the results over time. However, from psychotherapy process research we do know that long-term outcomes build on positive changes in each therapy session (Greenberg et al 1986).

Last but not least, accessing the yearned-for state in a sober manner is but one useful intervention and other ingredients are necessary in successful addiction treatment. While all of the current treatment modalities are needed, including risk reduction and substitution programs, it seems crucial to create innovative alternative methods, especially such that use altered states, in the treatment of the addictions.

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