

## Spirituality and Addiction

Text of talk by Tim James at QAAD conference July 2010

Dorothy Rowe , the psychologist and writer, was quoted in The Guardian Face to Faith series recently -

‘Addiction is not an illness, but a defence against a life too difficult to bear.’

Where that ‘tipping point’ seems to be for each of us is very individual.

Dr Patricia Conrod, a clinical psychologist on the staff of the Maudsley and part of Action on Addiction has developed a programme called ‘Preventure’ that seeks to recognise teenagers with vulnerable personalities and support them in resisting dependent behaviours. She lists these personality types as anxiety sensitivity, sensation seeking, negative thinking and impulsivity. This project has been trialled in London secondary schools and been shown to have a significant impact.

At our conference two years ago we attempted to broaden our understanding of the relationship between spirituality and resilience to resisting dependent behaviours by considering the spirituality of childhood through the research of Edward Robinson as published in his book ‘Original Vision’ [Edward Robinson was at one time the Director of the Religious Experience Unit at Manchester College, Oxford.]From his evaluation of the questionnaires completed for the study he concluded -

- an original vision of childhood is a form of knowledge
- is mystical, transcendent, something- more though not usually the peak experience associated with the term mystical
- understood over a period of time
- self authenticating – needing no confirmation or sanction from any other source, bringing an awareness of self with an identity, freedom and responsibilities of its own
- understood in purposive terms, having consequence, creating destiny.

It would seem that effective nurturing of this spirituality that David Hay and Rebecca Nye summarise as ‘relationship consciousness ‘ from their investigations published in their book ‘Childhood Spirituality’, should reduce the number of vulnerable young adults needing the support provided by programmes similar to Preventure. However the expression of our nature is inevitably affected by our nurturing and leaves us changed in a way that makes us vulnerable and diminishes our resilience.

Jill Bolte Taylor is a neuroanatomist who underwent a remarkable life changing experience that she describes in her book ‘My Stroke of Insight’. In her late thirties she suffered a cerebral haemorrhage that disabled the whole of the left side of her brain. As a result she experienced life for a significant period of time living largely under the influence of the right cerebral hemisphere only. She comments –

*'I remember that first day of the stroke with terrific bitter-sweetness. In the absence of the normal functioning of my left orientation association area, my perception of my physical boundaries was no longer limited to where my skin met air. I felt like a genie liberated from its bottle. The energy of my spirit seemed to flow like a great whale gliding through a sea of silent euphoria. Finer than the finest of pleasures we can experience as physical beings, this absence of physical boundary was one of glorious bliss. As my consciousness dwelled in a flow of sweet tranquility, it was obvious to me that I would never be able to squeeze the enormosity of my spirit back inside this tiny cellular matrix.'*

And then she enlarges -

*'Although I experienced enormous grief for the death of my left hemisphere consciousness – and the woman I had been, I concurrently felt tremendous relief. That Dr. Jill Bolte Taylor had grown up with lots of anger and a lifetime of emotional baggage that must have required a lot of energy to sustain. She was passionate about her work and her advocacy. She was intensely committed to living a dynamic life. But despite her likable and perhaps even admirable characteristics, in my present form I had not inherited her fundamental hostility. I had forgotten about my brother and his illness. I had forgotten about my parents and their divorce. I had forgotten about my job and all the things in my life which that brought me stress – and with this obliteration of memories, I felt both relief and joy. I had spent a lifetime of 37 years being enthusiastically committed to “do-do-doing” lots of stuff at a very fast pace. On this special day, I learned the meaning of simply being.'*

Recovery was not an easy time but full of potential -

*'In order for me to choose the chaos of recovery over the peaceful tranquility of the divine bliss that I had found in the absence of the judgment of my left mind, I had to reframe my perspective from “**Why do I have to go back?**” to “**Why did I get to come to this place of silence?**” I realised that the blessing I had received from this experience was the knowledge that deep internal peace is accessible to anyone at any time. I believe the experience of Nirvana exists in the consciousness of our right hemisphere, and that at any moment, we can choose to hook into that part of our brain.*

*With this awareness, I became excited about what a difference my recovery could make to the lives of others – not just those who were recovering from a brain trauma, but everyone with a brain! I imagined the world filled with happy and peaceful people and I became motivated to endure the agony I would have to face in my recovery. My stroke of insight would be: **peace is only a thought away, and all we have to do to access it is silence the voice of our dominating left mind.'***

In her book '***The Blissful Brain***' Shanida Nataraja presents a thorough overview of the process of meditation, fully referenced, that is technical enough for the professional but also accessible to the layman. She describes the wide range of techniques known under many different names but offers a useful definition –

- *it must involve a specific technique that is both clearly defined and taught*

- *It must involve, at some stage, progressive muscle relaxation*
- *It must involve, at some stage, a reduction in logical processing*
- *It must be self-induced*
- *It must involve a tool, referred to as an anchor that allows effective focus of the mind*

Scientists have always been interested in mystical experience and how to induce it but of particular note is the work done by Newberg and d'Aquili in the late'90's using a technique that demonstrated blood flow at the time of meditation in volunteers from various traditions who were recognised to have a developed skill.

*'Through their research, Newberg and d'Aquili have shown that mystical experiences are associated with specific patterns of brain activity not limited to the temporal lobes. Whereas spontaneously evoked religious experiences appear to involve circuitry that lies within the temporal lobe, mystical experiences evoked by meditation appear to involve circuitry throughout the entire brain'*

The temporal lobe is thought to be the area of the brain where the emotions arise and had been thought until then to be the centre of mystical, extraordinary experience.

*Each hemisphere contains four association areas:*

- *the orientation association area (parietal lobe)*
- *the attention association area (frontal lobe)*
- *The visual association area (temporal lobe)*
- *the verbal-conceptual association area (parietal lobe)*

*Newberg and d'Aquili propose that a sequence of changes in the activity in these areas gives rise to the unfolding of the different stages of mystical experiences and their associated features. These processes occur first in the right side of the brain, but spread to the left through the extensive connections between the two hemispheres, leading to a similar chain of processes in the left side of the brain.*

*The unfolding of this sequence of changes in the brain can lead to mystical experiences, and it is these processes that have been harnessed by numerous contemplative disciplines to evoke and enhance human development'.*

They go on to describe two different processes that lead to the same changes by different neurological sequences, active and passive meditation.

In active meditation the meditator starts with the intention to focus the mind on a single objective. This may be a mantra, an object or a function, usually breathing. In passive meditation the meditator simply sets out with the intention of clearing their mind of thoughts.

*'First and most importantly, meditation calls on intention and attention. **Intention** is the conscious will to behave in a particular way and **attention** is the conscious focusing of*

*awareness in order to perform the intention. In other words, when we intend to meditate, we refocus our attention to allow us to do so.”*

So we begin to see evidence that the experience that Jill Bolte Taylor has described for us has an explanation in the actual physical events that happen in the brain. The range of traditions and individuals investigated also suggests that this was not her individual experience only but is one that is universal and therefore available to us all.

There is now a substantial body of evidence supporting the use of meditation in therapeutic programmes addressing addictive behaviours. The most notable is MBSR [Mindfulness Based Stress Reduction]. This is led by Jon Kabat Zinn, a clinical psychologist at the University of Massachusetts Medical Centre and has been running now for over twenty years. It uses a combination of relaxation exercises, transforming narratives and simple yoga exercises. It is an eight week course and he expects his attenders to practice for forty-five minutes each day to gain the full benefit available to them.

In her ‘Final thoughts’ Nataraja offers that -

*‘Regular meditation produces measurable health benefits and elicits sustained improvement in the physical, psychological and emotional well-being of the practitioner. It offers benefits to the practitioner in terms of stress reduction, improved cardiovascular health and immune function, and improved coping strategies in the face of disease. It also elicits significant cognitive and psychological changes, and plays an important role in driving the personal development of the practitioner.’*

Of particular interest to Quakers is the work of David Welton an American pastoral counsellor who uses silence in his therapeutic sessions. He suffers from bipolar disorder himself and treats clients who also live with the illness. He makes the point that although counselling has a large part to play in adjusting to the circumstances of the illness, the medical management has to come first and continue in parallel. But he says of meditation that ‘it takes full account of the feelings of the subject, and teaches him or her to be present to his or her feelings and not over-analyse them’. Of its value he specifies -

*First, clients who come for pastoral counselling, and even those who seek out their minister for pastoral care, are in many ways confronting the presence of emptiness in their lives. It disturbs them and drives them to behaviours that are unhealthy - addiction, depression, affairs, overworking and over functioning, and many others. The traditional methods of talk therapy may help the client perceive this truth, but meditation may help them truly experience it and begin to change.*

*This practice allows the full depth of the experience of existential emptiness by being present to it. One can integrate it into the healthy personality.*

*Second, meditation can facilitate self-awareness in ways that psychotherapy can only address superficially. A client can know intellectually about his or her fears and doubts, but cannot be fully aware of them without being in a state of mindfulness that allows the mind to quiet the other competing voices and hear only the truth. If part of pastoral counselling is truth-telling, then meditation can assist in telling a truthful story.*

*Third, the reality of suffering in the world and within the self is something most clients would wish to avoid. Yet it is the most profound of spiritual problems and one that will be ultimately confronted in one's life. Psychotherapy can address the problem of suffering and provoke the initial feelings, but meditation may truly allow the client to plumb the depths of universal suffering. It can be tempting for the client in pain to split off the reality of suffering from his or her 'normal' life; psychotherapy's goal would be to help the client reintegrate the two. Meditation can be the tool that starts the process.*

*Fourth, for the bipolar client, all these situations apply to their experience, with one added consideration. The internal experience of the manic person is extremely chaotic. The racing thoughts and psychotic symptoms bring inner havoc, and the mania induces impulsive behaviours that may endanger the person's life. In traditional psychotherapy, the goal would be to gain some insights into the source of the problem, to modify the more extreme behaviour, and find an appropriate medication to stabilise moods and psychotic symptoms. In this context, meditation can be a supportive therapy in calming the mind of the client. Once a state of mindfulness is achieved, then the awareness of feelings, including anger and rage against suffering, is allowed to emerge, and the therapist can help the client to accept the feelings and integrate the experience of mental anguish into the picture of who he or she is, his or herself.*

*Finally, the practice of silence with the bipolar client may allow him or her for the first time to slow down enough to have a real experience of God'.*

There are no black and white judgments when it comes to psychological health - there is a wide spectrum of experience and for those of us who are fortunate enough not to suffer its extremes in the experience of those who do there is much to empathise with and learn from.

Paul Tillich, the philosopher and theologian, in his book *'The Courage to Be'* suggests we face three sources of anxiety that confront our will 'to be': our fate, destiny and our ultimate death, our need for life to have meaning, value, worth and our fear of condemnation activated by our sense of guilt. After a profound analysis, based on an immense awareness of philosophy and theology, he concludes that in order to have the courage to be we need to feel that we are **accepted** and be in possession of **'an absolute faith'** as opposed to belief in a Faith or creed.

He talks of acceptance in the sense of a relationship with the divine that is free of judgment and implies forgiveness for imperfection, thus releasing us from the burden of guilt.

In his concept of faith he includes an experience of the divine and allows that mystical experience contributes but insists that absolute faith is something more. There are certain key phrases that give a sense of his direction of thinking –

'Faith is the state of being grasped by the power of being itself.'

'Faith is the experience of the power of self affirmation which is effective in every act of courage.'

'Faith is not an opinion but a state'

In the final pages of his book he sums up regarding faith -

*'Absolute faith, or the state of being grasped by the God beyond God, is not a state which appears beside other states of the mind. It never is something separated and definite, an event which could be isolated and described. It is always a movement in, with, and under other states of the mind. It is the situation on the boundary of man's possibilities. It is this boundary. Therefore it is both the courage of despair and the courage in and above every courage. It is not a place where one can live, it is without the safety of words and concepts, it is without a name, a church, a cult, a theology. But it is moving in the depth of all of them. It is the power of being, in which they participate and of which they are fragmentary expressions.'*

For those who may be in as much of a fog as I was when reading this initially perhaps substituting the word **relationships** for **being** may help.

In other words I think what is being said is that **feeling accepted gives us the courage to engage in relationships that in themselves reinforce acceptance and encourage further engagement. It is in the sense of progressive benefit derived that we become convinced of the rightness of the direction of our lives - we have then that intuitive 'absolute faith'.**

So here we have another aspect of resilience, a strength that allows us to engage with negative, painful feeling and false perceptions, recognise them and let them go.

Those of us who do not have a sense of the divine may be inclined to reject much of what Tillich has to say, accepting the doom and gloom without seeing the light that he offers. Hear what Nataraja has to say-

*'We spend too much of our lives refusing to accept situations as they are. There are countless examples of people living in denial - someone who stays in a destructive relationship; a person who continues to smoke despite advanced respiratory disease. Once we see things as they really are and not as we suppose them to be, the next step is **acceptance**. If, for example, you have a tendency to become anxious, the first step is to accept that you have anxious tendencies: this is who you are, in the present moment. MBSR teaches you to accept the way things are, and this acceptance stems from both a willingness to see things as they are and a trust that things will unfold as they should at their own pace.'*

The position of relative safety, confidence in being accepted, that is created allows engagement in relationship thus the obtaining of the right sense of direction that we have outlined above. So an absolute faith is attainable by all irrespective of their religious disposition.

I hope that by considering these various sources I have been able to show-

- that there is a process that can be observed objectively
- that this process is associated with positive feelings
- that these feelings increase our resilience through deepening our spiritual awareness
- but that the process does not have to be accessed intellectually.

Here is a simple physical means whereby strength may be obtained to cope with life before it becomes 'the life too difficult to bear' and allow a way from a life that has become 'too difficult to bear'. It is a universal opportunity to grasp the **courage to be**.

### **Bibliography**

#### ***The Spirit of the Child, David Hay with Rebecca Nye***

Published by Harper Collins *Religious* 1998

#### ***The Original Vision, Edward Robinson***

Published by The Religious Experience Research centre, Oxford 1977

Available from The Alister Hardy Religious Experience Research Centre/ Religious Experience Research Centre: Department of Theology & Religious Studies, University of Wales Lampeter, Ceredigion SA48 7ED <http://www.lamp.ac.uk/aht/publications>

#### ***My Stroke of Insight, Jill Bolte Taylor Ph.D.***

Viking Penguin, 2006 (part of the Penguin Group)

#### ***The Blissful Brain, Dr. Shanida Nataraja***

Octopus Publishing Group Ltd. 2008 (Hamlyn Press)

Copyright (2006) From **The Treatment of Bipolar Disorder in Pastoral Counselling-Community and Silence**, by **David Welton** from the Howarth Pastoral Press. Reproduced by permission of Taylor and Francis Group, LLC, a division of Informa plc.

#### ***The Courage To Be, by Paul Tillich***

The Fontana Library, 1952; permission to quote given by Yale University Press

