

# ALTERED CONSCIOUSNESS

## Altered Consciousness, Mysticism, Drugs and Dreaming

As Americans become more and more drawn to traditional and integrative methods of healing as well as in altered consciousness, I believe we are poised to embrace Embodied Imagination (EI) as a healing practice as well. Embodied Imagination is a creative and therapeutic form of working with dream and memory images pioneered by Robert Bosnak, PsA, who is a Dutch Jungian analyst, scholar and author. He and the International Society for Embodied Imagination offer a 3 year certification in the method which is heavily based in Jungian dream theory as well as in alchemy. Some of the scientific theories regarding its efficacy lie in placebo effect as well as polyvagal theory and neuroscience.

As a result of reviewing some of my studies I have come to the conclusion that there is much in common between the mystic experience and shamanism, the psychedelic experience and Embodied Imagination. I also base this belief on my own personal experiences as well as on the experiences of others I have witnessed as a practitioner of Embodied Imagination. For the purposes of this essay I will examine how mysticism, altered consciousness and the psychedelic experience are related to Embodied Imagination, as well as how a fuller understanding of each may lend support to the therapeutic potential in practicing EI.

### **Embodied Imagination**

Using the Embodied Imagination method a dreamer is guided back into a dream while in a hypnagogic state. With focused attention and using the present tense, the dreamer carefully recreates the dream as an imagined reality. By revisiting the hypnagogic state we help the dreamer to enter a surrounding image-environment, while knowing all the while that their physical body is still present in the room with the EI practitioner. By way of slow guided

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attention to the particularities of dream or memory images, the dreamer eventually becomes embodied (or possessed) by them. By this I mean to say that in EI, embodiment is the way in which image becomes flesh and blood, while the dreamer is experiencing a hypnagogic experience of dual consciousness. The dreamer through rapt attention becomes equally infected by the dream world, all the while maintaining a position as an observer. Further on, I will examine how this participation with entities unseen by those in the waking world is one aspect of EI that shares qualities with both mystical experiences and psychedelic experiences.

The EI practitioner then helps the dreamer to anchor or imprint the emotional, or felt experience of the image in the body. This may mean holding the tension between two opposing sensory and affective states. Based on dreamer's reports, this composite of images is where transformation takes place. The act of holding one or more image experiences, or anchors simultaneously in the body is practiced by the dreamer, usually leading to quite potent insights. These can be anything from problem solving, to accessing creativity, to healing. In addition, it is possible and rewarding to use EI to incubate topics into the dream world for which one would like insight, in order to later integrate whatever wisdom is gained through the embodiment process into the waking world.

### **Mysticism, Shamanism and Dreaming**

According to Bosnak (2007), beginning with Descartes, "Dreaming was the cause for the proclamation of the absolute split between body and mind in western philosophy." (p.241). However, assuming that is true, could it not be possible that it will also be through dreaming that we find our way back to wholeness? Dreaming is an important part of human experience in virtually every culture on earth. Within the world's religious and spiritual traditions, to include

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mysticism and shamanism, we find references and documentation regarding dreams and dreaming going back throughout recorded history. Many of the earliest human communities included shaman who not only served as a healer, but intervened between the living and the dead using dreams and visions. These shaman/mystics can be considered forerunners for what we experience today as modern medicine. (Pagel, 2014).

### **Mysticism**

Pahnke (1966) points out that while there are certain religious or cultural conditions that influence the interpretation of mystic phenomena, there are also fundamental characteristics that are not restricted to those conditions. For example, the characteristic of “internal unity” in which one experiences a “loss of self without becoming unconscious” and is “very much aware of an undifferentiated unity”. Additionally, there is a characteristic loss of sense of time and of space to include the sense of past, present and future. With regard to space one loses the sense of where they are during the experience. He describes feelings of joy, “blessedness”, and peace as a “universal elements” in the category of positive mood, along with tears due to the overwhelming nature of these experiences (pp, 2-3). All of these are also characteristic of embodied dream work. Although on occasion the dreamer may also unite with images that do not evoke feelings of joy, I believe neuroscience may hold the explanation for this and I do not believe that it negates the mystical nature of the experience.

Pahnke (1966) also includes sacredness as a characteristic, as one experiences a palpable sense of awe “in the presence of inspiring realities”. He categorizes the characteristics of objectivity and reality into two elements. In the first a type of non-rational, intuitive knowledge, is characteristically gained, based on the experience. This knowledge can be with regard to

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existence in general or with regard to one's self. In the second the experience and knowledge gained are taken as ultimately real and different from ordinary reality. The mystical experience is paradoxical in that "I" both exists and does not exist" and can simultaneously be the seer and the seen.

Bosnak (2007, p.48) explains this phenomenon as mimicry that causes an unconscious identification reflex, allowing for a direct experience of the embodied presence. This participation in the dream image's presence is similar to the way that we identify ourselves with habitual consciousness. He describes meeting a South African Zulu Sangoma medicine woman, who explained what happens to her when she goes into a trance. She described any number of spirits entering her at once and causing her body to shake and contort, occasionally she would lose consciousness.

While working with EI, dreamers often unconsciously adjust their bodies to mimic the embodying image and even the voice and breathing will change. In addition, once the transit from habitual consciousness to the image environment has been made the dreamer will begin to use "I" to describe the thoughts and feeling of the image as though the image is now in full possession of the dreamer, or expressing itself through a kind of a mutually shared body. I have experienced this myself, and based on the characterizations and categories listed above by Pahnke (1966), I can now begin to consider these possessions by dream images to be mystical experiences.

With regard to objectivity and reality, EI views the dream images as independent beings and possessing their own intelligence and not as sub-personalities of the dreamer. In addition, and also comparable to the mystic experience, the dream realm is viewed as a real world

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between the corporeal and spiritual. This realm has been sadly neglected in Western culture and society since around the thirteenth century. As Bosnak (2007) states it “It is a real world between matter and spirit, between body and mind, a real world of creative imagination” (pp.33-35)

### **Shamanism**

Pagel (2014) defines shamanism as a religious phenomenon that first developed 5000 years ago. The shaman was considered to be both a magician and a medicine man around whom religious life centered. Altered states of consciousness were incorporated into the mystical religious process. These altered states in which the soul was considered to leave the body were achieved through dreams as well as drug induced trance states (pp.22-23). Krippner (2001), describes a technology of shamanism which allows for the sharing of data not ordinarily available to us. This data, often portrayed as archetypal images, is accessed by way of the imagination, and used in healing, mythmaking as well as in devising plans for the future. He describes the shaman as a type of psychopomp, who has the ability to move freely in differing realities, and as mediator between the waking and spirit worlds, which do not communicate through language but through imagery.

Based on this understanding as well as my own experiences with dreamers, I can therefore agree with Krippner (2009), who offered in a keynote speech that all dreamers partake in shamanism. I would add that with regard to EI, the practitioner participates in shamanism as well in their function as a guide who accompanies the dreamer to the dream realm and participates in the journey. Krippner goes on to describe how in the Tupi-Guarani tribe dreams are valued for their ability to lend moments stripped of rational thought and where “integral being” can emerge. This idea of integral being is what we consider to be the embodied state in

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EI. It is that moment when the dream image begins to speak as “I” and the dreamer has abandoned all habitual consciousness or ego perspective. It is in these moments that as a dream worker or EI practitioner I get the sense that I am closest to something outside of my full understanding, something mystical and numinous.

### **Altered Consciousness, Drugs and Dreaming**

While there are those who would posit that dream psychology is independent of brain physiology, Hobson (2001) states that dreaming is “a brain based state of consciousness whose features reflect the selective activation (or an inactivation) of the specific brain neurons and brain regions in REM sleep.” (p.33) He describes this alteration in consciousness as shared by dreamers and those taking psychedelic and other drugs. Dreams are viewed as spontaneous alterations in consciousness over which our control is limited, and from which many of the unique features of waking consciousness are absent.

Meanwhile, the psychedelic experience is viewed from the perspective of psychopharmacology and what we know about brain/mind alterations as we shift from waking to dreaming. He suggests that we can achieve similar alterations in consciousness by consuming psychedelic drugs, because they “speak the brain’s own chemical language” (Hobson, pp., 29-31).

To be certain, there are those who would postulate that dream psychology and physiology are independent of each other. There is much that is still to be known. As Hobson (2001) points out, dreaming, much like many other cognitive states, has no clear biological marker. However, by applying modern neuroscience to the study of the brain and consciousness, as well as the conditions under which changes occur, we can begin to come to some understanding.

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In Raul Hernandez-Peon's (1966) research on the neurophysiologic model of dreams and hallucinations, he found that similar neural mechanisms and anatomic substrates have led to an acceptance of the similarities between dream and hallucinogenic phenomena. However, Pagel (2104) points out that dreaming, much like consciousness itself is "affected by a wide spectrum of neurochemical agents" and that a search for specific "neurochemical consciousness drugs" is likely to be prove unfruitful, much like the search for a neuroanatomical site of consciousness (p.70-71). According to Hobson (2001) certain drugs, due to a close chemical composition, do interact with the brain's own chemical control systems. Norepinephrine, dopamine and serotonin are all neurotransmitters with chemical replicas found in psychedelic drugs. When serotonin is blocked and dopamine is increased, this mimics the chemistry of REM sleep. Due to what is known of the chemical composition of LSD, he offers that the LSD hallucinogenic state may be a dreamlike state that is experienced awake while dreaming is like an LSD trip experienced while sleeping. It is for this reason that he suggests that there are both subjective and mechanistic similarities between the altered states of consciousness known as dreaming and the psychedelic experience (p.27). The question for practitioners of Embodied Imagination is one of reciprocity. If during EI, which is an altered state of consciousness, chemical interactions are occurring to produce or enhance this state, what is the influence of having or intentionally maintaining this state while in dual consciousness on the waking individual?

Some of reasons that Hobson (2001) believes we humans are attracted to altered consciousness include escapism, a desire to reproduce ecstatic conscious states, and the ability to hallucinate, a creative act in which we can participate with the impossible. However, he notes

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that hallucinogenic experiences have also been associated with mental illness and can only be considered agreeable when considered respectfully or rewarded, as well as when the experience holds some value for the individual (p.5). Here, I think it is worthwhile to note that when using EI in a psychotherapeutic or healing setting, dreamers are usually embarking on the journey with a full understanding, if not expectation, of new insight at the least, and miracles at the most. I have regularly noted a type of affect that looks like courage mixed with faith on the face of dreamer heading into an EI session. During a session there is a loss of the habitual self and abundant imagery to be faced, and not always outwardly pleasant, in both drug induced hallucinogenic experiences and in dreamwork using EI. However, I believe it is this bold participation with creative visions or dream images, mixed with faith and wonder, that holds the attraction, value and the potential for healing in both experiences.

### **Conclusion and Next Steps**

In examining the experiences of Embodied Imagination, mysticism and shamanism as well as drug induced hallucinations, I have come to understand that they share a kind of an anthropomorphic kinship. I have not found the support that I had hoped for regarding the acceptance of EI as a valuable healing practice. However, I did find the effort useful in that I have generated more questions that will need to be understood in order to reintegrate into modern understanding the value of working in altered states and using the imagination and dream imagery for healing.

Pagel (2014) points out that dreaming as a resource has not been scientifically studied to any great extent. I agree with his observation that research will need involve the current technologies, stringent empirical methodology, clear and concise definitions of terms, and



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qualitative data that lends itself to simple statistical analysis. I would go further to add that in my opinion, dream research almost necessitates a mixed method study as there are so many unquantifiable aspects to the experience. When viewed as a healing method, dream work such as EI must include measures of patient satisfaction, for example. I have found in my own limited attempts to measure the efficacy of using EI to treat the trauma symptoms in cancer patients, that using a post treatment self-report avoided a major misunderstanding about the “why” of the results shown in pre and post-test Likert scale measures.

To highlight this idea, I would add that I believe I did not find support for my thesis regarding EI as a healing method in mysticism and shamanism because in shamanic culture the effects of having a mystic experience are self-evident and readily accepted. However, they are not necessarily measurable or open to analysis. This unquantifiable yet self-evident nature of experience holds true as well with Embodied Imagination.

Following a session the EI practitioner does not analyze the dream. Why? Because the dreamer has shared a body with up to five dream images, felt their experiences and anchored it in the body. At the point of practicing the composite each image conveys an experience uniquely suited to the dreamer and patently manifest. The insight, or catharsis, or joy or healing that they may experience is the result of the participation in an altered state with entities that in some way belong to the dreamer and vice-versa. Based on dreamer’s reports, this composite of images is where transformation takes place. I am merely a guide. This experience can only be described by the dreamer. Perhaps future research into the concepts of mental practice with imagery and how it affects implicit memory and neurobiological change will lend more understanding in the future.

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Notwithstanding, I do believe there is value and support in understanding and measuring what is happening in EI from a neurobiological perspective. For example, during EI the content of the perceptual channel(s) of consciousness are internally focused. It would be useful to know if we can measure or understand the kind of visual processing that is occurring in the brain when one is encountering dream images. What are the similarities or dissimilarities with waking vision?

(Hobson, 2001) asks whether using the waking state as the point of reference from which to compare other states of consciousness is “scientifically reasonable” ( pp., 8-10). I’m unsure, but I do believe that there may be aspects of the state of dreaming that we are not fully grasping, much less utilizing in the best way possible. Perhaps it may become possible through understanding the ways in which the brain creates an alternative or virtual reality while we are sleeping each night. It is interesting to ponder what products might result if we could use the same creative abilities we possess in dreaming while awake or in a state of dual consciousness and whether or not the effects of EI are such a product.

In addition, my particular research interest is in how EI mediates trauma symptoms in cancer patients and others. I am curious to know what effect the embodiment of dream or memory images has on the effects of trauma on the brain. Can we measure these effects as mindfulness practices have previously done using Electroencephalography (EEG), Functional Magnetic Resonance Imaging (fMRI), and Magnetoencephalography (MEG)?

Bosnak (2007) believes that “the difference between healthy and unhealthy responses to trauma is in the imaginal distortion or change which begins to occur immediately after the

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traumatic event”. He proposes that imagination “begins to play with reality in order to dissolve hard-to-digest chunks of living”, so this would be one role of the images. What if we could support this supposition with brain imagery (p.100)?

Future research might also examine the effects of EI on the autonomic nervous system (ANS) and what psychophysiologic measures might we employ to quantify them? Sherin & Nemeroff (2011) point out that one feature of Post Traumatic Stress Disorder (PTSD) is sustained hyperactivity of the ANS which shows up as increased heart rate, blood pressure and changes in skin conductance. There are also neurochemical features of trauma found in brain circuits that regulate fear and stress responses. Are there methods we might use to measure the regulation of neurochemicals such as catecholamine, serotonin, amino acid, and opioid neurotransmitters? It does not go without notice that some of these neurochemicals are the same or similar to those activated in the psychedelic experience. Are they also activated in Embodied Imagination? It appears as though through quantifying the efficacy of EI as it applies to specific therapeutic uses, rather than by quantifying the experience of EI itself, the therapeutic validity of the method can best be supported by future research.

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