

Addiction and Avatar Consciousness **Adicción y conciencia avatar**

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Abstract

This work sets out to understand the change in the state or dimension of the addicted patient's consciousness. Knowledge of the consensual state of consciousness is not enough, since a new state of consciousness appears in many patients, driving them to consumption, and we will quite possibly not manage to improve on the frequent failure rates that we find with many of these patients if we are unable to catalyse a unitive consciousness in them.

Key Words

States of consciousness, avatar consciousness, unitive consciousness, addiction, decision-making, addictive behaviour.

Resumen

El objetivo de este trabajo es entender el cambio de estado o dimensión de conciencia del paciente adicto. No es suficiente con el conocimiento del estado de conciencia consensuado pues aparece en muchos pacientes un nuevo estado de conciencia que le impele al consumo y quizá, si no tenemos capacidad de catalizar en ellos una conciencia unitiva, no consigamos mejorar los fracasos frecuentes que tenemos con muchos de estos pacientes.

Palabras Clave

Estados de conciencia, conciencia avatar, conciencia unitiva, adicción, toma de decisión, conducta adictiva.

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How many addicted patients we treat who understand everything we tell them to urge them to give up their addiction but “are not able to do this”! We give them hundreds of logical, cognitive, behavioural reasons and if we choose, we even ask them to do so for their family’s sake and for their own good (using ethics and morality), but even this does not manage to make many shake off their addiction.

Family and personal studies of drug addicts teach one to understand what they are often saying, but this is not always easy to grasp.

The addicted patient reasons out everything we say and often intends to put this into practice; it is not a problem of will or of lack of interest in complying with the therapeutic or psychological pattern. No, it is not that at all. Patients say that at certain times their state of consciousness changes. It is as if suddenly a switch had clicked which takes them to another dimension as human beings and communication with this dimension (the consensual one) is no longer viable. When addicted patients are in that other conscious dimension, when they have “taken this leap”, they are no longer themselves and their awareness is an Avatar Consciousness. They know perfectly well what they are doing, they know they are “themselves” but they are not the same person) they know after all that what they are doing is not right, but it is as if not doing right were another’s acts. In the state of Avatar consciousness, they have to do it and minimise the consequences or rule them out. They realise what they are doing, but have to do it and feel like doing it, even though “they would rather not do it”.

Apart from the complex philosophy that this originally involved, the word avatar, which comes from Avatara (to cross over) refers to a phase or change, a crisis. The patient mutates into this state of consciousness through a bio-psychically-catalysed critical need for a change.

After the addictive consumption (of either substances, sex, game machines, bingo, casino, etc.) disappears, this Avatar Consciousness goes back to their normal consciousness, which is when real feelings of guilt arise. These feelings of guilt are not aroused by what they have done, but for not having been able to maintain their “original consciousness” without having jumped into the Avatar Consciousness, which is now considered to be uncontrolled by their original self (state). In any addict there is always a struggle between states of consciousness, but in a very peculiar way, since the person is both consciousnesses at the same time, although each of these expresses disagreement with the other.

In one of the cases that I have treated, the patient who came along with his family was relieved to find someone who understood him. This was a male working in the country earning very good money. His relationship with his wife and his children is very good but... from time to time, once about every 2-3 months, he would feel a change come over himself; he fights to stop this coming on until he finally fails, there is a “click” and at that time he is not himself (although he is aware of everything he does and thinks and feels the same). And then he goes to a drinking den, takes cocaine and goes to bed with a prostitute. This gives rise to great

family stress. When the episode has gone by and he returns home he knows that what he has done was wrong (he also know that it was wrong in his Avatar Consciousness, but there the word “wrong” is borne away by the rest and minimised). Now he knows that it was wrong and above all is going to give rise to family concern, both through what he did and through the economic expense. The patient is well now and admits to having a problem, but does not admit being psychiatrically ill in the sense that he does not undergo anxiety, depression or significant problems.

In other cases the patients were perfectly well for months at a time, adapting to social and family requirements and “suddenly” one day they escaped to consume drugs. They were not able to explain the reason for their consumption behaviour. Dependence was not on the drug, but was the “need to do it”.

This is indeed not a twilight state of consciousness, since they know what they are doing at all times and remember this perfectly “but as if it were another me – which is me -”. What we are talking about here is not a dissociative disorder and does not have anything to do with the brusque behavioural irruption arising through irritative cerebral foci. In the Avatar State of Consciousness these persons continue to use analytical logical thought.

As M. Rojo Sierra points out “the German word ‘Sucht’ does not have an equivalent in Spanish or in any other language: it indicates that something inescapably has to be done because it inexorably drags one along. Von Gebattel (1974) reaches the conclusion that the essence of ‘Sucht’ is a change in state”.

Our work clearly involves finding out what deeper mechanisms are working in order to make the person need – since this is ultimately a need – this change of state of consciousness; in some cases it will be easily, but only apparently, when there is an addiction to certain drugs; in others it will not be so easy to find the underlying mechanisms promoting the leap from a consensual analytical logical consciousness to another non-consensual analytical “avatar” logic.

Many questions could be asked about this reality which we come up against daily. Do we often go on treating addictions without really focussing on the patient’s intus? Although we may indeed ask about their individual family and social problems, is this enough? If the addict really needs a change in their state of consciousness through a critical need, are we perhaps oversimplifying things by wanting to make one of the states prevail in this person and have the other disappear? Might we be forgetting to go more deeply into the patient’s real crisis? As Leonor Cano asks (2015), what type of psycho-bio-social, experiential or “neuronal” strategy should we use to connect with their unitive consciousness? It is becoming vital to open up new channels for understanding the consciousness and thus reality (Rojo, 2014).

This is because the avatar consciousness of the addicted patient reveals their existential crisis, and we should not forget that the word crisis is “something which breaks” and also means deciding. In these conditions the addicted patient finds him or herself in a constant and distressing discord of decision (this also being the meaning of *Krisis* in Greek)¹.

¹ <http://etimologias.dechile.net/?crisis>



REFERENCES

Cano, L. (2015). Opiniones sobre el tratamiento y la recaída del drogodependiente. Asociación Española de Estudio en Drogodependencias-AESED.

Rojo Moreno, J. (2014). Más allá de la conciencia cerebral. <https://juanrojomoreno.wordpress.com/2014/07/05/mas-alla-de-la-conciencia-cerebral/>

Von Gebattel, F. (1974). "Psicopatología de las toxicomanías". Published in the volume *Peligrosidad Social y medidas de seguridad* in the Colección de Estudios of the Instituto de Criminología y Departamento de Derecho Penal. Universidad de Valencia, 1974.