# Mindfulness meditation paves the road to recovery in addiction

HELEN BUTTERY

Kerry* sits in the bathroom at a party, concentrating on her breathing. Thoughts float in and out of her head about the cocaine sitting just outside the door on the table, seemingly beckoning to her. "Breathe," she tells herself. Focusing on her breath, she visualizes herself on a surfboard; the deep cravings are waves coming towards her, trying to knock her off her board, but she doesn't fight the waves. Instead, she steadies herself on the surfboard and continues to breathe. In and out. In and out. Finally, she finds herself sitting calmly on the board, in clear, still water. The waves – the cravings – are gone. She opens the bathroom door and quietly leaves the party.

Kerry has just used mindfulness-based relapse prevention (MBRP), which is showing potential as an adjunct therapy for people recovering from addiction. MBRP merges mindfulness-based stress reduction (MBSR) with traditional clinical practices and is built on the concept of mindfulness credited to Jon Kabat-Zinn more than 30 years ago at the University of Massachusetts Medical Center's Stress Reduction Program. Since then, mindfulness practice has spread to more than 240 hospitals and treatment centres across North America and Europe. Its usefulness is also growing, and now embraces addiction.

"Mindfulness is a component of all psychotherapy and any type of self-regulation," says Tony Toneatto, a senior scientist at the Centre for Addiction and Mental Health (CAMH) in Toronto and an associate professor in the Departments of Psychiatry and Public Health Sciences at the University of Toronto. Toneatto, who has himself practiced mindfulness meditation for the past 20 years, has been studying its potential use in treatment for gambling and addictions for almost 10 years.

First used to treat physical pain and illness, mindfulness meditation moved on to treat anxiety and depression and now has extended its reach further to help people with addiction, including smoking and gambling. Once dismissed by skeptics as a passing fad, mindfulness meditation now sits firmly atop a body of scholarly research supporting its potential as an adjunct to conventional psychological therapies.

A study published in the *American Journal of Drug and Alcohol Abuse* in March suggests that MBSR should be integrated further into treatment for substance use disorders. Another study, currently under review, supports the remedial validity of MBRP. The study is planned for publication in an upcoming issue of the journal *Substance Abuse*. In fact, the entire issue of the journal will focus on mindfulness, a cognitive state that practices being aware, non-judgmentally, in the present.

Still, mindfulness is hardly new. In fact, almost all world religions, for example, Judaism, Christianity and Hinduism, include some form of meditation or contemplation. Mindfulness meditation's roots reach back to fifth-century B.C. in India, where Buddhism was born. Now, it is finding its way into academia. Two years ago, under the guidance of Toneatto, the University of Toronto started a minor program, and soon will offer a major, in Buddhism, Psychology and Mental Health. The curriculum includes classes on Buddhist psychology, Buddhism and the science of mindfulness meditation and Buddhism and cognitive science. Toneatto says the program's popularity stems from interest in understanding consciousness and behaviour outside of the dominant western discourse of reductionism that pervades psychology.

Mindfulness meditation also strays from traditional western approaches to therapy, as it breaks down the dichotomous clinician-patient divide as – more often than not – clinicians teaching mindfulness are also practicing it. Like Toneatto, that is how Kabat-Zinn got turned on to mindfulness meditation – by practicing it to cope with the stress of graduate school.

It is also how Dr. G. Alan Marlatt, a native of Vancouver, British Columbia, and now professor and director at the Addictive Behaviors Research Center at the University of Washington, discovered it. In fact, those facilitating the eight-session MBRP course under Marlatt must practice what they preach. "The facilitator is sharing in the process, and that makes a big difference," he explains.

The popularity of mindfulness meditation may also be attributed to the fact that, despite it's Buddhist roots, it has no religious affiliation. "Kabat-Zinn secularized mindfulness," explains Lisa Vettese, a clinical psychologist in private practice in Toronto and a mindfulness researcher and educator. Vettese teaches MBSR to six groups every year. Participants' issues range from stress to chronic pain, and in some instances, associated drug problems. Anyone can do and benefit from mindfulness meditation, whether it's a clinician, like Vettesse, who says that mindfulness has brought a sense of equanimity into her busy life, or a former cocaine user, like Kerry, who uses mindfulness meditation to deal with thoughts of recidivism.

There are several ways to "do" mindfulness meditation. The most basic involves deep, or diaphragmatic, breathing, where

### RESOURCES FOR TEACHING MINDFULNESS

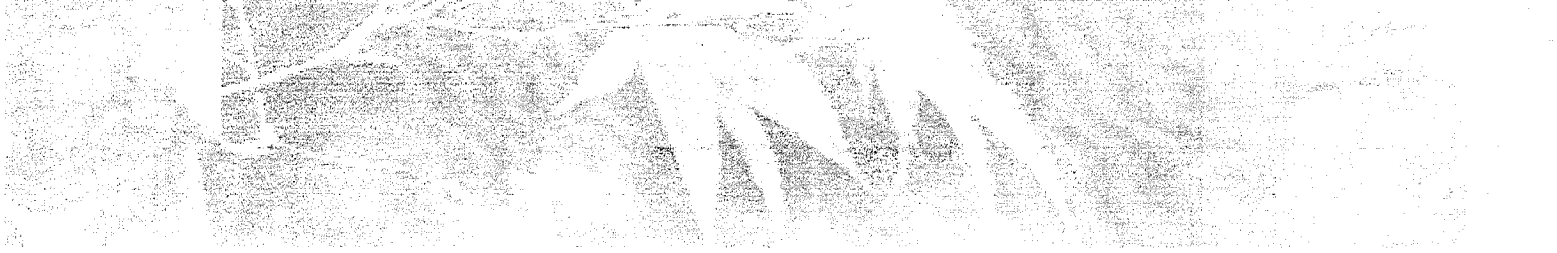
Buddhism, Psychology and Mental Health program, University of Toronto
www.newcollege.utoronto.ca/programs/buddhism.htm

Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts
www.umassmed.edu/content.aspx?id=41252

Mindfulness-Based Cognitive Therapy, University of Oxford
http://mbct.co.uk/about-mbct

*Therapist's Guide to Evidence-Based Relapse Prevention*, by Katie A Witkiewitz and G. Alan Marlatt, eds. Elsevier, 2007

*Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors* (2nd ed.), by G. Alan Marlatt and Dennis Michael Donovan. Guilford Press, 2005



the person focuses on breath. Another strategy used in both MBSR and MBRP is the body scan, which focuses on feeling different body sensations. "People with craving find this very helpful, as we try to teach that cravings are natural, to pay attention to feelings and sensations, to learn to accept them and they will pass," says Marlatt. Another technique for people with impulses related to addiction is "urge surfing," used by Kerry in the opening of this story.

The key, regardless of the motivation behind it, is that the person accepts their thoughts and feelings in a non-judgmental way. The practice is the same, but what it is being applied to is different. "You can't get rid of these thoughts and cravings, but you can relate to them in a different way," explains Marlatt. Allowing and accepting thoughts, such as cravings, strays from traditional cognitive-behavioural therapy (CBT), which supports learning new ways of thinking by giving up, or pushing out, these thoughts.

Mindfulness meditation and CBT may seem like strange bedfellows, but Toneatto's study published in the January 2007 issue of the *Journal of Gambling Issues* describes the usefulness of mindfulness meditation as an intervention compatible with CBT. Toneatto points out that CBT is the most "scientifically validated psychotherapy" around, stressing that mindfulness meditation is not a stand-alone therapy; rather, it is useful as a supplementary and complementary approach to traditional therapies. Although stemming from two very different worldviews – mindfulness is rooted in Buddhist India and CBT emerged from western psychotherapy – they are quite compatible, says Toneatto.

Some, like Diane Frederick, who calls herself a "cognitive-behaviourist with heart," attributes this compatibility to mindfulness having a "softening" effect on CBT. This allows for a more compassionate approach to treatment, says Frederick. What separates mindfulness meditation from traditional therapeutic techniques is that during intense emotional periods people don't have to try to understand or analyze their problem. Simply put, mindfulness meditation allows the person to recognize thoughts in a non-judgmental way, and then CBT addresses these thoughts when the person is more grounded.

Frederick runs a clinical private practice in Kitchener, Ontario, and agrees that mindfulness meditation is a useful adjunct to CBT, especially for people with addiction. "CBT is about changing the content of thoughts," she says, but "it is beyond anyone in early addictions recovery." This is because a client isn't ready for CBT until he or she can accept those thoughts – that is, be mindful of them. "What mindfulness does is allow the person to develop a non-judgmental attitude toward the thoughts and sensations that occur," she says. This is particularly useful for people with addiction, who, Frederick says, have a critical voice and who tend to relapse around negative emotional states and interpersonal conflict. Mindfulness meditation allows the person to slow down and simply let the thoughts occur, without judgment. "Mindfulness teaches a person to be witness to themselves," she says. Then, once a person is able to see their behaviours as addictive patterns without judgment they can start the hard work of CBT to change these patterns.

* Not her real name

**A MINDFULNESS PRIMER**

The practice of mindfulness entered the world of health and psychology more than 30 years ago. Since then, it has branched out into several overlapping and compatible incarnations. Here's a summary of its underpinnings and clinical applications.

### Mindfulness underpinnings

- Mindfulness – the core value of any of the mindfulness varieties. It is a cognitive state that emphasizes being in the present, without judgment.
- Mindfulness meditation – the first incarnation of western mindfulness, it is secular in nature but based on the traditional Indian practice of Buddhism. It combines mindfulness (a cognitive state) with discernment, and in this way lends itself well to therapeutic practices, as it ultimately allows for the transformation of thoughts. Mindfulness meditation is the foundation for therapeutic practice.

### Mindfulness clinical applications

- Mindfulness-based stress reduction (MBSR) – an eight-session practice of mindfulness meditation targeting stress that has been shown to be beneficial for various conditions, including chronic pain, anxiety, depression and addiction. It combines several mindfulness meditation techniques, including body scans, sitting meditations and focused breathing.
- Mindfulness-based cognitive therapy (MBCT) – based on MBSR, Zindel Segal, Mark Williams and John Teasdale developed this approach, specifically for people with repeated episodes of depression.
- Mindfulness-based relapse prevention (MBRP) – developed by G. Allan Marlatt, MBSR targets thoughts specifically related to addictions and relapse. It too is an eight-session practice and participants must be free from substance use for 30 days before participating.
- Buddhist psychology – merges Buddhism, which, like mindfulness, focuses on the cognitive state of being present in the moment, with western psychological treatments, such those used in addiction.