Mindfulness and Addiction

the Recovery of Personal Authority

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01/28/13

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Outline of Talk

- Define Mindfulness / Place in Treatment
- Case
- Problem of Addiction
- Applicability of Buddhist Psychology
- Treatment
- Exercise
- Return to Case
- Mindfulness-Based Treatments
- Proposed Mechanisms
Bob’s personal journey of spiritual growth gets bogged down behind some idiot going half the speed limit.
Mindfulness: Working Definition

- Awareness
- Mind-Body
- Present Moment
- Acceptance

6 sense doors

+/-
BREATHE
Embodied Awareness

- Living one moment at a time
- Knowing the difference between
  - Our experience in the body
  - Stories about our experience
- Psychodynamic work and the emphasis on stories
Garrison Keillor

- BE WELL
- DO GOOD WORK
- KEEP IN TOUCH

Sila

- RIGHT ACTION
- RIGHT LIVELIHOOD
- RIGHT SPEECH
Case: Kelly

Identifying Info:
57 y/o w/f gay identified living with her partner of 15 years
Unemployed, retired from human services after 30 years at age 50

On SSDI (Bipolar Disorder)

CC: “I tried to kill myself three weeks ago.”
History of Present Illness

- Took OD of Klonopin, Trazodone, Alcohol
- Transferred from McLean to MGH for a cardiac problem and stated that she was “angry to be alive.”
- Major stressors were medical: COPD, chronic pain secondary to fractured vertebrae
  (all injuries occurred while intoxicated—later revealed)
- Incest survivor—may have taken overdose in dissociative episode
- Little sobriety over the past 7 years
- PSYCH MEDS/ Zoloft, Adderal, Depakote
Past Psychiatric History

- Both parents alcoholic and abusive
- Raped by father repeatedly age 8-15 when she began fighting back
- Age 12—enormous rage episodes, tearing dolls apart
- 13—first menstruation. Father gave her a shot of whiskey, doctor gave her a shot of Demerol.
- Teens-30s—regularly drank, got pain meds from doctors
- 19—hospitalized with overdose. Many admissions during 20s and 30s complicated by drugs (including iv), alcohol, overdose
Past Psychiatric History

- 38—first sober, detoxed off Xanax. Spent one year in HWH and was 11 years sober
- 40—diagnosed with Bipolar Disorder and put on Depakote—referred to DBT but did not do it because some of her patients in the program
- 50—left work on medical disability. Went to Ireland. Walked in to a pub. Ordered a Guinness.
- 50-57—longest sobriety 3 months. Easily triggered by anxiety, sadness, anger, shame.
Formulation

- Horrific childhood sexual abuse scenario
- Adolescence to 30s: Frantic self medication to manage/escape pain of her trauma (vulnerability, humiliation, rage)
- Further complicated by Bipolar Disorder, ADHD
- Initially stabilized by
  - Caretaker part/energy balanced her own sick, vulnerable child parts
  - Sobriety, HWH
  - Treatment of mood swings
Formulation

- Destabilized by
  - Loss of career, structure
  - Breakdown of body secondary to the ravages of her lifestyle
- Thrown back into hurt and rage of her (disowned) vulnerability
- Defenses impaired---dangerously suicidal
Addiction Defined

- A state of physiological or psychological dependence on a drug liable to have a damaging effect.
- To devote oneself habitually and compulsively

(Latin) addicere—given over, awarded to another as a slave
Descriptors of Addiction

- Disease
- Helplessness/Victimhood
- Craving or Attachment
- Trance or Dissociation
Continuum of Substance Use

- Habit
- Abuse
- Dependence
- Addiction
What is Addiction?

- Disease of automaticity (automatisms are developments in the CNS that cannot be eliminated but can be rendered dormant)
- Core experience of powerlessness, loss of control over alcohol
- Choosing not to drink or use turns the automatism off (the disease of addiction is still there)
- Responsibility lies in controlling the behavior, not in having the disease
- Biological, psychological, social factors

Sandor, R. Thinking Simply about Addiction: A Manual for Recovery
What is Addiction?

- Virtually every addictive act preceded by a feeling of helplessness
- Addictive behavior functions to repair this underlying feeling by creating a sense of feeling empowered
- Net effect to be out of control
- Drive behind addiction is rage against powerlessness

Dodes, L. The Heart of Addiction
Process of Addiction

- Intolerable experience
- Changes consciousness
- Avoids pain/suffering
- Causes suffering
- Is suffering
- Container for intolerable experience and
- Progressive/disease process
Mindfulness as Counterforce to Addiction

**Addiction**
- Habitual, predictable
- Thrives in dark places
- Creates suffering
- Starts as a means of escape
- Becomes a prison with rigid rules

**Mindfulness**
- Creative, spontaneous
- Illuminates, focuses
- Can untie knots of suffering
- Starts with morality, concentration
- Flexible, open attitude
- Vehicle toward freedom, possibility
Examples of Possible Addictions

- Substances
- Processes/Behaviors
- Impulses
- Inner Events
- Medical Decompensations
- Defenses
Substances

- Alcohol
- Street drugs
- Prescription drugs
- Inhalants
- Nicotine
- Caffeine
- Food
Processes/Behaviors

- Over/undereating, vomiting
- Sex/love/relationship
- Gambling
- Shopping
- Work
- Religion
- Meditation
- Internet
- Suicidality

Thinking
- Logical
- Externalizing
- Circular
- Catastrophic
- Paranoid
- Obsessive

Energy management
- Adrenalized
- Lethargic
Impulses

- Explosiveness
- Fire Setting
- Bed Wetting
- Stealing
- Lying
- Fighting
- Thrill Seeking

- Cutting
- Burning
- Hair Pulling
- Sexual/Paraphilias
- Abusive Relationships
Inner Events

- Delusions/Paranoia
- Hallucinations
- Depression
- Mania
- Anxiety/Panic/PTSD
- Obsessions
- Compulsions

- Dissociation/Parts
- Factitious Disorder
- Malingering
- Medical Decompensations
Defenses

- Projection
- Denial
- Repression
- Suppression
- Rationalization

- Splitting
- Narcissistic Defenses
- Manic Defenses
Virtually any human process, activity (Red Sox, golf, internet, procrastination, gossiping), relationship, diagnosis, defense, desire can become an addiction or in the language of Buddhist psychology, an attachment
Addiction is attachment on steroids

-- Sean LeClair
Why do people use drugs?
"Your condition is serious, Mr. Reynolds, but fortunately I recently scored some excellent weed that should alleviate your symptoms."
Why Do People Use Drugs?

- Get a feeling
  - High/low
  - Peace/agitation
  - Superiority/shame
  - Belonging/alienation
- Avoid a feeling (self medication)
- Escape
Causes of Suffering According to the Buddha

- Greed/grasping (craving, obsessions)
- Aversion/hatred (judgment)
- Delusion (confusion, dissociation, mistaken beliefs, shutting down)
Addiction (cont’d)

- Pattern of avoiding present reality
- An attempt to control experience or alleviate pain
- Ultimately creates suffering
Addiction (cont’d)

- Good news - It works to create a controllable, repeatable experience
- Bad news - It does not work since we get further from our actual experience, relationships, truth
- Problem of narcissism
Addiction: Treatment Engagement

- Precondition—Exhaustion
- Step 1—Framing of Conflict
- Step 2—How does treatment help?
- Step 3—What is treatment?
4 Pillars of Treatment

- Recovery
- Psychotherapy
- Medicine
- Mindfulness practice
Mindfulness and Recovery

- Not being alone
- One moment at a time
- Grant me the serenity...
- Keep it Simple
- “You do not have to be good...”
Psychotherapy: Framing Conflict

+ Drinking
  • Get high
  • Manage feelings
  • Escape

- Sobriety
  • Loss of ease, pleasure, fun
  • Having to face life problems
  • Having to face feelings

- Drinking
  • Financial/ work problems
  • Relationship/family
  • Health issues
  • Legal problems

+ Sobriety
  • Problems improve
  • Sleep improves
  • Clear headed
  • Hopeful
Psychotherapy: Framing Conflict

+ Procrastination
  • No worries
  • Stay in comfort zone
  • Avoid fear of not doing well
  • Enjoy not working and working under pressure

-Facing the problem
  • Loss of refuge
  • Loss of grandiosity
  • Anxiety, bad mood, troubled thinking
  • Fear of failure or success

- Procrastination
  • Leads to more problems
  • Increased self-hate/judgment
  • Worrying increases

+ Facing the problem
  • Dealing with fear of failure
  • Likely to do better work
  • Increased self-esteem (not a phony)
Psychotherapy: Framing Conflict

+ Addiction
Eases the pain

- Addiction
Creates pain

- Sobriety
Hurts

+ Sobriety
Can deal with pain
Mindfulness Aids Medication Tx

- More grounded in actual experience
- Better history of symptoms
- Medicine more effective
- Less medicine required
- Better able to track progress
- Different relationship to symptoms
- Greater pt responsibility for health, sx
- Improved partnership with practitioner
Mindfulness: Working Definition

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+/-
Exercise: Making Space

1. Notice
2. Breathe into area
3. Accept (Can I make space for this _____?)
4. Allow
   - Inhale to count of 4
   - Hold to count of 4
   - Exhale to count of 4
Exercise Demonstrates

- Mind/body states shift and change
- We cannot control our experience but can direct our awareness of it
- We are not victims of our experience with the only options to be overwhelmed, rage or escape
EQUANIMITY

WISH TO KILL..JUDGMENT, ANGER..AVERSION

-/

NEEDING..CRAVING..WANTING..

-/

Doubt/Don’t Know..

Bored..Confused..Dissociated..Deluded..
Other Practices

- Concentration/grounding
- Body scan
- Walking
- Sound
- Eating
- ADL
- Urge surfing

- Metta
- Tong-len
- Yoga
- Troubling thoughts, stories, judgments
- Effective communication (assertiveness)
Five Hindrances

- Craving/desire/lust
- Aversion/anger/ill will
- Restlessness/worry
- Sloth/torpor
- Doubt
Working with Hindrances

- Wise reflection
- Urge surfing
- Distraction
- Making space/expansion
- What is my relationship to this______?
- Noticing the experience in the body
- Awareness of non-clinging, non-aversion, etc.
Working with Addictions

Summary

- Understand the conflict
- Stay in the body
- Follow the energy
- Be kind
Summary (cont’d)

A           B           C

event/story  emotion  relationship
Case (Kelly) cont’d

- RECOVERY
  - Commitment to sobriety
  - Group support
  - Ability to share wisdom, support others
Case (Kelly) cont’d

- PSYCHOTHERAPY—Issues:
  - Trauma, mood swings, ADHD
  - Helped, compounded by drugs, behaviors
  - Destabilization via loss of Caretaker part
  - Conflict: to feel or not to feel (“not to feel” clearly leading toward death)
  - Invitation to explore the +/- of experiencing her feelings

- MEDICATION—no substantive changes
Case (Kelly) Mindfulness

- Range of experiences
  - (-) sadness, anger, fear, shame, physical pain, drug cravings (e.g. cold beer)
  - (+) increased self-esteem, support, laughter, joy

- Stories—”I can’t do it”, “I’m not worth it”, “It’s too hard”, “I can use once”, “f___ it”
Case (Kelly) Mindfulness

- Practices
  - Grounding
  - Awareness strategies
  - Distraction strategies
  - Seeing consequences
  - Choosing
Case (Kelly) Mindfulness

“I want to thank you all for teaching me to be grateful for the good days and graceful for those not so good...

And seeing that my feelings will not kill me but not feeling them may.”
Steps to Mindfulness

- Stopping
- Seeing
- Self-understanding
- Choosing (reacting v. responding)
  (from Saki Santorelli)
Mindfulness-Based Treatments

- MBSR
- DBT
- MBCT
- MBRP
- Spiritual Self-schema therapy (3-S.us)
- ACT
Mechanisms of Action for Mindfulness-Based Training

- Hypometabolic state of parasympathetic dominance
- Increased cerebral blood flow to key areas
- Restores resilience, plasticity, attenuate compulsive drug taking
- Increased ability to monitor thoughts, internal states, cues Cortical thickening
Mechanisms of Action (cont’d)

- More coherent EEG patterns with alpha, theta predominance
- Lower cortisol levels, reduced stress response
- Reduced emotional reactivity, enhanced executive function
- Reduced stress–induced craving, increase craving tolerance
Mechanisms of Action (cont’d)

- Neurally mediated capacity for non-evaluativeness
- Behavioral mechanisms

- Reduced reactivity, decreased self referencing in past, future
- Reinforced alternative to drug use, increased sensitivity to body, environment
Mechanisms of Action (con’d)

From Dakwar E. & Levin, F.  
The Emerging Role of Meditation in Addressing Psychiatric Illness with a focus on Substance Use Disorders  
Harvard Review of Psychiatry, 8/09