

Reducing addictions via the self-soothing effects of yoga

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For thousands of years, there have been accounts of the enhanced states of enlightenment and mindfulness obtainable via yoga meditation. The psychological research community has begun to focus on the interconnectedness of various forms of yoga meditation and therapeutically relevant shifts in consciousness and ego functioning that can impact addictions. In part, this increase of interest in the treatment utility of yoga meditation has stemmed from the recent emphasis on significant areas of overlap between Eastern and Western psychology (Wallace & Shapiro, 2006, Walsh & Shapiro, 2006). Another reason is the noticeable increase in neuroscientific studies of the shifts in consciousness during meditation (Brefczynski-Lewis, Lutz, & Davidson, 2004; Lazar, et al., 2000; Lutz & Thompson, 2003). This increase has occurred via positive emission tomography (PET) and functional magnetic resonance imaging (fMRI), two functional brain imaging methods that have been used to study meditation. The expansion of neuroscientific tools such as PET and fMRI for studying various cognitive, emotional and even more complex ego states has allowed for a closer look at how the neurological correlates of different states of consciousness may impact addictive disorders.

Marlatt (2002) and his associates (Bowen, et al., 2006) have been important contributors to research on the potential utility of forms of meditation as an alternative to more traditional forms of treatment for addiction such as 12-step programs and harm-reduction approaches.

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Historically, the study of addiction and its treatment has moved from pessimism regarding its amenability to psychological intervention to far more optimism regarding the chances for success in approaching it therapeutically. Henry Krystal (1978) is an interesting transitional figure here, in that he decried the attitude of pessimism in psychoanalytic circles regarding treating addictions. He instead offered some fascinating hypotheses regarding the internalized object relations and conflicts that markedly interfere with the healthy self-soothing and executive ego capacities of addictive patients. He noted the inability of such patients to profit from biofeedback and argued that this stemmed from a deep ambivalence on the part of patients about using self-soothing to positively change bodily functions. He reasoned that the addictive person unconsciously disowns self-soothing potentialities and projects them onto seemingly more powerful maternal figures in the outer environment.

Krystal further emphasized that no ego structural deficits exist in addictive patients underlying this inability to self-soothe and productively utilize biofeedback. They thus retain the fairly universal placebo susceptibility that may lead to body changes under conditions of strong expectations for such changes. Krystal (1978) thus states: "However, the placebo does not lend the taker the function, only the freedom to exercise it. If a drug-dependent, a psychosomatic, or a "normal" individual can exercise a function under the influence of the placebo, drug, hypnosis, love or inspiration, then he demonstrates that his freedom to exercise it has been blocked by a fantasy. That is why we may conclude that substance-dependent and psychosomatic patients alike experience their self-caring functions as reserved for the maternal object representation, and psychologically "walled off"—inaccessible to them. (p. 226)

This inhibition of self-soothing capacity may be found in many patients, but particularly in addictive patients.

It will be argued in this article, that the practice of meditation in the context of yoga can help patients reduce addictive tendencies both in the short term and over the long term via reconnecting with their self-soothing capabilities. The specific focus will be on yoga meditation rather than other forms of meditative practice. Self-soothing is operationally defined as in Stolorow (1980) as the capacity for thermostatic self-regulation of both negative and positive affects. It is further assumed that both qualities of affect at the

extreme can be stressful and hence require thermostatic regulatory capabilities.

Recent Findings regarding the Effectiveness of Intensive Meditation in Treating Addictive Disorders

Davidson has done some fascinating studies of the shifts in brain functioning during and following meditative experience. He (2002) has with colleagues updated his studies of the benign impact of meditative experiences on the brain functioning of Tibetan monks with a quite rich and comprehensive outline for the neuroscientific study of various states of consciousness (Lutz, Dunne, & Davidson, 2007). In doing this, Davidson has extensively reviewed a broad gamut of recent empirical studies of the neurological correlates of meditation.

Researchers have also recently studied the positive impact of various meditative experiences on addictive patients. In one study Bowen et al. (2006) evaluated the effectiveness of a Vipassana meditation (VM) course on substance use and psychosocial outcomes in an incarcerated population. VM is a Buddhist mindfulness-based practice that teaches participants to observe experiences such as cravings as impermanent events not necessarily requiring action. Such an approach has been found to allow the meditator to “let go” of compulsive thought patterns. In this case, the participants, after release from prison, showed significant reductions in alcohol, marijuana, and crack cocaine use compared with those in a control group. It will be argued that the addition of a yoga meditative practice can further heighten the potentially helpful effects of meditation with addictive disorders. It is important, therefore, to more closely study and understand the factors underlying the powerful effects of intensive yoga meditation on addiction.

Some Uniquely Ego-Psychological Aspects of Yoga Meditation

Various forms of yoga meditation have positive impacts upon at least two major ego functions highly relevant to addiction, executive and self-soothing capacities. The close connection of these ego functions to addiction was described in a recent article (Kissen, 2006). The typical yoga class that will be described (stemming from

one of the coauthor's lengthy experiences with the Korean Dahn yoga system of training) involves considerable practice in intentionality with regard to the body. Class members perform a series of stretches and postural shifts that increase overall psychological energy, muscle tone, and flexibility and sense of balance. By repeating certain postures together with more and more synchronized breathing exercises (slowly breathing in and breathing out with an emphasis on the latter), the members gain considerable mastery of executive capacities with regard to motor and sensory aspects of their bodies. They begin to experience soothing feelings of warmth, relaxation, and reduction of stress, which they soon realize is more under their personal sense of control than was previously thought. Therefore, they have considerable self-soothing capacity that is less and less attributable to external factors and more and more to their own inner executive functions. There is a simultaneous increment in the sense of self-control over autonomic nervous system functions that is quite similar to that obtained through biofeedback. This is closely linked to the progressive relaxation exercises included in yoga classes.

Most addicts do not regularly exercise their ability to create high levels of energy and the positive affects associated with self-soothing. They instead rely on various kinds of external substances such as alcohol, drugs and food or highly externalized experiences compulsively enacted (e.g., gambling, shopping, sexuality, overeating) to produce sought-after positive affects. These positive feelings are notoriously temporary and require more and more compulsive and self-destructive repetitions. The body and its feelings are often at the center of this increasingly self-destructive cycle.

Positive Body Narcissism and Yoga

The concept of body narcissism is implicit in psychoanalytic theory but has not been very clearly developed or articulated. It can have a positive or negative or even pathological connotation and may be linked to a continuation of the mother's soothing adoration of her child's body during periods of early infant care. This may translate into a confident and positive regard for the body. It can also lead, however, to an excessive and negative form of body preoccupation and narcissism. Stolorow (1980) has emphasized in a rather

clarifying and commonly accepted thesis that narcissism is basically a form of homeostatic self-regulation. Self-esteem is regulated and enhanced through various narcissistic attitudes and behaviors, which, as Kernberg (1980) has suggested, can occur along a continuum from normality through various forms of character pathology.

Yoga repeatedly emphasizes the more positive and self-esteem enhancing forms of body narcissism via its continued reminders that class members scan feelings emanating from different body sources such as hips, shoulders, neck, arms, and even more internal regions such as liver, kidneys, and heart. There are frequent reminders to focus upon different kinds of bodily experiences while stretching into various postures and breathing in and out in a mindful and present-focused fashion. Although feelings of pain are also noted and there are reminders not to stretch too much beyond one's current level of capacity, these unpleasant experiences too are mindfully scanned and attentively noted. Overall, this tends to increase both the positive attachments to the body and a certain degree of constructive pain tolerance.

Addicted patients are willing to take physical risks to achieve a desired emotional and body state. In exchange, they often may face damaging consequences to their bodies. They are frequently willing to risk the negative, dangerous, and destructive impacts of various toxic substances or experiences upon their bodies and self-esteem. Yoga initiates and repeatedly reinforces a much more respectful, body loving and protecting attitude that is antithetical to the self-harming and contemptuously disrespecting posture of addicts toward their bodies.

Producing an Atmosphere of Comfort through the Ritualized, Playful Aspects of Yoga

Perhaps one of the more comforting and soothing aspects of yoga is the fact that it occurs in a somewhat repetitious, ritualized context. Sandler (1960) has studied the atmosphere of safety and comfort that is produced in childhood through various repetitious formats and situations. Many forms of play involve rules that must be followed fairly ritualistically in order for the positive experiences inherent in the game to be thoroughly enjoyed.

One of the coauthors (Kissen, 1997) has studied the very comforting group therapeutic aspects of the Kaddish prayer recited ritualistically in a morning minyan for the grieving person who has just sustained a deeply personal and painful loss. The potential for self-soothing can thus be enhanced through the ritualized aspects of the yoga experience. There are repetitious reminders to stop thinking and to focus upon the body and its experiential aspects. There may also be a systematic and reliably predictable shift from more active, energetic exercises and postures to a more progressively relaxed state of inner meditation, concentration, and bodily focusing.

The “Autistic-Contiguous” Mode of Experience during Yoga and Its Inoculating Effect against Addiction

Thomas Ogden (1989) has explored some of the most primitive and concrete aspects of bodily experience and sensory awareness in his work on the autistic-contiguous position. In doing so, he has updated the Melanie Klein constructs with regard to the depressive and paranoid positions and has emphasized the essentially dialectical nature of all three positions. For Ogden, the sense of history is an important distinguisher between these three structured forms of experience. Thus, there is a strong sense of personal and narrative history attached to the depressive position and a much more concrete and relatively ahistorical awareness of momentary experiential states in the paranoid position. Ogden notes that they are simultaneously occurring aspects of all ordinary experiences and hence are not necessarily pathological. They involve shifts in awareness and self-experience rather than ego functions. He interestingly delineates the newer autistic-contiguous position as a structure for experience that focuses solely on a bounded self and its very basic bodily experiences of sensory and motor contacts and impingements. He underlines the various forms of reverie that can occur primarily at this level of experience. As a fairly simple example, we can easily connect with this mode of experience by focusing on the feeling of our buttocks in contact with the chair as we sit or of our back and inner spine as we lie on a flat supporting surface such as the floor. When we are busily thinking or

preoccupied with ordinary concerns of daily life, such awareness is typically a subliminal aspect of our experience.

During yoga classes, we are consistently directed to this experiential structure. The instructor thus might say: “Stop thinking and focus on what is going on in your neck, shoulders, arms, legs, etc.” A great deal of the meditative, self-soothing, and stress-reducing aspects of yoga are intertwined with such directives. The more we shift to focus on our bodies and away from our usual thoughts and feelings, the more we shift to this mode of experience in Ogden’s sense. Lutz, et al. (2007), in their recent review of neuroscientific studies of meditative experience, have made a very useful distinction between the minimal subjective sense of “I-ness” that is often a goal of meditative actions and the more typical sense of narrative and autobiographical self that occurs in everyday life. They note that the more minimal sense of self-awareness is closely related to the state of “ipseity” sought after by expert meditators. Many positive affects and a sense of bodily soothing, comfort, warmth and relaxation can occur during the process of meditation and during the more active postural stretching and shifting during yoga. This involves a narcissistic state in the healthiest sense of thermodynamic self-soothing and regulation alluded to by Stolorow (1980).

Addictive behavior, on the other hand, is associated with mostly negative attacks upon the body and self-esteem. These too may involve autistic-contiguous modes of experience such as piercing one’s skin with a needle syringe filled with cocaine or heroin, self-cutting or the experience of compulsive vomiting recently consumed food, but these experiences seem at least outwardly to be of an extremely unpleasant or painful nature. There certainly may be pleasurable comforting, self-soothing, and ritualized aspects to the experience of enactment as well, but they largely occur in a self-destructive context. Whereas an addict feels compelled to work out, shop, have sexual experiences, or do drugs, the yoga class, on the other hand, provides a more mindful, healthfully playful, and volitional context in which the person is continuously invited to discover and personally own various body feelings. The focus is upon the immediacy of the moment and the now but without any compulsive retreats from painful aspects of experience. The yoga class allows one to let go of anxious, stressful, or depressive feel-

ings but without camouflaging them via addictively created positive affects and euphoria.

It can therefore be argued that the overall yoga experience is antithetical to addictive tendencies and behavior. A yoga teacher during one of the coauthor's classes once stated: "Yoga warms you up inside in contrast to alcohol or drugs that might only warm you up outside." Although addicts may feel temporarily warmed by their addictive enactments, they cannot seem to sustain that sense of warmth without further destructive behavioral enactments. The wish to feel warm and held exists in all of us, and especially in addicts. The sensory experience of warmth occurs very healthfully during yoga classes, which can provide an inoculation against other more self-harming forms of addictive experience and behavior. The work of Marlatt (2002) and his collaborators (Bowen et al., 2006) seems to offer empirical support for this hypothesis, which will require, however, further investigation and validation.

Conclusions

It is argued that there are uniquely ego-psychological features inherent in the practice of yoga meditation that directly strengthen self-soothing and executive capabilities. The repeated focus upon the creation of an atmosphere of mindfulness via a continuous attention in the now to multiple body and postural cues is essential here. The emptying of the mind of ordinary thoughts and feelings for the sake of a focus upon the body is both ego enhancing and stress reducing. The multiple prompts toward a continuous and active scanning of different aspects of bodily experience is linked to enhanced capacities for self-soothing and positive body narcissism. These prompts may insulate against the tendency to damage the body and the failures to protect the body against the deleterious effects of various addictive substances. The ritualistic aspects of yoga are uniquely self-soothing and produce an atmosphere of comfort and feelings of being held without the self-harming aspects inherent in addictive behavior. They also allow for an opportunity to practice executive brain functions by repeatedly willing the body to stretch and maintain various postures while concentrating on breathing in and out.

The shift from the paranoid and depressive positions to an oasis of mindful and productive autistic-contiguous experience alluded to in the work of Thomas Ogden is also a unique and thus far overlooked aspect of yoga that has been briefly explored. The repeated emphasis on such sensorimotor and body scanning forms of reverie that occur during yoga exercises may further inoculate both in the short term and over the long term against a drift into mindless compulsive and body damaging addictions. Researchers have begun to empirically validate this hypothesis, and this should be continued in future research.

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