

## BUDDHISM AND ADDICTIONS

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Buddhist doctrines deal in detail with craving and attachment, how they arise, the forms they take, their results, and also how they can be managed. This and Buddhist emphasis on impermanence makes these doctrines pertinent to theories of the causation and mechanisms of addictions and to possible therapies. Certain Buddhist teachings relevant to addictions are presented within the context of the Four Noble Truths and similarities are drawn to contemporary approaches. As well as being helpful for treating Buddhist clients such a framework may provide a spiritual but non-theistic alternative for those who reject the theism implicit in the twelve-step philosophy. Directions for research include exploring changing ethical behaviour and the use of meditation both as an adjunct to orthodox treatment and as a means of self-change within this framework.

Keywords: Religion, Buddhism, Four Noble Truths, Addictions, Addictive Behaviour, Substance Misuse.

### INTRODUCTION

"From craving arises sorrow and from craving arises fear. If a man is free from craving, he is free from fear and sorrow" (*Dhammapada*, 197, 216).

From its beginning two and a half thousand years ago, central concerns in Buddhism have been craving and attachment. Taking addiction as a form of attachment normally associated with craving, Buddhist teachings then constitute a rich source of aetiological models and possible therapies for addictions, for Buddhism of whatever type proposes how craving and attachment arise, what forms they can take and provides detailed accounts of strategies to deal with them. Buddhism is a non-theistic faith taking the Buddha as a perfect embodiment of wisdom and compassion. Being a Buddhist implies 'going for refuge' to the 'Three Jewels' of the Buddha, Dharma (the teaching) and the Sangha (the community of those practising the Dharma). These are regarded as true refuges while an addiction may be viewed as a false refuge.

While accepting the difficulties inherent in interpreting sometimes ancient teachings of the various Buddhist schools, this paper presents certain doctrines accepted in at least similar forms by most Buddhists in order to suggest alternative ways of understanding the

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causation and nature of addiction, potential treatment strategies and directions for further research. Models and methods derived from Buddhism may be relatively acceptable to many people today with addiction problems. This paper takes addictive behaviour to involve mostly the use of a drug (including alcohol and nicotine), but also to include gambling. There may also be addictive components to other repetitive behaviours such as certain kinds of eating or sexual behaviour (Orford, 1985).

Buddhist scriptures have been recorded in or translated into many languages most notably Pali (P), Sanskrit (S), Chinese, Japanese and Tibetan. Where fundamental terminology of the religion cannot be adequately translated into single English words the Sanskrit version will usually be given. If the context makes the Pali form more appropriate this will be indicated. Primary sources will be used unless it is thought a secondary one illustrates a point more clearly.

The relationship between Buddhism and addictions will be explored using the Four Noble Truths, partly because this is one of the best known and oldest formulations of Buddhist doctrine (said to have been the first discourse given by the Buddha after his Enlightenment, *Samyutta-Nikaya*, 1973, v, 421–423) and partly because it proposes how craving leads to suffering. The Truths are: firstly, the truth of suffering; secondly, the cause of suffering which is craving; thirdly, the cessation of suffering which is Nirvana; and fourthly, the way leading to the cessation of suffering which is the Noble Eightfold Path.

## SUFFERING

According to the First Noble Truth, life is *dukkha* (P). This is usually translated as suffering, but it includes pain, unsatisfactoriness or imperfection. Not that life is continuous pain, but rather that any pleasure found in the mundane world is only temporary and that suffering at some point is unavoidable.

*Dukkha* is traditionally related to misery, change or existence in general (Upatissa, 1961). The first kind is bodily and mental pain and would include the discomfort caused by withdrawal from certain drugs. It also includes being attached to the unloved or separated from the loved, as well as not getting what one wants or getting what one doesn't want (*Digha-Nikaya*, 1987, ii, 305); all common features of addiction. The second sort of *dukkha* may be thought of as potential suffering, the fear that something may happen to mar current happiness or cause some future displeasure, perhaps worry over where the next 'fix' will come from. The third may be considered to be existential dissatisfaction and would include disillusionment with one's addiction or with a chaotic, stressful lifestyle. The realisation of *dukkha* is said to be like a man discovering his hair and turban are on fire (*Samyutta-Nikaya*, 1971, i, 108); it impels one to action. It is for this methodological reason that Buddhism begins with an appraisal of suffering.

## CRAVING

“ . . . although they do not wish to suffer, They are greatly attached to its causes.”  
(Shantideva, 1979, p. 64).

The Second Noble Truth is that suffering is caused by craving. Craving is said to arise in dependence on *vedana*, usually translated as feeling (*Samyutta-Nikaya*, 1972, ii, 2), which may be pleasant, unpleasant or neutral (*Mind in Buddhist Psychology*, 1975, p. 20). If *vedana* is pleasant, craving may arise to continue the pleasant experience, if it is unpleasant or neutral, craving for a different experience may arise. Unpleasant *vedana* might include feeling depressed or angry, or experiencing withdrawal symptoms. Neutral *vedana* might include feeling bored and pleasant *vedana*, euphoria or wanting to celebrate.

The objects of craving are said to be *kama*, *bhava* or *vibhava* (Buddhaghosa, 1979, p. 655). *Kama* means sense experience, for example as provided by drugs, food or sex. *Bhava* means a state, in the sense of craving for a particular state of mind or looking forward to a particular condition where one expects to feel happy and secure—as with craving a cocaine high. *Vibhava* is nothingness, narcosis or non-existence, reminiscent of alcohol or opiate use to ‘blot out feelings’.

*Vedana* is said to arise as the result of previous actions in accordance with the law of karma (Sangharakshita, 1977). An ‘unskillful’ action which is one based in craving, hatred or ignorance will produce unpleasant *vedana*, while a ‘skillful’ one, based on their opposites, will bring about pleasant *vedana*. Put simply, an action based in craving will tend to lead to suffering. Karma is one of five levels of causation and although pleasant *vedana* may result from another level such as the organic (comparable to the pharmacological effects of a drug), from a karmic perspective addictions are unlikely to lead to happiness.

Moreover the cycle of unpleasant *vedana* leading to craving leading to more unpleasant *vedana* tends to be self-perpetuating and Buddhaghosa (1979, p. 102), a fifth century Theravadin commentator, has described six personality types according to whether someone is dominated by ‘greed’ (related to craving), ‘hatred’, ‘delusion’, ‘faith’, ‘intelligence’ or predominantly ‘speculative’. Buddhaghosa demonstrates a practical application of this by describing different types of meditation for the different personality types (*ibid.*, pp. 117–118).

This is taken a step further in the six states of existence of the Tibetan Wheel of Life into which a being may be reborn according to their karma. These may be considered objective states of existence such as that of an animal, human being, hell being or hungry ghost, or as psychological states or personality types (*The Tibetan Book of the Dead*, 1975; Kennedy, 1985). The hungry ghost (*preta*) is characterised by unsatisfied desire. These beings are apparently dominated by unquenchable thirst and perpetual hunger, by greed and craving which are insatiable. According to Kennedy (*ibid.*, p. 127) ‘the drug addict is perhaps the archetype of the hungry ghost, barely alive to the world and concentrated solely upon the next dose—whose effects will soon fade away, leaving him longing for another.’ Certainly this extreme picture will not apply to all drug dependents but conveys the urgent desperation of the more chaotic opiate addict.

The Tibetan Wheel of Life also represents iconographically *pratitya samutpada*, a description of the conditioned nature of phenomena, which illustrates not only the link between feeling and craving but states that attachment arises dependent on craving (*Samyutta-Nikaya*, 1972, ii, 1). The objects of attachment or grasping are fourfold: *kama*, *drsti*, *silavrata* and *atmavada* (*ibid.*, ii, 3). Thus attachment to *kama* would include being attached or addicted to drugs or food. *Drsti* is ‘view’ in the sense of deeply held opinions or beliefs and is discussed below under right understanding. *Silavrata* and *atmavada* are particular types of views. The former is depending on rites and rituals as ends in themselves, for example going through the motions of attending a treatment centre without

making any effort to change in the (perhaps unconscious) belief that attendance in itself will be sufficient to effect change. The latter is the belief in an eternal unchanging self or soul, which may vitiate the hope of giving up an addiction. Addictions may be viewed as severe attachments and ones which particularly lead to further unhappiness.

## THE CESSATION OF SUFFERING

The third noble truth is the truth of the cessation of suffering which is “the complete fading-away and extinction of this craving, its forsaking and abandonment, liberation from it, detachment from it” (*Digha-Nikaya*, 1987, ii, 310). This is synonymous with Enlightenment or Nirvana, the goal of Buddhist practice. Nirvana is seen as a true refuge from suffering (*The Questions of King Milinda*, 1969, iv, 8, 84; *Dhammapada*, 1973, 190); hence Buddhist practice is described as going for refuge.

Part of the significance of the third noble truth is that it is suggesting that there is an alternative to suffering, that it is possible to be free of both this and craving. The conviction that such a state exists and is attainable is based on *sraddha*—usually translated as faith, but it is not blind belief, rather a sense of confidence based on three elements: intuition, rational reasoning and personal experience (Sangharakshita, 1980).

From a Buddhist viewpoint it would seem that a person with an addiction would need to have faith or confidence that it is possible to be happy without indulging in the addictive behaviour, and that such a state is within the reach of that particular individual. For the faith to be effective such a state would need to make intuitive and rational sense. This is in accord with the Health Belief Model which suggests that someone is more likely to follow a recommended course of action if he or she regards the course as likely to be effective and perceives the benefits of complying as outweighing any costs (Becker *et al.*, 1972; Becker & Mariman, 1975). This aspect of faith might be increased by looking at the pros and cons of continuing or discontinuing the addictive behaviour (Janis & Mann, 1968). Finally as the faith would need to have some basis in personal experience, reflecting on a drug free period of life might be beneficial. Even more important might be to reflect on any experience which seemed to be meaningful, in which there was a sense of personal growth. Perhaps the nearest concept to faith in Western psychology is that of self-efficacy which appears to be one of the effective components of brief interventions to motivate individuals give up addictive behaviour (Bien *et al.*, 1993). However faith extends beyond this to include a powerful motivational force or yearning for liberation.

## THE NOBLE EIGHTFOLD PATH

### *Right Understanding*

The first limb of the eightfold path, which is the fourth noble truth, is concerned with understanding the doctrinal framework of Buddhism including knowing the four noble truths (*Digha-Nikaya*, 1987, ii, 312) and distinguishing wrong views from right views (*Majjhima-Nikaya*, 1977, iii, 71). The former views do not conduce to Enlightenment, such as a belief that generosity does not have beneficial effects, while the latter are the converse.

A fundamental wrong view is the belief that lasting happiness can be obtained from mundane existence, and attempts to find happiness and to escape *dukkha* in this way are considered to be false refuges (*Dhammapada*, 1973, 188–189). A refuge is not just a physical location, but includes relationships (sGampopa, 1986, p.100) or any activity which is engaged in to try to escape *dukkha*, of which some are likely to be more false or unreliable than others. In particular addictive behavior may be considered a false refuge as it is at best only partially successful in alleviating suffering or providing happiness and normally leads to unhappiness, rather than liberation from *dukkha* and towards Enlightenment. According to Buddhism people resort to false refuges not out of sinfulness, but rather out of ignorance (*ibid*, p. 1)—they believe they will make them happy whereas in reality they tend to lead to more suffering. Thus people are not to be blamed; rather Buddhism promotes an attitude of compassion which may be helpful when working with people with problems of addiction.

An important right view and a central theme in Buddhism is the omnipresence of impermanence—all things change, be they trees, mountains, people or relationships, which opens up the possibility of beneficial change. Similarly change is an important concept in explaining and altering addictive behaviour and the word is recurrent in the literature (Miller and Heather, 1986; Prochaska and DiClemente, 1983, 1986; Edwards, 1982; Raistrick and Davidson 1985).

Applied to the self, there is no fixed, unchanging ego or soul; it too is insubstantial (*The Heart Sutra*, 1987). This is a process model for the person; instead of a permanent self, processes which follow one another without interval are postulated (Manne-Lewis, 1986). The stress on potential for change shifts emphasis from overly static concepts of personality which can lead to therapeutic nihilism in the addictions field. Indeed the optimism derived from the possibility of change implied in Prochaska and DiClemente's model has been said in part to account for its popularity (Davidson, 1992).

### *Right Motivation*

The content of the second limb of the noble eightfold path is renunciation, non-ill-will and harmlessness (*Digha-Nikaya*, 1987, ii, 313). Put in a positive form this is generosity, loving-kindness and compassion. Generosity is strongly encouraged throughout Buddhism, reaching its fullest expression in the Mahayana as the perfection of giving (*Pancavimsatisahasrika*, 1968). The purpose of this step of the path is cultivation of positive emotion (*Metta Sutta*, 1985) which is seen as necessary to provide the motivation to follow the spiritual life. Recent work in the addictions field has suggested the importance of motivation and developed interviewing styles to enhance motivation (Miller & Rollnick, 1991), although the use of developing positive emotions does not seem to have been explored. An example of an altruistic outlook is 'twelve stepping' by members of Alcoholics Anonymous (AA), viewed by the founders, Bill W and Doctor Bob as a powerful tool in the struggle to remain sober and overcome one's own difficulties (Robertson, 1988).

### *Ethics*

The next three limbs of the noble eightfold path are all concerned with ethical behaviour in terms of speech, bodily action and livelihood. The principle behind ethics is karma (see above) and guidelines for ethical behaviour are given in the form of for example the five

(lay) precepts. The fifth precept is to abstain from intoxicating fermented and distilled liquor which occasions heedlessness or confusion of mind. Within the Theravadin Buddhist tradition some understand the precept as not advising against the consumption of any intoxicant per se but rather against intake to the extent which would cause heedlessness or confusion of mind. Accordingly moderate drinking might be skilful in Buddhist terms. However other texts indicate the stricter interpretation that any consumption is advised against and orthodox Theravadin monks accept this interpretation (de Silva, 1983). No mention is made in the precept of drugs other than alcohol presumably because fermented and distilled liquors were the two main kinds of intoxicant around at the time of the Buddha and in the early days of the Sangha. Commentaries indicate however that the fifth precept is to be understood as including other intoxicating drugs also.

The Pali Canonical texts include references to the consequences of consuming intoxicants (*Sutta-Nipata*, 1985, 398–399; *Digha-Nikaya*, 1987, iii, 183). The inclusion of advice against taking intoxicating drinks as a precept as well as the other references in the canonical texts underline the importance attached to this subject in Buddhism.

Examples of help to follow the precepts are given in the Buddhist scriptures, particularly the Pali Canon, and de Silva (1984) has shown how techniques used by the Buddha were similar to modern behaviour therapy. It appears that many of the strategies used by modern behaviour and cognitive therapists were used over 2000 years ago, often apparently with considerable success. Commonalities between behaviour modification and Buddhism include: a wariness of a sense of unchanging self, emphasis on objectivity and testability where possible, promotion of skills for mental observation, acceptance that change is in the nature of things, an essentially experientialist and therefore empiricist stance, and rejection of metaphysical theories of mind which uphold 'pure-ego views' (de Silva, 1979; Mikulas, 1981).

A further support to ethical behaviour is the practice of confession (*Majjhima-Nikaya*, 1975, ii, i, 440; Misra, 1972). Traditionally *papa-desana* or confession of sins takes place mutually between two monks, although originally it occurred in front of the whole community of monks (Carrithers, 1983). The scope of confession is given expression in the *Sutra of Golden Light* (1979). Self-evaluation is described by Prochaska and DiClemente (1983, 1986) in their process of change and in AA one of the steps is making a moral inventory of oneself (Anonymous, 1952). Unlike other religious systems which may lead to lower self-esteem through guilt and sin (Hood, 1992), confession in Buddhism is not associated with guilt.

The fifth stage of the Noble Eightfold Path advocates the adoption of a 'right livelihood'. Trading in intoxicating drinks is one of the five trades specifically regarded as a severe hindrance to progress on the spiritual path (*Anguttara-Nikaya*, 1973, iii, 206). Use of intoxicating substances, particularly opiates, may be supported by a lifestyle which involves other unskilful activity such as stealing or lying. The karmic results of this would be further suffering. Both livelihood and use of addicting substances may then reinforce unhappiness and so craving for further drug use to attempt to escape the suffering.

### *Meditation*

The final three parts of the noble eightfold path are right effort, right mindfulness and right

concentration and are concerned primarily with meditation, but with implications outside formal meditation practice. Right effort is mainly concerned with the development and maintenance of skilful mental states, but also includes what is called 'guarding the gates of the senses' (*Digha-Nikaya*, 1987, iii, 225). This means avoiding exposure to stimuli which are likely to produce unskilful mental states and corresponds to the behavioural technique of stimulus control, for example someone addicted to heroin avoiding other users.

Meditation is one of the major methods used by Buddhists to bring about personal change. Meditation, along with relaxation and exercise, may become a beneficial habit (Glasser, 1976), which may replace a negative addiction in treatment (Marlatt, 1985).

*Meditational methods.* There are two broad categories of Buddhist meditation: *samatha* (P) or concentration and *vipassana* (P) or insight. *Samatha* meditation involves the development of concentration or one-pointedness of mind through focusing on a single material or mental object to the exclusion of all else (Rahula, 1974). Such techniques are said to lead to tranquillity and may allow painful psychological material to be worked through, a process likened to desensitisation in behavioural psychotherapy (Goleman and Epstein, 1983). Other possible therapeutic mechanisms include relaxation (e.g. Wallace and Benson, 1972), and adaptive regression (Shafii, 1973).

An important form of *samatha* meditation is the cultivation of mindfulness (*Majjhima-Nikaya*, 1976, i, 55–63). Whatever enters the field of attention is observed in a non-judgemental way, and some parallels exist between mindfulness as a technique in Buddhism and self-monitoring techniques in behavioural modification (Thoresen and Mahoney, 1974). This unattached monitoring is said to lead to 'deautomatization'—learning to correctly interpret reality, without pre-determined construct of conditioning (Deikman, 1966). The sequence of unpleasant *vedana* leading to craving may be broken by a more mindful person becoming aware of unpleasant *vedana* and choosing to respond differently (Goleman and Epstein, 1983; *Samyutta-Nikaya*, 1980, iv, 205–213). This is facilitated by the cultivation of mindfulness in daily activity such as walking, washing and eating (*Majjhima-Nikaya*, 1976, i, 57). In the context of addictions mindfulness might mean becoming aware of triggers for craving, in the form of *vedana*, and choosing to do something else which might ameliorate or prevent craving, so weakening this habitual response.

Mindfulness meditation although principally leading to calmness is said also to give insight into the nature of reality, particularly into impermanence and insubstantiality, and so is sometimes considered a kind of *vipassana* meditation (*Majjhima-Nikaya*, 1976, i, 63). *Vipassana* meditation may bring about intense experiences and changes in one's modes of thinking (Walsh, 1983), traditionally said to be like setting aright that which has been overturned or like bringing a lamp to the darkness (*Sutta-Nipata*, 1985, 486). Using meditation methods of this kind would therefore imply as a goal of treatment for addiction more than simply a return to the pre-addicted condition but some degree of personal development, including a shift in how reality is interpreted.

*Research into meditation.* West (1979, 1986) has reviewed the evidence for meditation's effectiveness. Most studies of meditation and addictions have focused on drug or alcohol misuse and the majority of these have taken as experimental subjects Transcendental Meditation (TM) practitioners (e.g. Shafii, Lavelly & Jaffa, 1974, 1975). The technique of TM is a form of concentration meditation using a mantra. Results have usually been

favourable with meditators stopping or decreasing their drug use, but methodological problems include the major one that all practitioners of TM are required to abstain from taking any non-prescribed drugs including marijuana for two weeks before learning the technique. As only the less severely dependent are likely to achieve this, the samples in these studies have been biased (West, 1979). Other studies have reported that meditators change more than controls in the direction of positive mental health, positive personality change and 'self-actualization' with changes in capacity for intimate contact, increased spontaneity, increased self-regard, increased acceptance of aggression, and increased inner directedness; but there are research concerns similar to those encountered in psychotherapy outcome studies (Shapiro and Giber, 1978).

Some reviewers have contended that all the research so far has failed to show convincingly any specific benefits from meditation compared to other methods such as self-hypnosis, progressive relaxation and even simply sitting quietly (Jarrell, 1985; Holmes, 1987). This begs the question why meditation has been practised for millennia in so many different religious and cultural contexts. In most of the studies the meditators have been relative novices and the technique most often TM. Also the dependent variables have usually been short term effects and ones which are relatively observable and measurable, and therefore usually physiological. The subjective experiences of meditators are of course difficult to validate experimentally but it may be that studies which focus exclusively on physical data will miss the point. In order to formulate appropriate hypotheses studies of a more descriptive, qualitative kind may be required. Brown and his colleagues have started to investigate this area using the Rorschach and a self-completion questionnaire (Brown and Engler, 1980; Maliszewski *et al.*, 1981).

## THE TREATMENT OF ADDICTIONS IN BUDDHIST COUNTRIES

Where Buddhism is an indigenous religion, the treatment of opiate and alcohol misusers has sometimes occurred in an explicitly Buddhist context. Poshyachinda (1980) describes the response of temples in Thailand to the recent heroin epidemic. Temples offer a detoxification treatment lasting up to one month using herbal medicine and religious rites. Between 20 and 30% of opiate abusers were found to be abstinent six months after leaving the temple. A few enter long-term rehabilitation through being ordained as a monk and taking part in the full monastic lifestyle.

In Japan a form of religious training, *Naikan*, based on Shinshu Buddhism, has been used since the 1960s to treat alcoholics (Suwaki, 1980). It involves one week of intensive meditation with reflections on family and close friends, with similar but less intensive meditation encouraged subsequently. Both this and the treatment in Thailand seem to have popular support owing to the cultural congruence.

## DISCUSSION

The primary sources cited here, notably those from the Pali Canon, are very old, having

been committed to writing from the oral tradition from around two thousand years ago (Sangharakshita, 1985). Addiction problems were not unknown in ancient India with reference particularly to drinking and gambling. It could be argued that conditions in the modern West are considerably different, but the Buddha's attitude to the relevance of his teaching was one of pragmatism—if it helped, then use it (*Anguttara-Nikaya*, 1970, i, 188); if it had the taste of liberation then it was his teaching, the Dharma (*Udana*, 1985, 56).

This paper has examined not just what Buddhism has to say directly about problems of addiction, but has used the basic principles of Buddhism to explore such problems, raising the question of the appropriateness or correctness of such an approach. To attempt to apply Buddhist teachings to contemporary problems is not against the spirit of Buddhism as throughout its history Buddhism has adapted to different peoples and cultures—hence the apparent dissimilarities between Zen and Tibetan Buddhism. The goal of Buddhism, Enlightenment, is however lofty and it may be argued that teachings with this aim are not relevant to people without such aspirations—maybe the majority. Longing for Enlightenment is seen to be important (*Mind in Buddhist Psychology*, 1975, p. 94), but traditionally the teachings are described as progressive in that different practices are suitable for different stages of one's spiritual development. In for example the *Threefold Lotus Sutra* (1986), the Buddha teaches different levels of goal out of tactfulness depending on the needs and aspirations of the individuals. Whether interpretation in this paper is against the spirit of Buddhism ultimately depends on putting it into practice, and evaluating whether it conduces to greater freedom and happiness.

From a Buddhist perspective addictive behaviour may be seen as a false refuge and a source of attachment which unwittingly, but inevitably, leads to suffering. Since the root of this is ignorance, there is no question of disapprobation for sinful behaviour, unlike early Western moral or religious views of addiction. Moreover this is reinforced by viewing addiction as in principle no worse than any of the many other false refuges. Single-minded pursuit of money or exclusive dependence on a sexual relationship for example are also seen as false refuges, the concomitant unskilful behaviour bringing further suffering in its wake. It is the degree of unskilfulness rather than the type of activity per se which will determine the extent of resulting unhappiness. This then is an alternative to views of addiction which overtly or covertly assume that conventional behaviour is superior. The aim becomes to move on to more skilful behaviour in general rather than to go back to 'normal'.

Buddhism offers a spiritual but non-theistic alternative to the theism implicit in the 12-steps approach. This may be important for not just Buddhists with an addiction problem, but also the many addicts who reject a theistic approach. Also unlike the disease model, people are seen as having the ability to choose and take responsibility for their actions. The attempt to change, unlike much contemporary therapy, is not primarily problem orientated. The main focus is creating well-being through practising skilful behaviour and cultivating skilful mental states.

The main aspect of the Buddhist path which has been researched is meditation and the limitations of this research has been described above. As well as pursuing more descriptive or phenomenological studies, it may be helpful to explore the usefulness of mindfulness training as an adjunct to orthodox treatment. For example mindfulness might assist in identifying automatic thoughts in cognitive-behavioural therapy or locating cues to drugs or alcohol use in relapse prevention work. Some evaluation of the use of mindfulness in the treatment of chronic pain, has been done by Kabat-Zinn and his colleagues

(1985, 1987). Kabat-Zinn also uses yoga with the meditation—traditionally monks have often used physical disciplines in conjunction with meditation—and Calajoe (1986) describes the combination of yoga and meditation in the rehabilitation of alcoholics.

It has been suggested that when meditation has led to giving up drugs part of the success may be due to taking on a new social role as a meditator (West, 1979). Thus it may be necessary to look beyond specific techniques such as meditation in isolation—traditionally meditation without the context of understanding the scriptures is thought to be useless (The Thirteenth Dalai Lama, 1988). Future research should perhaps explore the possibility of overcoming addictions within a broader lifestyle framework which takes into account vision, ethical behaviour, altruism in overcoming suffering, positive emotion to enhance motivation, livelihood, as well as meditation as a means of transformation. The context should be one of therapeutic optimism, based on impermanence, and of compassion towards those addicted since the root of addiction would be viewed as non-understanding. Such optimism should not be merely naive, for the strength of craving is said to be great like a fetter (*Itivuttaka*, 1985, 8) which is difficult to resist (*Sutra of 42 Sections*, 1947, 13). Finally, from this Buddhist perspective both client and therapist are seen as ensnared to varying degrees in the suffering of worldly existence. Both could benefit and neither should be complacent.

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