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Mindfulness as a Treatment for Behavioural Addiction

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Mindfulness is one of the fastest growing areas of psychological research and over 70% of general practitioners in the United Kingdom now believe that mindfulness/meditation can be beneficial for patients with mental health issues [1]. In a previous issue of the *Journal of Addiction Research and Therapy*, Penberthy focused on an intervention known as mindfulness-based relapse prevention [MBRP] and argued that MBRP appears to be an effective treatment for reducing substance use relapse [2]. Following a critical review of the latest empirical and clinical evidence, we argue that there may also be applications for mindfulness approaches in the treatment of non-chemical (i.e., behavioural) addictions.

Mindfulness is a form of meditation that derives from Buddhist practice. We have previously defined mindfulness as the process of engaging a full, direct, and active awareness of experienced phenomena that is spiritual in aspect and that is maintained from one moment to the next [3]. As part of the practice of mindfulness, a 'meditative anchor', such as observing the breath, is typically used to aid concentration and to help maintain an open-awareness of present moment sensory and cognitive-affective experience [1]. Within mental health and addiction treatment settings, mindfulness-based interventions (MBIs) are generally delivered in a secular eight-week format and invariably comprise the following: (i) weekly sessions of 90-180 minutes duration, (ii) a taught psycho-education component, (iii) guided mindfulness exercises, (iv) a CD of guided mindfulness and/or meditation exercises to facilitate daily self-practice, and (v) varying degrees of one-to-one discussion-based therapy with the program instructor. Examples of MBIs used in behavioral addiction treatment studies include Mindfulness-Based Cognitive Therapy, Mindfulness-Enhanced Cognitive Behavior Therapy, Mindfulness-Based Relapse Prevention, Mindfulness-Based Stress Reduction, and Meditation Awareness Training [4-6].

Studies investigating the role of mindfulness in the treatment of behavioral addictions have – to date – primarily focused on problem and/or pathological gambling. Cross-sectional studies have shown that levels of dispositional mindfulness in problem gamblers are inversely associated with gambling severity [7], thought suppression [8], and psychological distress [9]. Recent clinical case studies have demonstrated that weekly mindfulness therapy sessions can lead to clinically significant change in problem gambling individuals. Published case studies include: (i) a male in his sixties addicted to offline roulette playing [10], (ii) a 61-year old female (with comorbid anxiety and depression) addicted to slot machine gambling (treated with a modified version of Mindfulness-Based Cognitive Therapy) [6], and (iii) a 32-year old female (with co-occurring schizophrenia) addicted to online slot-machine playing (treated with a modified version of Meditation Awareness Training) [11]. Additionally, a recent controlled study showed that problem gamblers that received Mindfulness-Enhanced Cognitive Behavior Therapy demonstrated significant improvements over wait-list control participants in levels of gambling severity, gambling urges, and emotional distress [5].

Outside of gambling addiction, one study has investigated the applications of mindfulness for treating addiction to work (i.e., workaholism) [12]. In this single participant case study, a director of a blue-chip technology company in his late thirties was successfully treated for workaholism (based on scores on the Bergan Work Addiction

Scale [13]) utilizing Meditation Awareness Training. Significant pre-post improvements were also observed for sleep quality, psychological distress, work duration, work involvement during non-work hours, and employer-rated job performance. However, as with the aforementioned problem gambling case studies, the single-participant nature of this investigation significantly restricts the generalizability of such findings.

To date, empirical investigation of the role of mindfulness in the treatment of behavioral addictions has exclusively focussed on addictions to gambling or work. However, based on an assessment and review of the mechanisms underlying the improvements facilitated by the use of mindfulness in problem gamblers, we would argue that mindfulness approaches are likely to have psychotherapeutic utility across a wider variety of behavioral addictions (e.g., sex addiction, internet addiction, social networking addiction, video game addiction, etc.) [4].

Key treatment mechanisms that have been identified and/or proposed in this respect (several of which overlap with mechanisms identified as part of the mindfulness-based treatment of chemical addictions) include: (i) a perceptual shift in the mode of responding and relating to sensory and cognitive-affective stimuli that permits individuals to objectify their cognitive processes and to apprehend them as passing phenomena, (ii) reductions in relapse and withdrawal symptoms via substituting maladaptive addictive behaviors with a 'positive addiction' to mindfulness/meditation (particularly the 'blissful' and/or tranquil states associated with certain meditative practices), (iii) transferring the locus of control for stress from external conditions to internal metacognitive and attentional resources, (iv) the modulation of dysphoric mood states and addiction-related shameful and self-disparaging schemas via the cultivation of compassion and self-compassion, (v) reductions in salience and myopic focus on reward (i.e., by undermining the intrinsic value and 'authenticity' that individuals assign to the object of addiction) due to a better understanding of the 'impermanent' nature of existence (e.g., all that is won must ultimately be lost, an attractive body will age and wither, a senior/lucrative occupational role must one day be relinquished, etc.), (vi) growth in spiritual awareness that broadens perspective and induces a re-evaluation of life priorities, (vii) 'urge surfing' (the meditative process of adopting an observatory, non-judgemental, and non-reactive attentional-set towards mental urges) that aids in the regulation of habitual compulsive responses, (viii) reduced autonomic and psychological arousal via conscious-breathing-induced increases

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in prefrontal functioning and vagal nerve output (breath awareness is a central feature of mindfulness practice), (ix) increased capacity to defer gratitude due to improvements in levels of patience, and (x) a greater ability to label and therefore modulate mental urges and faulty thinking patterns [4].

Although preliminary findings indicate that there are applications for MBIs in the treatment of behavioral addictions, further empirical and clinical research utilizing larger-sample controlled study designs is clearly needed. Future research and dialogue should also focus on addressing some of the issues that currently hinder the wide-scale operationalization of mindfulness approaches as standalone or adjunctive addiction treatments. Such issues include the need for a more established training and assessment curriculum for MBI instructors – that in some instances – may have as little as one year's mindfulness practice and teaching experience following completion of a single eight week training course [14]. Additionally, there is a lack of consensus amongst academics and practitioners as to what defines the mindfulness construct [15]. Consequently, diverse models of mindfulness are employed in different MBIs and this is problematic when attempting to identify the precise attributes of mindfulness practice that are mechanistically active in the treatment of specific psychopathologies.

Other issues relate to the fact that there is a paucity of robust research that specifically evaluates whether MBIs can induce non-salutatory health outcomes [3]. This is a particularly important point because there are a number of reported instances in the clinical literature where meditation – including some meditative modes that appear to employ mindfulness techniques – has precipitated deleterious health consequences including psychotic episodes, uncomfortable kinaesthetic sensations, suicidal feelings, and addiction to meditation in the more negative sense [3]. We have previously argued that the risks of MBIs inducing adverse effects are compounded due to a poor understanding by some clinicians as to what exactly constitutes effective mindfulness practice, as well as how to impart an authentic embodied transmission of the mindfulness teachings [3]. Despite this, both the classical Buddhist meditation literature and recent empirical findings appear to concur that when correctly practised and administered, mindfulness meditation is a safe, non-invasive, and cost-effective tool for treating behavioural addictions and for improving psychological health more generally.

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