Dealing With Addictions in Life
A Buddhism Inspired Approach to Understand Craving, Addiction, and Recovery

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Abstract

This paper focuses on the Buddhist perspective on the causation and nature of addiction through examining the issues of drug abuse and recovery programs in Hong Kong. Through my research, I have found that spiritual care is rare, if not missing, in local drug recovery programs. Since Hong Kong has yet to have any recovery program that is based on a Buddhist approach, I am proposing a Dharma-based recovery program that is designed specifically to address relapse issues due to boredom and peer pressure, and facilitated by me as a chaplain and a therapist. I hope this is a way for me to contribute to the work of addiction recovery for those who are suffering from drug addiction in Hong Kong.

This Dharma-based recovery program is suitable for people who have broken the physiological part of the addiction, are challenged by the psychological effects of boredom or peer pressure, and finding it challenging to resist mental craving and temptations. In this program, the role of the chaplain is to help clients overcome boredom and peer pressure (the two main reasons for drug abuse in Hong Kong) and to increase awareness 1) by studying the working of the mind in understanding the root or deeper causes of one's addiction, and 2) by applying the Four Noble Truths and the Twelve Links of Dependent Origination as frameworks to analyze and break the cycle of addiction, particularly in examining vedana – the feeling tone that arises prior to the emergence of craving; and 3) by practicing energy psychology exercises to recognize the conditioned feeling response and change one's mind stream from relying on drugs to focusing on other things that could empower one to live a more meaningful life. In the long run, the goal of having the one-on-one sessions (a key feature of this Dharma-based recovery program) is for the chaplain to serve and assist the client in gaining a deeper understanding of the true nature of our

mind stream. Through this understanding, the client could recover from the addiction by changing the content of his/her mind stream.

To The Three Jewels, for the shower of boundless blessings throughout my research project;

All my spiritual teachers, for showing me the way on the Path;

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Clark and Karen, for your continual support, guidance and advice in helping me edit the paper.

May the accumulation of merits generated from writing this paper (if any), be dedicated to the benefit of all sentient beings of the six realms, for their path of Enlightenment.

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Introduction

We all have addiction, one way or another. It has come to me in recent years that to study addiction is to study one of the most basic concepts of what it means to be human. Addiction here is not only limited to the use of substances such as alcohol, cigarettes, or drugs, it can be as basic as addiction to food, retail therapy, sex, social media, cell phones, and any kind of obsessive and clingy behavior that once started, it is hard to stop. We can also be addicted to our appearances, to our views and opinions, to our notion of a self – a fixed, solid, and unchanging self. While one is satisfying the craving of addiction, it gives one pleasure. However, it is pleasure that would not last and would lead to dissatisfaction and suffering.

As part of my Buddhist Chaplaincy Training at the Upaya Institute and Zen Center, one of the learning curves that I went through to become a conscientious chaplain was to identify what my edges were, then put them side by side with the Buddhist precepts and reflected on them. During the journey of "inner chaplaincy", I dived deeply into the rabbit hole and worked through my own addiction – the addition to my self-identity (ego) in the form of thoughts, patterns, habitual tendencies, and feelings. The key insight I got from this experience is that the Four Noble Truths work to alleviate suffering. The dharma has taught me that addictive behaviors can be stopped once I become aware of my continuous mind stream (biases, assumptions, and narratives) and that this mind stream is not really who I am.

This paper focuses on my interest and research in the addiction of substance abuse and addiction recovery specifically in Hong Kong. This interest came at a time when I found an opportunity to do volunteer work with recovering drug addicts in two of the drug rehabilitation centers run by an organization called the Society for the Aid and Rehabilitation of Drug Abusers (SARDA). In Hong

Kong, most rehabilitation centers are run by Christian-based faith groups and a handful of non-religious organizations such as SARDA. There is no formal training for volunteers prior to their visit to any drug rehabilitation centers. Visitation is granted to volunteers who are either affiliated with a religious denomination or invited by a center to conduct leisure activities there. In general, eligible volunteers are there to provide either religious support such as bible sharing or to provide leisure and recreational activities such as Chinese painting. In my case, I was introduced to a Catholic volunteer group and got invited to join their monthly visits to a SARDA rehabilitation center. Since then, I was invited to offer bi-monthly basic yoga classes at a female rehabilitation center. It has been a valuable experience for me to be there to listen to the voices of these recovering substance users; to understand what they are really going through in their recovery journey. By being with them, I got a chance to connect with another fabric of society and learned about their struggle to overcome the suffering of addiction. One of the center staff (K. Lee, personal communication, March 1, 2019) said, "Drug addicts usually do not have many visitations from volunteer groups as people think they (drug abusers) have brought it onto themselves and do not deserve support". But everyone deserves a second chance especially when addiction is a phenomenon that is global and applicable to anyone. While drug addicts are punished by the society, they should not be overlooked by a chaplain.

After doing some research on the drug addiction recovery scene in Hong Kong, I have found that spiritual care is rare, if not missing, in local drug recovery programs. There is no full- or part-time chaplain or pastor working in all drug rehab centers, including those run by Christian-based faith groups. Registered social workers and medical professionals are the main staff in these organizations. While most rehabilitation programs include individual and group counseling, work therapy, sports and leisure activities, and Bible sharing (in some Christian-based centers), regular

spiritual care is not part of any of these treatment programs. Hence, in this capstone paper, I am proposing a Dharma-based recovery program, designed specifically for Hong Kong and facilitated by myself as a chaplain and a therapist. In Hong Kong, there has yet to be a recovery program that is based on Buddhist approach. This is my humble attempt to introduce spiritual care into the field of drug rehabilitation via this Dharma-based recovery program locally. This program is for anyone who is dealing with addiction in life and my approach is to start with substance addiction and possibly be extended to cover all kinds of cravings in varying degrees in the future.

Initially, I have requested SARDA to provide a voluntary candidate with whom I can work with one-on-one to build a case study for this capstone paper. However, due to many circumstances, my request was denied. Absence of such a case study with someone who is currently in rehab, I can only provide research examples in this paper from two different sources: 1) observation from my volunteer work at two drug rehabilitation centers, and 2) clinical case examples from my one-on-one therapy sessions with my clients in my private practice. As you will read in chapter one and chapter two, these case examples along with my findings from literature review will provide a background for the current situation of substance addiction and addiction recovery in Hong Kong. The case examples shared include different forms of substance abuse such as alcohol, nicotine, pharmaceutical drugs as well as obsessive behaviors. Subject names from the case examples have been changed to protect the privacy of the individuals.

In chapter three, I will be exploring the topic of addiction and recovery using the framework of Buddhism, particularly The Four Noble Truths, The Twelve Links of Dependent Origination, Impermanence, and Emptiness. In chapter four, details of my proposal of a Dharma-based recovery program for Hong Kong will be explained. This program is intended for people who have broken

the physiological part of the addiction and have abstained from the substances at least for a while and are now challenged by the more psychological effects such as feeling lost and empty in their lives or feeling difficult to resist mental craving and temptations. For those people who do not want to join or choose to forgo any rehabilitation program, it is strongly advisable for the chaplain to urge the client to consult a physician for medical advice to address the physiological part of the treatment before assessing if the client is suitable for this Dharma-based recovery program. In the discussion of the proposed program design, I will introduce two clinical tools that have aided me in my work as a therapist. They are energy psychology and muscle response testing (please see Appendix A and B for a description of the above tools). Other chaplains with training in psychotherapy or clinical psychology, who like the idea of this paper, may choose to apply their skillsets and work within the framework of the Dharma-based recovery therapy. In the long run, the goal of this proposed program is for the chaplain to serve and assist the client in gaining a deeper understanding of the true nature of our mind stream. Through this understanding, the client could gradually recover from the addiction by changing the content of his/her mind stream.

Chapter 1: Understanding Drug Abuse Situation In Hong Kong

Drug addiction in Hong Kong is more of a hidden issue than an urgent topic in the eyes of the general public. With less than 1% of the population reported by the Central Registry of Drug Abuse (CRDA) to be drug abusers (and this number continues to decline over the past decades) – 6,725 drug abusers were reported in 2017 out of 7 million (down from 14,241 in 2008) – Hong Kong's drug problem appears to be an insignificant social or health issue (Narcotics Division [ND], 2018a). According to the Narcotics Division (2018a) in Hong Kong, 11% of reported cases were South Asians mainly from countries such as Nepal, India, and Pakistan. Among the South Asians immigrant population, Nepalis has the highest rate of drug use, making up 42.8% of the total number of non-Chinese drug users (Tang, 2014). While the conversation about drugs has been long had in other countries, in Hong Kong it remains highly taboo regardless if one is a Chinese or a non-Chinese user. The culture is to "hush" on any negative or inauspicious topic, hence, the drug situation here is largely, yet unfortunately, hidden.

Despite these encouraging figures, there has been a rising number of youngsters taking to drugs as it is increasingly easy to obtain illicit psychotropic drugs such as methamphetamine (also known as ice or crystal meth), ketamine, cocaine, and marijuana (cannabis). The CRDA report (ND, 2018a) revealed that over half of the newly reported cases were young adults aged between 21 and 35, indicating a worrying trend amongst adolescents. In 2017, CRDA reported that the users of the newly reported cases were those who had had an average of 4.3 years of drug use before they were discovered by the system and that 58% of them only take drugs at home or friends' home (ND, 2018a; Tam et al., 2018). This contributes to an increasing concern in hidden drug abuse due to people using drugs less in public but more at their own private premises. Unlike the past, when it was easier for local police to find drug dealers and users in large discotheques, rave parties, and

public areas, it is now easy for the public to buy drugs at home on the computers, or via smartphones. By making a phone call, using social media applications or the dark web (an encrypted level of the internet where it is easier to avoid detection), illegal substances can be purchased online, delivered by a cab driver within ten minutes or even come with a food delivery service (James, 2017; Tan, 2017). Users can now purchase them discreetly and conveniently without having to leave their home, making it much harder for police to detect the sales of drugs or track the range of chemicals available in the market (James, 2017). According to CRDA, "this figure was even more worrying for abusers under the age of 21, as the percentages leaped from 59.8% in 2007 to 80.4% in 2015" (Tim et al., 2018, p. 4).

While methamphetamine, heroin, and cocaine are the most common drugs taken by existing drug users in Hong Kong, cannabis and cocaine are more popular amongst newly reported users in 2017 (ND, 2018a). Cannabis is becoming a trendy and popular drug as its legalization overseas has led to a perception that it is less harmful than other substances. Youths may then perceive it as more common and not a big deal to use cannabis casually in social settings or alone; they see it as a less potent drug and believe they will not be addicted to it (Chiu, 2019). Although cannabis is relatively less harmful than the other drugs mentioned, the worry is that it could become the first choice of someone's drug abuse, followed by the use of stronger drugs such as Ice or cocaine when the person starts to seek more intense stimulation (Chiu, 2019). On the other hand, cocaine is becoming cheaper in Hong Kong, making it more affordable and accessible for the younger generation as a stress reliever from high pressure of studying or to suppress appetite for those with eating disorders (Tan, 2018).

Based on a qualitative study conducted in Hong Kong in 2017, the top three reasons that drug

abusers gave to explain their habit of using drugs were: peer influence, boredom, and releasing pressure (Tam et al., 2018). Another common reason cited by Chiu (2019) is that youngsters under the age of 21 who use drugs were "to avoid discomfort of its absence". K. Lee, a rehabilitation officer, who had about two decades of experience of working with drug addicts told me that females usually started to use drugs as a way to lose weight and look good without realizing that they could become addictive to them (personal communication, March 1, 2019). For males, some started taking drugs when they were in their early teens, believing that it would make them look "cool" and "gutsy". Hence, male users took drugs to gain recognition from and acceptance by their male peers and to enhance their attractiveness to the opposite sex. There are two groups of male users at the Shek Kwu Chau Treatment and Drug Rehabilitation Center in Hong Kong where Lee is now working at. In the past, residents in the center tended to come from lower-income backgrounds. They represent the older generation in the center who are in their late 70s to 80s. Back in the colonial days when Hong Kong was under the British rule, they worked as "coolies", a local term depicting unskilled and low wage workers whose job was to do heavy-duty manual labor work. To ease their body aches, most of them took opium as a way to relax and relieve pain during their downtime. After a while, the addiction habit was formed and it has become part of their lifestyle until now. The other group was mainly former rave party-goers who are now in their 30s to 50s and they are mostly addicted to psychotropic drugs during an upheaval of popularity of ketamine and meth in the 1990s. Nowadays, drug users come from all kinds of social backgrounds, including those from "better-off families, with good education, some of whom are even working as professionals" (Chiu, 2019). Regardless of age, drug-taking has become a stress management tool.

Seeking treatment for drug abuse in Hong Kong can be challenging. Asians or Chinese have great pride in their cultures, families, and community. In China, in particular, "saving face" has become a

deeply ingrained part of their heritage (Breidenbach & Tse, 2015). The "face" we are talking about here is not a literal face. Rather, it is a metaphor for a person's reputation amongst their peers. For example, if you hear that someone "has face," that means that they have a good reputation. Someone who does not have face is someone who has a very bad reputation.

In Chinese communities, "there is a pervasive social taboo on even mentioning the word 'drug abuse'" (Tsang, 2011, p. 2301). The society has a misperception that drug users are weak, just bad or morally incorrect; addiction remains a taboo topic (Heaver, 2015; Breidenbach & Tse, 2015). In the Chinese culture, the old concept of an extended family as a collective unit still prevails and rugged individualism is still discouraged despite western influence. In today's Hong Kong, it is still common that when a person commits a shameful act, this person and the entire family would share the shame, when discovered. Family members and friends also "lose face" as a consequence of such disclosure so much so that people close to this individual will also experience shame. It may reflect the family's inability to deal with the situation, that in turn, is inconsistent with the cultural mandate to maintain an appearance of harmony within the family. There is even the possibility that the family may disown the individual completely, which can be catastrophic to the individual. Friends might also behave similarly. Although some are willing to help those who have become addicted to drugs, their overall attitude towards them will still be a negative one. In a survey conducted with 4,000 Chinese parents with teenage children, the result showed that Chinese parents tended to choose to deny that there was a possibility their children could be affected by drug usage until there were physical symptoms from long-term usage and that intervention became too late for it to be effective (Tsang, 2011). The "fear of losing face" may result in denial of substance abuse problems and may influence substance users' motivation to voluntarily seek treatment.

Chapter 2: Current Rehabilitation Treatment Programs & Relapse

Existing local treatment programs

Hong Kong has developed a variety of drug treatment and rehabilitation services with the unanimous objective to help addicts reintegrate back into the society and permanently break the drug habits. There are involuntary residential programs within correctional facilities, voluntary residential programs mostly run by Christian-based faith groups, and a handful of non-religious organizations such as SARDA sponsored by the government, methadone out-patient treatment program which are relatively low cost or free, 12-Step Program such as Narcotics Anonymous and Cocaine Anonymous, and private counseling centers. The role of spiritual care is lacking in addiction recovery in the Hong Kong culture. Currently, spiritual care provided by Christian and Catholic chaplains or a few Buddhist nuns and monks is only common for end-of-life care in local public hospitals. Based on my research, I have found that there is no full- or part-time chaplain or pastor working in all drug rehab centers, including those run by Christian-based faith groups. Registered social workers and medical professionals are the main staff involved in running addiction treatment programs in Hong Kong.

Overcoming substance abuse typically require treatment through multiple stages of care and rehabilitation, often accompanied by medical detox when necessary. Some programs provide dual diagnosis treatment where the individual with substance abuse issues may also have mental issues co-occurring at the same time such as anxiety disorder, bipolar disorder, and depression. In the dual diagnosis approach, psychiatrists would treat both mental health problems and substance misuse at the same time from a biochemical perspective. Upon the completion of medical detoxification, the centers use various means to help residents start rehabilitation which ranges from four to 23 weeks for males and between 21 and 45 weeks for females (ND, 2018b). Rehabilitation programs include

individual/group counseling, work therapy, sports and recreational activities, and bible sharing (for Christian-based centers). Counseling services are provided by social workers on-site or when needed, a visit to a psychologist or a psychiatrist can be arranged to address a particular resident's psychological problems or needs. Counseling services also provide "relapse prevention courses" to help residents gain insights into their problems, change perception, and increase problem-solving skills to assist them with rehabilitation and post-treatment abstinence. As mentioned by Lee (personal communication, March 1, 2019), each counselor has his/her preferred modality when working with residents such as Cognitive-Behavioral Therapy (CBT) or an energy psychology technique called Ho'oponopono.

To deepen my understanding in addiction and addiction recovery in Hong Kong, I became a volunteer at the Shek Kwu Chau Rehabilitation and Treatment Center (for male) and the Adult Female Rehabilitation Center, two of the four government-funded inpatient rehab centers run by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA). At these centers, abstinence from drugs is part of the recovery requirement. From a psychosocial aspect of recovery, community living is emphasized at the centers. Residents, based on their skill levels, are assigned responsibilities ranging from road and facility maintenance to household chores at the centers (similar to daily work practice at a zen monastery). This way, residents work together, learn to mutually support each other, and to become a moral and responsible citizen. Work therapy training is provided to enhance life-skills and restore self-esteem for residents. For male, the training ranges from carpentry, metal work, gardening, and construction and maintenance projects. For female, examples are English language class, professional hair-cutting class, and aromatherapy massage class. Recreational classes such as tai chi, qigong, yoga, distance-running, and hiking are also offered. The goals of these activities are to help residents expand their skillsets and explore other

things in life other than drugs. Social worker Cheung (M. Cheung, personal communication, July 14, 2019) pointed out that drug addicts often are more self-centered and lack empathy towards others, alternative therapies such as providing foster care to the abandoned dogs and cats, tending to captive endangered birds and to care for the environment are initiatives to encourage residents to develop empathy for others.

While some addicts will seek treatments voluntarily, some will not reach out for help and even the system cannot pick them up. According to the Narcotics Division (2018b), these specific groups with drug abuse problems include hidden drug users, drug abusers of ethnic minorities, and others.

- Hidden drugs user: A growing number of substance abusers are now using drugs at their own home or friends' homes. They are taking advantage of the ease of purchasing drugs online for a home-based delivery and at a more affordable price due to different grades (or quality) of drugs available, which makes them undetectable and uncontrollable (ND, 2018b). Tam et al. (2018) further stated that up till now, no research could be done to understand this group simply because they were out of reach by the system. With hidden drug abuse and the prolonged drug problems, the longer they remain untreated, the more serious or even irreversible the brain or health damages may occur. It may be too late when they eventually surface for help.

- Ethnic minorities (EM): According to the Narcotics Division (2018b), 11% of reported drug abusers is comprised of EM from Nepalese, Indian, Pakistani, Bangladeshi, Sri Lankan, etc. Amongst this group, the Nepalese community has the worst problem, making up 42.8% of EM drug addicts (Tang, 2014). Often, issues faced in rehab facilities for EM run in parallel to

the issues they face in Hong Kong society: language barrier, culture, and religion differences (Tang, 2014). Religion seems to be the biggest barrier out of the three when it comes to seeking for treatments. Most of them are predominantly Buddhist, Hindu, or Muslim, yet nearly all of the city's rehab services are Christian-based (Tang, 2014). Besides, most of the rehab programs are operated in Chinese and EM do not speak Chinese and find it difficult to learn. Culture is a big problem as EM communities in Hong Kong are tight-knit and news travels fast, creating a powerful barrier for those seeking rehab. Tang (2014) also stated that they are often the ones on the fringe of a very marginalized group because of their lack of education and work skills. Failing to integrate into mainstream society, some turn to drugs for a sense of belonging among their peer groups.

In one of my earlier volunteer opportunities, I was invited to join a Catholic volunteer group to visit an ethnic group at the Shek Kwu Chau Rehab Center. This was the only mixed-race house where most residents were Chinese speaking and that was where I met with the four non-Chinese speaking Nepalese. As an ice-breaking exercise, the volunteer leader led the group to sing several Chinese pop songs with positive lyrics to warm up the group and to prepare for a relaxed discussion of a pre-selected bible passage on trust and faith in God. I bore witness that the fellow Nepalese residents were trying to participate but it was difficult as they did not speak the language. Hence, most of the time, they sat silently or stared in blank space. Occasionally, a volunteer in the Catholic group would speak in English. This time she asked one of the Nepalese "Do you believe in God?" His reply was, "I am a Buddhist but I respect God." The volunteer said, "There is a Buddhist here with us in our group today" and pointed towards me. Prajna and I had eye contact. We bowed respectfully towards each other in gassho (hands pressed together in front of the chest) as I said "namaste"

(a main Nepali greeting like hello) to him. Prajna (personal communication, January 27, 2019) in his mid-30s shared with me that people seemed nice but he and his friends at times found it hard to communicate with staff because they did not speak Chinese. He also shared the barrier of religion with me. He stated that he was a Buddhist but the religious volunteer groups who visited them were non-Buddhist. While he respected Jesus and God, he did not resonate with the bible. He said it would be nice if there could be discussions that were based on the Buddha's teaching. He and his friends found it difficult with Christian-based services because it did not work for them. Despite a few barriers, he intended to do his best because he would not want to fail his family again. At this point, I could see him holding back tears in his eyes and I felt it was appropriate for me to just be in silence with him.

Government services also do not cover significant numbers of ethnic minority drug addicts without a Hong Kong Identity Card (equivalent to a U.S. Social Security Card), who consequently cannot be taken into residential rehab centers or access social welfare services. Faced with discrimination and seemingly insurmountable language and cultural barriers, Nepalese in this case have two options. They can visit government methadone clinics, but often drug addicts will use methadone as a cheap heroine replacement, at just US$7.8 per visit (Tang, 2014). Tang (2014) also stated that 80% of Nepalese drug abusers chose to return to Nepal to receive treatment because the centers were "well managed" by former addicts, operating in familiar language and cultural settings. However, upon return to Hong Kong, many relapses because they face the same peer group and temptation from the peer group every day.

- Others: Young affluent adult drug users are also reluctant to seek help as their affluent background (with a higher education and income level) can effortlessly finance the habit of drug use. Stigmatism of the word "drug abuse" coupled with the deep cultural influence of the "fear of losing face", makes it easier for users to deny their drug use problems and more challenging for them to come forward to voluntarily seek treatment.

Giving up drugs is easy as one can stop many times. However, staying clean, once one stops, is very difficult. According to the CRDA in Hong Kong, 77% of drug abusers reported every year are "previously reported cases," which are old cases (ND, 2018a). Lee (personal communication, March 1, 2019) pointed out that about 75% of the residents at Shek Kwu Chau have returned for their second or third round of treatment. He mentioned that "most of their repeated residents use drugs again because they feel bored or they re-enter the same social circle and are tempted to use drugs again due to peer pressure". Even though the system can serve some people, given a high percentage of relapse cases in Hong Kong, it is worthwhile to take a look at why rehabilitation programs work for some but not for all.

Relapse

While in principle a subject could be completely relapsed or completely drug-free after treatment, chances are that many subjects would not be drug-free especially right after treatment, and would re-use drugs. Based on a study conducted by Cheung in Hong Kong, one of the key factors in maintaining abstinence is self-efficacy which is defined as "the individual's perceived ability to resist the urge to re-use a drug in a high-risk situation such as the presence of the drug" (Y. Cheung et al., 2003, p. 69). It is defined as a degree to which an individual feels confident, have self-control over one's emotions and understanding of one's thought and behavior and capable of performing a

certain behavior in a specific situational context (Cheung, 2005; C. Cheung et al., 2003). However, building self-efficacy is not an easy task as one needs to step into and deal with the psychological aspect of using drugs (Y. Cheung et al., 2003). Research conducted by Y. Cheung, et al. (2003) found that not all who attended treatment were able to develop the ability to stay firm and to say "no" to all tempting situations. In fact, one may "self-talk" him/herself into reusing as a reward for having been able to abstain from using drugs for a short period of time such as in treatment or may over-estimate his/her confidence in having the ability to handle a high-risk situation.

Key reasons for relapse with clinical case examples and volunteer experience

1) Peer pressure and a lack of familial support

Peer pressure is a key factor for relapse especially from the old friends who still use drugs (Y. Cheung et al., 2003). Cheung (2005) stated that the more one hangs out with drug-using friends, the easier it is to use again. Regardless of how many times he/she goes in for treatments, it seems to have no influence in achieving abstinence for long (Cheung, 2005). In fact, the more treatments, the less the amount of drug-free time. This implies that peer pressure is a main influence not just in the initiation of one's drug use but as well as one's reason to fall back into using. Even if he/she undergoes treatments again and again, one continues to lack the ability to refrain from drug use unless one changes his/her social circle and daily routines in their lives and avoid former drug-using buddies or favorite hangout places. However, the challenge is, after completing a treatment program, one may find it hard to meet new non-drug-using friends as when history of drug use is revealed, the friendship will likely be jeopardized or terminated (Y. Cheung et al., 2003). Therefore, when one feels the need to connect, one can only return to his/her old (drug-using) friends. Y. Cheung et al. (2003) also pointed out that peer influence is even a more challenging factor for female users. Many females suffer a double jeopardy due to their attachment to drug-using

boyfriends. It is hard for them to quit it all together because their partners are still using and quitting would mean not just quitting the drug but risking the possibility of losing the relationship and romance (Y. Cheung et al., 2003). According to both literature review and my own research, another psychosocial factor such as familial support seems to have less effect over one's achievement of drug-free time in the short run but a more significant influence in the long run (Cheung, 2005). The following two case examples from my clinical practice and volunteer experience illustrate the effect that the lack of familial support and peer influence have on relapse:

Clinical case example

A case I have been working on is with an expat who is ridding of a smoking addiction of four years. Sharon has worked in Hong Kong by herself and she is miles away from home. Even though her family supports her to quit smoking, being physically apart and only connected through regular phone conversation is not enough. At times, she feels stressed and anxious for no reason. She also feels sad when her family does not contact her for days which makes her feel unimportant and forgotten by her family. Her social group consists of one smoking friend and a few non-smoking friends. Under these circumstances, her urge to smoke reappears when she thinks of her family or when she eagerly awaits to talk to them. With peer influence, her friend who smokes would tempt her to smoke on her day off from work even though her non-smoking friends encourage her otherwise. In this case, her urge to smoke again and relapse due to peer influence, boredom, loneliness, and isolation of being away from home. In our session, we have discovered that each time as she smokes, she would feel freer and happier as she gets rid of the boredom and loneliness, despite temporarily. However, after smoking, she would have physical discomfort (e.g. dizziness) and feel guilty or disappointed in herself.

Volunteer case observation

During a volunteer visit at the rehab center, a male resident in his late 50s spoke of the lack of family support as his main reason for relapse. He also posed a series of questions to himself and me during our time together. What was revealed in the end was insightful as he pointed out an area in which I would further explore later in this paper – the mind and how it creates pleasure or suffering on the topic of addiction.

People with family and children have someone to go back to but those without children find it easier to go back on drugs. My family would not care for me and there is nothing left for me to do but to take drugs. Taking drugs does not make me happy anymore like it used to. But…I have no choice left so I take heroin again. It gives me temporary comfort. I look down on myself when I do this and I feel very useless because I always get back into using whenever I feel vulnerable. Why does this happen? Why do people take drugs? What made me take drugs and you don't? Is there something wrong with me? (He sat there for a few moments as I bore witness in silence before he finally replied to himself). *Ah, I know, it is due to a weak mind. My weak mind, and I cannot control it. I am weak.*

Besides peer pressure and the lack of familial support, my finding is in agreement with Levy (2011) and Smolkin (2018) in which both found boredom as another common reason for relapse. Levy (2011) also stated that loneliness and the pain of withdrawal were among the top reasons for relapse for women in specific. In another study, researchers found that drug abusers were more likely to use drugs when feeling bored and more likely to leave treatment due to boredom (Sherman et al., 1989). Smolkin (2018) also raised a question of whether or not treatment centers had overlooked the importance of boredom and should consider assessing boredom as part of the treatment protocol

in order to recognize and address the problem of relapse. As C. Cheung et al. (2003) stated that rehab components in Hong Kong consisted of biomedical detoxification phase and rehab treatments which involved various approaches and activities including work, socializing, social work, and peer counseling, it did not seem that the top reasons for relapse such as boredom and loneliness had ever been addressed either.

2) Boredom

Different psychologists have formed different theories on boredom, but one of the best explanations comes from Richard Bargdill. According to his research (2000), Bargdill highlights several common features of bored people. Bored people do not necessarily start out being bored. They have goals they want to achieve, but then something interferes with that goal. For example, a person gets sick, which interrupts some personally meaningful pursuit. Another example is the person who might want to be a doctor but does not do well in math in high school. What usually happens is a person believes that the barrier is beyond their control and feels forced to change their personal goal. Bargdill suggests that those who become bored may be too overly confident; they do not realize how much work is needed to achieve their goal or they become frustrated when they find out how difficult it is. Whatever the reason, a person may choose to find a new goal with the least resistance but only to realize in time that this modified goal is less desirable. They then start to lose interest, find life less satisfactory, and start blaming others for their unhappiness. They fantasize a way out to free them from boredom. They become more self-centered, more passive in life, more indulged in their self-imposed anger, doubt and shame, and feel empty and meaningless. However, despite being aware of these feelings, they still do nothing and tend to avoid change. Let us take a look at a clinical case I have been working on in my private practice with someone who suffers from boredom and addiction.

Clinical case example

Winnie is a single, non-practicing Buddhist in her late 40s. By the time I met her, she was already strongly dependent on alcohol, sleeping pills, and cannabis for a number of years. Her strong temptation to drink and/or take sleeping pills is still prevalent to these days. As she reveals to me, she cannot sleep without medication and sometimes she mixes it with hard liquor such as brandy or cognac. Her eyes glow when she emphasizes how she loves this combination. When she cannot fall asleep, she would double or triple the dosages of sleeping pills until she gets a "knocked out" effect. She had a few episodes of blackout at home or in hotel rooms while she was traveling. One time, she woke up in the morning and saw glasses shattered on the floor with a half-emptied bottle of liquor next to her bed. She was shocked at what happened but had no recollection about it. During one chaplain counseling session, I prompted her to recall what went through her mind stream (self-talk) during those moments in the morning, she said they were usually along the lines of: "Oh, I drank again, too bad", or "What did I do? Oh well, there is nothing I can do about this, so be it". This has been going on for years with numerous attempts to quit them altogether. Her inability to sleep made her restless day and night. At times, she would feel angry and anxious for no reason. Sometimes, she would be impatient and lash out on strangers, colleagues, and family members. She is somewhat aware of her stress but she chooses to ignore/bypass them. In one of our sessions, I asked if her urges arose due to loneliness. Her reply was, "No, I choose to be lonely so I am not afraid of loneliness. It is boredom. I can be surrounded by people and still feel bored". As we deciphered what boredom meant to her, Winnie realized that it was due to a lack of intellectual stimulation. Her craving for such stimulation coupled with the need to be seen as a learned person has motivated her to attend executive business programs at Harvard University in the United States as well as joining exclusive business professional organizations in order to network/mingle with the elite in the

corporate business world. Though her fantasies in escaping boredom have given her a temporary sense of satisfaction, she has brought on a lot of unnecessary stress in her life that have caused a gradual impact on her mental/physical health and her sleep. As this case illustrates, relapse due to boredom can be a serious matter. After people begin to use substances of any kind as a "mental escape" from boredom regularly, it becomes difficult to face that boredom again while staying sober.

3) Swap addiction

When the pitfall of addiction recovery is listed, one issue may also be somewhat overlooked, which is the danger of switching from one addiction to another. Whether the substance is drugs, alcohol, or even food, the reasons why someone develops an addiction are often similar. And while someone may have the best intentions when deciding to conquer an addiction, one may unintentionally start developing another addiction in the meantime. The effects can be gradual, and over time the cumulative dangers can become more apparent. Here is another case I have been working on in my private practice as a therapist with "swap addiction".

Clinical case example

Caren was battling with a drug problem from her entire teenage years through her mid-20s. She is now in her mid-30s, married and with four children. When I invited her to share with me how she was able to stop using drugs after using for over a decade, she told me that getting back into exercising and eventually becoming a fitness trainer helped her get off substance use. Caren used to be a professional athlete when she was in high school and her goal was to get back into it. Even though exercising is a healthier habit, she has turned to extreme exercising as she has replaced her obsession from one thing to another. Overwhelmed by her teaching schedule and

family responsibilities, she often finds herself exhausted, mind restless and anxious and have had episodes of panic attacks.

While Caren has been able to stay drug-free, the substitution of drugs for extreme exercise raises questions around replacing one dependency with another. In 2014, researchers Weinstein & Weinstein conducted a review on exercise addiction and identified that substance use and exercise addiction may be co-occurring disorders. They have shown how genetic studies have suggested that genes controlling the preference for drugs may also control a preference for naturally rewarding behaviors like exercise. The difference between excessive enthusiasm and being dependent on something is whether it adds to or takes away from one's life. Like in the case of Caren, her excessive exercise habit or the lack of it makes her feel anxious, restless, and overwhelmed with things in her life. This obsession is a problem.

Recovery from any addiction does not necessarily make one's life wonderful or automatically help one find new meaning in life. It is typically very hard because it requires immense patience, constant effort, and unflinching honesty – all qualities that are usually in short supply during addiction. Inpatient drug rehab may last months but perfecting new, healthier habits can take a lifetime. In order to change one's habit, we need to change one's mind stream first. By changing the vedana in the twelve links of dependent origination, the mind stream can be changed. When the mind stream changes, the addiction may fall away. In the following chapters, we will explore how Buddhism and the teachings of the Buddha address the topic of addiction and the recovery process.

Chapter 3: Buddhism and Addiction

Buddhism originated approximately two thousand six hundred years ago and is based on the teachings of Siddhartha Gautama who attained 'enlightenment' (henceforth becoming known as Shakyamuni Buddha) and taught extensively in India. After his complete, perfect awakening, the Buddha realized something that was beyond ordinary knowledge and experience. If he had told people what he had realized, no one would have understood him. With the intention to liberate all beings and never claimed that he had attained perfect enlightenment, he developed a path of practice so that people could realize enlightenment for themselves. He had to find words to share his insights and it is said there are 84,000 dharma gates, meaning there are infinite ways to enter the practice of the teachings of the Buddha. In Zen teacher Reb Anderson's book *The third turning of the wheel: wisdom of the Samdhinirmocana Sutra* (2012), he explained how the Buddha began his teaching: "He had to speak in a language that the people listening to him could understand, so in this first turning of the dharma wheel he offered a conceptual, logical teaching. He showed us how to analyze our experience and he set out a path for people to find freedom and liberate themselves from suffering" (p. 1). This first teaching after Buddha had his enlightenment is recorded in The Dhammacakkappavattana Sutta, or "Setting the Wheel of the Dharma in Motion", where he gave his first discourse to five ascetics who were his former companions (Samyutta Nikaya (SN) 56.11). The main point presented in this sutra is The Four Noble Truths. It also includes other Buddhist concepts such as the Twelve Links of Dependent Origination, the Middle Way, and impermanence.

A Buddhist Philosophical Perspective on Addiction

In early Buddhism, Buddha Shakyamuni was aware of and spoke about the problems caused by addictive behaviors such as drinking (the main intoxicants available back then) and gambling, and offered simple advice to his followers to avoid addictive substances by either redirecting their

focuses to unwanted consequences caused by indulgence in addictive behaviors or by modifying their behaviors (Groves, 2014). Buddhism sees addiction as a form of "craving and attachment" and addiction recovery as "an understanding of the workings of the mind" and "practices to work with the mind" (Groves, 2014, p. 985). In this chapter, we will explore the two teachings from the Buddha from his first turning of the dharma wheel and their relations to addiction and addiction recovery. First, using the Four Noble Truths framework, we will examine the relationship between Buddhism and addictions, walk through each step and use examples to illustrate how this Buddhist doctrine could be applied to investigate sufferings, its roots, its cessation, and the path to this cessation in the case of addiction on an individual basis. Second, using the framework of the Twelve Links of Dependent Origination, we will examine closely the working of the mind to explore how issues are produced and conditioned in the mind, to identify and study the fleeting internal states that are experienced by someone who has the desire for or clings to drug use. The Four Noble Truths and Dependent Origination will be the key topics for discussion in the next chapter when we go into the design of the Dharma-based recovery program.

The Four Noble Truths

The Four Noble Truths suggest how craving leads to suffering. Within the realm of impermanent phenomena, first, there is the truth of suffering; second, suffering has an origin which is craving; third, the cessation of suffering is possible which is Nirvana, *Nibbana* (in Pali) or Enlightenment; and fourth, there is a path to the cessation of suffering which is the Eight Noble Path. The Buddha explained each of the Noble Truth three times, giving twelve aspects – three for each of the four truths (Hanh, 1999). His purpose was not to give people a belief system to soothe their suffering but to show them how to perceive for themselves what was causing their suffering. Only then could they understand how to free themselves. Based on the three "turnings" of the Wheel of Dharma, we

will reflect on each of the noble truths in three aspects: 1) the statement itself, 2) the prescription; how you can practice it; 3) the result of having practiced. As Sensei Alan Senauke (personal communication, March 29, 2018) pointed out, The Four Noble Truths can be used as a step-by-step analytical framework to examine and understand sufferings from multiple angles. They are not only to be learned; they are to be practiced.

The First Noble Truth

According to the First Noble Truth, life is dukkha. The Pali word dukkha is most often translated as "suffering," but it also means "unsatisfactory" "stress" or "imperfect."

> *"Now this, monks, is the noble truth of suffering: birth is suffering, aging is suffering, illness is suffering, death is suffering; union with what is displeasing is suffering; separation from what is pleasing is suffering; not to get what one wants is suffering; in brief, the five aggregates subject to clinging are suffering….*
>
> (Samyutta Nikaya (SN) 56.11: Dhammacakkappavattana Sutta)

In this first Truth, it does not mean that life itself is suffering but rather any mundane experience, whether they are pleasant (wholesome), unpleasant (unwholesome) or neutral experience (state of mind), is dukkha. Hence, even beautiful things and happiness are dukkha. Struggling with the idea of impermanence and not seeing the conditionality behind this phenomenon, we react with a sense of dissatisfaction and suffer.

In the Dukkhata Sutta, the Buddha gave a realistic view of the truth of suffering that was neither optimistic nor pessimistic. He went deeper into describing the three kinds of suffering (SN 45.165):

the first kind of suffering is "the suffering of suffering", dukkha-dukkha. It includes physical, emotional, and mental unpleasant feelings such as the pain of a sprained ankle, having a temper tantrum, or feeling too hot on a summer's day. Sometimes one goes through both physical and mental pain together which makes double suffering. Then there is samkhara-dukka, "the suffering of conditioned states", meaning whatever comes together eventually has to come apart, therefore, all conditioned things are described as suffering. As long as there is the existence of a physical body, one is subject to experience pain and suffering. The third is viparinama-dukkha, "the suffering associated with change or impermanence". As soon as one takes birth, one begins to grow and experience change, and sometimes there is pain in growing. Every moment, one experiences changes in one's friends, family, environment, oneself, and one's day-to-day life, moment-by-moment. Everything transitory and temporary is dukkha, including joy and peace. Intellectualizing the Four Noble Truths is not going to get us out of suffering but allowing us to experience it will deepen our understanding. As the Buddha said, "When we understand suffering, there is nothing more to understand" (Karthar, 2011, p. 44). Thich Nhat Hanh (1999) suggests us to experience these truths, meaning to "touch" our suffering, as the first step in this four-step process to liberate suffering (p. 9). Let us understand what "suffering" means in the context of addiction by applying the three turnings of this First Noble Truth as described by Hanh as 1) recognition, 2) encouragement, and 3) realization (Hanh, 1999, p. 30).

The first turn of the First Noble Truth: *Recognize* "*there is suffering"*.

- This truth speaks to the truth of suffering of an addict. The kind of pain (dukkha-dukkha) an addict would feel is the physical and mental discomfort, double suffering, caused by the withdrawal from using drugs. In this state, one might feel despair because once again, he/she might be confronted by the issues (suffering) that got him/her to use drugs in the first

place such as boredom or the need to be accepted socially. Both stem from the idea that the "self" exists and is permanent.

- This Truth also speaks to the mental pain of an addict such as being separated from what one loves (drugs), not getting what one wants or keep getting what one does not want. The addict's suffering is caused by the condition of chasing drugs (samkhara-dukka) and he/she is anxious as to when the next "fix" will come and worry that the "happiness" from using may not return soon enough. This suffering of conditioned experience – a brief moment of pleasure, happiness or relief that reinforces the attachment, is never enough. One craves more, and that is what keeps the wheel going around. Whether the goal is success, material comfort, or in this case – drugs (heroin, meth or cocaine) – hardly seems to matter. One has locked one's sight on an antidote to uncertainty, a guarantee of completeness, when in fact we never become complete by chasing after what is impermanent. The pursuit itself is the condition for more suffering because we inevitably come up empty, disappointed, and betrayed by one's desires.
- The Buddha used an analogy to describe how painful it is when one is unaware of one's suffering by comparing this phenomenon to a mule carrying an "unimaginably heavy load" without knowing it (Hanh, 1999, p. 29). In the case of an addict, it is almost impossible to fix this problem until one sees it exists. Therefore, as a first step, the addict must come to his/her recognition that the habit of drug-taking is suffering, a form of craving and attachment – a self-perpetuating cycle – in which we chase our own tails and lose sight of everything else. This may take time to practice, however, it is the first step.

The second turn of The First Noble Truth: *Encourage* "*Suffering should be understood"*

- After identifying and acknowledging that using drugs is and can cause suffering, it is to take time to look deeply into the suffering and to understand the true nature of suffering – the wounds in one's heart – be it boredom, loneliness, low self-esteem or others. All one needs is to observe oneself like a doctor would attend to a patient's initial need in understanding pain – with patience and willingness, with the intention to get to the bottom of it (Hanh, 1999). The reality of one's drug enthusiasm could merely be a symptom of something much deeper. Perhaps the question to ponder is *What is the suffering that drove one (me) into addiction in the first place.*
- At this stage, there "can still be set back" (Hanh, 1999, p. 31). We have to bear in mind that healing from addiction of any kind, and drug in this case, is in a certain way a grieving process. When one is in the withdrawal stage, it is as if one has lost a 'significant other', which has been very present and important in one's life. A lot of life energy has gone into the addiction, almost like into a relationship. Life with this partner (drugs) deceptively seems more beautiful. It is important to allow oneself to understand what one's suffering really is. In this case, "suffering" may not come in a form that is obvious (e.g. discomfort caused by withdrawal of drug usage), but the suffering that causes most of the discomfort in an addict could be subtler than this (e.g. the nagging idea that one was broken and need to be fixed but cannot be fixed). One may consider inquiring about one's behavior and attitude in life such as to explore the existential dissatisfaction in one's life.

The third turn of The First Noble Truth: *Realize* "*Suffering is understood"*

- This is the result of having inquired within and practiced this Truth. When one recognizes the suffering in one's own life, one is ready for the next step which is a diagnosis of his/her condition. At this stage, one can stop running away from the pain caused by this labeled

suffering. According to Hanh (1999), being able to label specifically what is causing us pain alone brings joy "without setbacks" (p. 31).

The Second Noble Truth

> *"And this, monks, is the noble truth of the origination of dukkha (suffering): the craving that makes for further becoming — accompanied by passion & delight, relishing now here & now there — i.e., craving for sensual pleasure, craving for becoming, craving for non-becoming."*
>
> "*Vision arose, insight arose, discernment arose, knowledge arose, illumination arose within me with regard to things never heard before: This is the noble truth of the origination of dukkha... This noble truth of the origination of dukkha is to be abandoned ... This noble truth of the origination of dukkha has been abandoned."*
>
> (SN 56.11)

In the Second Noble Truth, the Buddha described that craving leads to suffering and the task associated with this noble truth is to let go of craving. In this section of the paper, we need to examine the meaning of craving, or tanha in Pali, as well as the three dimensions of craving. To deeply understand the Second Noble Truth, we will also look into the craving of the six doors of the senses and the doctrine of dependent origination (*paticca samuppada*) which illustrates the origin of suffering in terms of a twelve link model of conditions that begins with ignorance, includes craving and culminates with birth and suffering. Here, "craving" as described by Gowans (2003) in his book *Philosophy of the Buddha,* is "not simply desire, but a powerful, incessant desire that can

never be permanently or fully satisfied" (p. 128). Further, he stated that "The Buddha suggests that craving is like a ring that inflames every facet of our being" (p. 128):

> *"Bhikkhus, all is burning. And what is the all that is burning?*
>
> *"The eye is burning, forms are burning, eye-consciousness is burning, eye-contact is burning, also whatever is felt as pleasant or painful or neither-painful-nor-pleasant that arises with eye-contact for its indispensable condition, that too is burning. Burning with what? Burning with the fire of lust, with the fire of hate, with the fire of delusion. I say it is burning with birth, aging and death, with sorrows, with lamentations, with pains, with griefs, with despairs.*
>
> (SN 35.28)

Similarly, the Buddha continues to suggest that the ear, nose, tongue, body, and mind – our six senses – are said to be burning. Craving consumes us like fire – hot, destructive, and out of control. Craving in the form of lust, hatred, and delusion (ignorance) is like a fire inflaming every aspect of a person. Craving, which is said to condition clinging or attachment in the Twelve Links of Dependent Origination, brings suffering alive in us whether we are aware of it or not. As humans, we all have powerful desires to cling or maintain what seems to be pleasant because we believe they are good, and to avoid or eliminate what appears painful because we believe they are bad. We crave to permanently possess or avoid things that are impermanent by nature. Hence, craving leads to suffering.

There are three kinds of cravings: craving for sensual experiences (kama tanha); craving for becoming (bhava tanha); and desire to get rid of or unbecoming (vibhava tanha). Craving for

sensual experiences concerns the desire of the body. As in the burning analogy, the desire of the body is experienced through our six senses (eye, ear, nose, tongue, body, and mind). Through these six sense doors, we experience sights, sounds, smells, tastes, tangibles, and mind-objects that appear pleasurable and try to avoid those that seem painful. Craving for becoming and unbecoming can be interpreted as craving for existence and non-existence (Gowans, 2003). We crave for new or continual existence of what we think gives us pleasure such as health, power, fame, money, success, attention, children, and friends. It could be anything really and we are fearful of the cessation of these so-called pleasurable experiences. In order to continue holding onto these things, we also then crave for the continual existence of the notion of "I" as well – clinging to the idea of having a separate self. Contrastingly, what we perceive as giving us painful experiences, we crave for the non-existence of them such as illness, shame, loneliness, rejection or failure. We suffer because we have not (permanently) avoided them or fear that we will not in the future if we do not do something about them now.

Again, this Noble Truth speaks to the life of an addict. Extreme craving (addiction) for drugs and going after the temporary fix and pleasure that drugs could provide leads to extreme suffering like the burning analogy. Some addicts have a desire for drugs because drugs (kama tanha) can give them a happy and relaxed feeling, such as a craving for a cocaine high (bhava tanha) is to suppress or blot out feelings (vibhava tanha) of discomfort like boredom or stress. The key point in this noble truth is that it is not the object of craving that matter, such as the type of drugs, the pleasure from using or the painful feeling from withdrawal that are the causes of suffering, but rather the craving for them is the real cause of suffering. It is the craving to have certain sense experiences or states of mind, to chase after the pleasant ones, or to stop the unpleasant ones that cause suffering. This is an important distinction. This truth is not about telling us to give up what we like and enjoy

in life. It is simply asking us to examine deeply into the nature of craving and how we relate to things we like and dislike without avoidance and distraction.

Just as suffering is caused by craving, craving too has a cause. As described by Gowans (2003), "the Buddha thinks craving has central importance" but "he does not think it is the only cause of suffering" (p. 130). The origination of suffering mentioned in this Noble Truth can be traced back and further explained in the Twelve Links of Dependent Origination doctrine. In this section, I will give a brief overview of dependent origination. A deeper dive into this doctrine will come later in this chapter after the discussion of the Fourth Noble Truth.

According to the dependent origination doctrine, the Buddha depicts the world of experience as one in which cause and effect co-arise and everything is a result of multiple causes and conditions. The Buddha expressed Interdependent Co-arising very simply as:

> *"When there is this, there is that. When there is not this, there is not that.*
> *When this arises, that arises. When this ceases, that ceases".*
>
> (SN 12.37)

As in the case of the origination of craving, the Buddha says:

> *"And this craving has what as its cause, what as its origination, through what is it born, through what is it brought into being?*
>
> *"Craving has feeling as its cause... feeling has contact as its cause… contact has the six-sense organ as its cause... six-sense organ has mind/body as its cause… mind/body has*

consciousness as its cause… consciousness has fabrication as its cause…fabrications have ignorance as its cause, ignorance as its origination, are born from ignorance, are bought into being from ignorance… such is the origination of this whole mass of suffering."

(MN 38)

The Buddha sees the root cause of craving as ignorance, not a sin, and in principle, it is no worse than any of the many other addictions such as single-minded pursuit of money or exclusive dependence on a sexual relationship (Groves & Farmer, 1994). What the Buddha had advised us to do is to look into the origin of craving that stems from ignorance (again, like the burning analogy). As long as the root of this craving is not completely cut or removed, we will continue to trap in the cycle of craving for the becoming and the non-becoming as stated in The Dhammapada (Dph):

"If its root remains undamaged & strong, a tree, even if cut, will grow back. So too if latent craving is not rooted out, this suffering returns again and again."

(Dhp 338)

This simply implies the behavior of an addict and the desire for drugs will continue to repeat endlessly and abstinence from drugs may be unstable until the nature (root) of craving is identified, rooted out, and addressed. In other words, we have to see that in clinging, there are essentially two parts: the person who craves/clings (the "I") and something to crave for/cling to (e.g. drugs or pleasure). Clinging requires self-reference, it requires us to see both the subject and the object of clinging. We will further explore this in the next chapter.

The Third Noble Truth

> *"And this, monks, is the noble truth of the cessation of suffering: the remainderless fading & cessation, renunciation, relinquishment, release, & letting go of that very craving."*
>
> (SN 56.11)

The Buddha's teaching of the Four Noble Truths is not just to tell us that life is suffering and that there is an origin of suffering, but also to offer an alternate path to end it where liberation from both suffering and craving is possible (Groves and Farmer, 1994). There is a two-fold understanding of this Third Noble Truth: 1) suffering ends when the craving ends, and 2) it ceases to exist when the state of awakening, or Nibbana in Pali, is attained. How can we cease craving? As the first step in this process, the Buddha says that the cultivation of dispassion, or viraga in Pali, is of supreme importance:

> *"Among whatever qualities there may be, fabricated or unfabricated, the quality of dispassion — the subduing of intoxication, the elimination of thirst, the uprooting of attachment, the breaking of the round, the destruction of craving, dispassion, cessation, the realization of Unbinding — is considered supreme. Those who have confidence in the quality of dispassion have confidence in what is supreme; and for those with confidence in the supreme, supreme is the result."*
>
> (Iti 90)

As mentioned in the first two truths, we are passionate about our cravings. We crave things, but we like our craving even more than we like things. The habit of craving can be very strong. When the habit arises, it can be unbeknownst to us or we know it but choose to let it take over us. The strong power of craving and clinging cannot be stopped just by using our will. To end this craving or to

feel dispassionate about it, we have to feel weary of the issues the mind produces and have the heart desire to cut it with action. The way to truly cease our suffering is "by focusing on our cravings" and what drives this craving rather than "the fact that the world does not always respond to them" (Gowan, 2003, p. 133). We release our desires for what we want life to look like so we can see it and accept it for what it is. For example, an addict who craves drugs because of boredom should step into this sense of boredom, in order to recognize and realize what is the origin of boredom. Our typical way is we desire for the world or people around us to change to accommodate us and not to change our desires to accommodate the world, family or friends. This strategy may bring temporary satisfaction, but it can never bring real happiness. Buddhism suggests that the most effective way to reduce and be free from suffering is to mindfully understand the experience of suffering, without avoidance or distraction. This practice of opening to life on life's terms, of mindfully monitoring the cravings as they arise and pass without the patterned reactivity of behavior, opens up the possibility of a different way of life. What different way of life? In various scriptures, The Buddha encourages us to see that the abandonment of craving is said to open up possibilities for awakening, or Nibbana in Pali:

> *"Monks, any desire & passion with regard to craving for forms is a defilement of the mind. Any desire & passion with regard to craving for sounds... craving for aromas... craving for flavors... craving for tactile sensations... craving for ideas is a defilement of the mind. When, with regard to these six bases, the defilements of awareness are abandoned, then the mind is inclined to renunciation. The mind fostered by renunciation feels malleable for the direct knowing of those qualities worth realizing."*
>
> (SN 27.8)

"This is peace, this is exquisite — the stilling of all fabrications, the relinquishment of all acquisitions, the ending of craving, dispassion, cessation, Nibbana."

(MN 64)

Although the term Nibbana does not appear in the wording of this first sutra of the Third Noble Truth, there is no question that Nibbana is what this truth concerns. In this truth, Nibbana is referred to as "the extinction of craving", or "the extinction of clinging" (Gowans, 2003, p. 136). Nibbana is the ultimate "state of health that is the complete cure of suffering" (Gowans, 2003, p. 135). Nibbana is "the greatest of all gains is health… the greatest bliss" (MN 75). The Buddha focuses on craving as the source of suffering because we all have the capacity to achieve enlightenment and thereby bringing an end to craving. He declares these Four Noble Truths because they lead "to peace, to direct knowledge, to enlightenment, to Nibbana" (SN 56.11). He describes that all dharma ("phenomena"), including the self, arise in dependence upon other dharma: this exists because that exists; this ceases to exist because that also ceases to exist. In craving, there is an identification with a self, a "me", "my desire", we divorce ourselves from the true nature of our existence. The Buddha thinks that even if the world did respond to our desires, it would not bring the kind of happiness we achieve when we attain Nibbana. The happiness we really seek can only be found when we reach a condition of selflessness and are able to live without craving the things of this world. It ceases to exist, only when the beings achieve complete liberation from it becomes aware of the impermanent and distasteful nature of the world and its objects. Groves and Farmer (1994) stated that "addiction may be seen as a false refuge and a source of attachment" (p. 191). When one keeps chasing an imaginary utopia that is a place of agony and turmoil, both the mind and body are captivated by the illusion of desire, which inevitably, leads to suffering. In the context of drug addiction, the cessation of craving is to realize that there is a

fundamentally wrong view in what (drugs) give lasting happiness. When taking false refuge in external things (such as drugs), thinking that lasting happiness will come from there, it leads to more suffering.

The Fourth Noble Truth

> *"And this, monks, is the noble truth of the way of practice leading to the cessation of stress: precisely this Noble Eightfold Path — right view, right resolve, right speech, right action, right livelihood, right effort, right mindfulness, right concentration."* (SN 56:11)

The Fourth Noble Truth is a comprehensive system, a path to the cessation of suffering, a road map to overcome craving and suffering. The path here means the Eightfold Path or eight principles of practice that touch all aspects of life. It can be further simplified into three areas of discipline: Wisdom (right intention and understanding), Ethics (right view, action, livelihood), and Meditation (right concentration, effort, and mindfulness). As Sensei Alan Senauke (personal communication, August 8, 2018) pointed out, these eight elements are not different states of mind. They are dharma activities that are intertwined and work together in a non-linear way. It is a tool for contemplation to address our conduct in every action of body, speech, and mind; it is a way to investigate and be aware of the conditioned responses we crave for and cling to. According to the *Sammaditthi Sutta*, the word "right" carries a connotation of "wholesome" (MN 9). It describes something that is complete and coherent. For example, the word "right" in right view does not mean righteousness; it means to include all differences as one view. If one gets stuck in one fixed view, then it violates the system of "wholesome" view. "Wholesome" view is also a neutral view where it avoids both extremes of indulgence and severe asceticism, neither of which the Buddha had found helpful in his search for enlightenment. Hence, the Eightfold Path is also called the Middle Way.

In the context of addiction, one can follow this path to let go of the relationship with intoxicants or sensual desire one craves for and change the relationship with suffering. The assertion that this Path has to be developed is significant – cultivation is to be expected, and as with many Buddhist teachings, deep insight emerges from the depth of practice rather than direct instruction. Perhaps the message of the Four Noble Truths to the addict is this: there is no such thing as a life with no pain and no suffering, and you no longer have to harm yourself in response to it.

The Twelve Links of Dependent Origination

The teachings of the Twelve Links of Dependent Origination doctrine extrapolates from the four noble truths. The principle that both have in common is the law of causality – the law of cause and effect, of action and consequence. Though Buddha teaches us that everything is impermanent and changing, Gowans (2003) points out that Buddha also realizes that change is not random; that all changes are governed by unchanging causal laws (such as the twelve links), interdependent or conditioned by each other and they provide stability in the world, not of substances, but of law-governed processes. All existing phenomena are the effect of dependent origination, including all human activities, thoughts, and feelings. All phenomena that ever exist and subside, are dependent upon a variety of causal factors. This is the basic principle of dependent origination. The twelve links model is not regarded as a linear path, but as a cyclical one in which all links are connected to each other. There is no first link, it has no beginning and no ending. "The Buddha is interested in applying it (dependent origination) to persons" in understanding "what we call the self is not a substance-self, but a nexus of interconnected processes referred to by the five aggregates" (Gowans, 2003, p. 83). By explaining how each individual link eventuates into suffering, the Buddha also shows how we can extricate ourselves from the entanglement of our suffering. In the one-on-one session component of the recovery program, I will work with the participant and

examine the function and application of this doctrine particularly to the problem and the rebirth of suffering in relation to addiction and addiction recovery. By exploring the application of these twelve links in real life situations with addiction, I hope to bring more clarity to the understanding of an addict's truth of suffering and breaks or at least weaken his/her cycle of conditioned existence based on ignorance and craving. To begin with, I will briefly present the description of the twelve links of conditioning as adapted from a Buddhist Monk, Payutto (1994), to set up a framework for further discussion. Since there are various views on how Dependent Origination works, these are not technical definitions but rather a "reflective" attempt to show the interconnection and significance of the whole process (rather than to view them as independent substances) of dependent arising. In the next chapter, I will select some of the factors that are relevant to the design of the recovery program and explain them in detail.

1. *Ignorance* – is the inability to see the Four Noble Truths, the true nature of life or things as they are, rooted in ignorance and craving that one is unconscious of. Living our lives in ignorance has become part of human existence. It seems "normal" when people are unaware of their own suffering.
2. *Volitional actions* – comprises of action of the body, speech, and mind conditioned by (subconscious) habits, preferences, and beliefs. The sense of purpose in most people's lives is defined and driven by blatant or subtle hatred/anger, greed, delusion, pride, and jealousy.
3. *Consciousness* – is the awareness of sensations and perception through eyes, ears, nose, tongue, body, and mind. Together, these are the sources of knowledge and the subsequent construct of our mental world that we inhibit ourselves in. This construct is mostly what we see as desirable, endorses as our world views that shape our life conditions. It is generally shaped by the past and projected into the future.

4. *Mind/Body* or *Sense Objects* – are the mental (feeling, perception, intention, contact, attention) and physical (earth, water, wind, fire) elements of our beings. These are the labeling and images that we work with in our mind in order to make sense of our existence. The mind takes that as the true reality, but it is just a world that we have created in our mind.
5. *Six Sense Organs* – are the eye, ear, nose, tongue, body, and mind. These are our source of knowledge. We construct our realities, images of our experience of ourselves and others through our sights, sounds, smells, tastes, touches, and thoughts. We become so absorbed into them that these experiences become our so-called "external" world, with which we interact and continue to build on.
6. *Contact* – is when a sense organ meets a sense object; the contact between the awareness (internal) and the outside world (external). This is essentially how we "sense" an experience.
7. *Feeling*/*Sensation* – or *vedana* (in Sanskrit), is the sensation of pleasure, pain or indifference based on the six sense organs. This is when our evaluation of our experience arises based on the contact between the sense organs and the sense object. This link is one where perhaps the whole cycle can be broken (more to be discussed in the following section).
8. *Craving* – is the desire to seek/chase after pleasurable sense objects, to escape the unpleasant, and ignore what is neutral based on the six sense organs. This is where we subconsciously value-add our sense-experiences, filtering which to maintain and replicate, which to reject and destroy, and which to ignore or get rid of.
9. *Clinging* – is the attachment and grasping to sense pleasure, habit, preferences, views, and self.
10. *Becoming* – is the behavior generated to serve craving and clinging on three levels: form, formless, and sensuality. Our lives seem to be created by our sense-pleasures, challenged by

what we see as threatening our pleasures, never finding satisfaction in our pleasures perhaps due to our strong habitual pattern of craving and ignorance.

11. *Birth* – is the assumption of an identity on any of the above three levels based on the shaping of our sense-bases. This is the natural continuation of our mental energies, fed by our habitual tendencies, which continues to shape our future and repeat until we break this cycle.
12. *Aging and Death* – is to separate self from a state of identity and the resulting experience of sorrow, pain, and despair.

As mentioned, there are many ways to interpret the links of Dependent Origination. One way is to understand them sequentially, over a period of three lifetimes (Hanh, 1999): the past life, the present life, and the future life. In this view, ignorance and volitional actions belong to the past life. They represent the conditions, or seeds, that are responsible for the experience of this life. The next eight components from consciousness to becoming – belong to this life. How one lives this life will further shape the occurrence in next life. The last two components – birth and aging and death – belong to the future life. According to this schema, we can see the twelve links of dependent origination has a span of three lifetimes, and how the first two – ignorance and volitional actions –result in the emergence of this life with a particular personality formation and how in turn, the actions performed in this life result in the rebirth of the future life. Another way to present the twelve links model is to focus on the cessations of the links in order to end suffering. These are two popular versions of interpreting the twelve components of dependent origination (Gowans, 2003; Hanh, 1999). However, when it comes to applying it in real life situations such as addiction, the classical interpretation may carry the risk of misconstruing these twelve links too linearly. For this capstone paper, instead of following one particular interpretation of the twelve links of

Dependent Origination, I am going to explore it based on my case examples working with people with addictions. According to Payutto's (1994) interpretation, he stated that the Buddha "did not always describe the Dependent Origination cycle in one fixed form, from beginning to end" (p. 8). Depending on the example the Buddha is describing, he may begin at one of the intermediate factors and go from there. The flow can be "bi-directional". He may also go back and forth, depending on what happens at each link. Payutto (1994) also pointed out that a link "does not necessarily imply any sequential order in time"; it exists together with other links, not sequentially nor separately (p. 8). Therefore, for this paper, I will follow the footsteps of the Buddha and use a less mechanical and organic way of looking at these links – to conceive of them as multiple feedback loops, each link somehow has an effect on each other – in a more interdependent manner.

You may recall that in the context of the Four Noble Truths and the burning simile, craving to permanently possess or avoid things that are impermanent by nature only burns us like fire. To end the suffering caused by craving or to feel dispassionate about it, the Buddha advise us to look into the origin of craving that stems from ignorance. Can detachment be developed, and craving eradicated? Here, using the framework of Dependent Origination, let us examine closely the working of the mind, how issues are produced or conditioned in the mind, and identify the fleeting internal states that are experienced within moments for someone who desires for or clings to drug use. The Buddha once said that when any one of the links of the chain was broken, the wheel of becoming came to an end, resulting in the cessation of suffering (Goenka, 1998). As mentioned in the Second Noble Truth, suffering is caused by craving, which is said to arise dependent on feeling or *vedana* (in Pali) as described in the *Paticca Samuppada*. In the following discussion, I will begin our contemplation on vedana to understand how this factor interrelates to other factors in order to

establish a more insightful description and a detailed analysis of what actually takes place in the causal process of addiction and addiction recovery.

Vedana is translated as “feelings” or “sensations”, one of the major topics of the four foundations of mindfulness practice based on the Satipatthana Sutta – the establishment of awareness. According to Bhikkhu Analayo (2017), “vedana does not refer to ‘emotions’”, rather it stands for the hedonic tone of pleasant, unpleasant or neutral (p. 1). Vedana is physical and mental, and the link between the body and the mind. For example, when we hurt our body, we have a physical pain. When people say something unpleasant about us, the mind is in pain, not the ear. This is a mental, not physical, feeling. Analayo (2014) suggested that the main point for understanding vedana is to make us aware of the significance of pleasant/unpleasant, or neutral kind of feeling, and see how these feelings trigger our reaction. For example, when we meet a person for the first time, depending on the words s/he says, the way we feel will help determine how we see this person, whether s/he is a nice person or not, and how we are going to interact with him/her. Or when an addict feels bored or sees his/her peers using drugs, s/he associates him/herself with the mental condition that s/he experiences when fantasizing about a cocaine high and how s/he can free oneself from feeling bored. The practical task here is to recognize the “distinction between feelings that can lead to the arising of defilements and those that lead to the opposite direction” (Analayo, 2014, p. 122). For example, one feels happy while consuming an ice cream and one feels joy while getting an insight from reading a Buddhist sutra. These two types of pleasantness are both hedonically pleasant but are not the same by nature. This is where vedana comes in. Eating an ice cream is a sensual desire and there is a degree of greed inherent in it. One becomes more aroused by this type of pleasant feeling when fantasizing it or when getting it, and suffers the painful (unpleasant) feeling when one does not get it. When one reads and contemplates on a Buddhist sutra, insights,

and understanding can arise. This pleasant state of mind, when examined carefully, has a different vibration than the pleasant feelings associated with the ice cream consumption. Hence, one can say that eating ice cream generates an unwholesome pleasantness (because defilement such as greed may arise in the mind) while understanding the Buddhist sutra is a more wholesome pleasantness.

Everything that we encounter in life brings about a certain feeling. For example, as you are reading this paper, notice that you could be experiencing negative, positive or neutral feelings. When someone finds this paper boring or disagrees with what is being said, unpleasant feeling arises. When someone enjoys reading this paper, pleasant feeling arises. When someone reads this paper and s/he finds religion irrelevant to his/her life, s/he will have neutral feelings. Although we cannot avoid vedana (reactions), we can be aware of it. When a sense object arises, it causes feelings; those feelings then cause reactions; those reactions then cause more feelings and they may lead to certain actions. While we do not intentionally have these feelings, we react to feelings with intention and very often we are unaware of the intention or agenda that is hidden in the subconscious mind due to our ignorance, underlying tendencies or conditioning. Our feelings are also based on our biases. For example, when we like someone, we see things about this person in a positive light. When we are upset with someone, whatever s/he does will not be good enough for us. Our biases are conditioned responses: my views are the right ones and opinions that contradict mine are wrong. Our task is to recognize how feelings influence the way we react and act. The way to become aware of what is happening and to do something about it is precisely at vedana – to become aware of the three types of feelings and used to the recognition of pleasant, unpleasant, and neutral feeling. When we carefully scrutinize some of the preceding links of depending arising, we can see that whatever happens before craving, you cannot do much about. The sense objects (e.g. the ice cream or the Buddhist sutra) and the sense organs (eyes, ears, nose, tongue, body, and mind)

are there, contact (when we see, hear, smell, taste, touch, and thoughts) is there, and feeling happens. However, at the point of vedana, a difference can be made by how I react to the feeling. Do I react with craving, or do I not react with craving? When we breakdown this process, it sounds like we have a choice but in reality, it just happens very rapidly. This process by itself does not stop or slow down and wait for us to ponder. This instant reaction through vedana can create a lot of problems. With practice, we can explore the conditioning of the nature of feelings. "By fully understanding the role of feeling as a link between contact and craving, the view forming process itself can be transcended", giving us a very powerful tool for working with our own conditionality (Analayo, 2003, p. 161).

Buddhist practice is quintessentially concerned with the everyday application of spiritual and meditative principles as a means to transform suffering and realize the 'Buddha nature' that lies within each individual (Dorje et al., 2018). After studying the frameworks of the Four Noble Truths and Dependent Origination and being equipped with a basic understanding of how the mind works, in the next chapter, we will discuss how to apply the principles and practices of The Four Noble Truths to help design a Dharma-based drug recovery program.

Chapter 4: The Design of a Dharma-Based Addiction Recovery Program

Let me briefly recap what has been discussed in the previous three chapters. Based on the literature review, case examples as a chaplain and a volunteer from my field work in addiction and recovery in Hong Kong, the main reasons for drug-taking locally are due to peer influence, feeling bored or depressed, loneliness, stress release and to avoid discomfort of the absence of drugs. Some may perceive that drug-taking can enhance their appearances (e.g. weight loss), sustain romantic relationships (especially when one's partner is also a drug user), and portray a positive self-image to increase the chance of peer acceptance. However, barriers such as social stigmatism, shame culture, the lack of social (non-drug taking friends) and familial support, religion, language, and cultural differences may prevent some drug users from seeking help and rehabilitation. With a high relapse rate hovering over 77% mentioned in chapter two, it shows that current local treatment programs with methadone or with a traditional way of looking at addiction may not effectively address the core issues of the addictive loop as revealed in recent research (e.g. boredom, peer influence, and the lack of social and family support). It seems that temptation to use drugs occurs at a very subtle level, through our feeling/sensation (vedana). It is difficult for an untrained mind to become aware of these subtle influences, making abstinence difficult, if not impossible. I aspire to design an addiction recovery treatment protocol based on the Buddha's teachings; to conduct intervention that directly addresses and dismantles the core links of the addictive loop while complementing the current treatment programs. The aim is to break this craving cycle by bringing the automated processes of craving, grasping, and the rebirth of this cycle into the conscious level. In Hong Kong, there has yet to be any recovery program that is based on a Buddhist approach, unlike in the United States where such recovery programs are being offered such as Noah Levine's Refuge Recovery (http://www.refugerecovery.org) and Eight-Step Recovery created by Valerie Mason-John and Paramabandhu Groves (https://www.valeriemason-john.com/eight-step-recovery). Perhaps this is a

way for me, as a Buddhist chaplain, to contribute to the work of addiction and addiction recovery locally. It is for anyone who is dealing with addiction in life and my approach is to start with substance addiction. In this chapter, we will go over the recovery program and I will also explore how a chaplain may intervene in the cycle of craving for drug addicts based on this program.

Program foundation

This recovery program is put together based on a few things: 1) my field work in addiction and addiction recovery through one-on-one chaplain work with clients and volunteer work at two drug rehabilitation centers; 2) the study of Dharma (the Teachings of the Buddha); 3) personal reflection of my contemplative practice of Dharma; 4) personal journey in the cessation of addictive behavior through applying the Dharma; and 5) self-treatment through the application of multiple energy psychology modalities (please see Appendix A for a description of energy psychology).

Inspired by *Dharma Therapy* developed by Venerable Sik Hin Hung, a notable Buddhist monk/scholar/researcher at the University of Hong Kong, this recovery program also takes on a therapeutic model built on the Teachings of the Buddha – namely the Four Noble Truths, the Twelve Links of Dependent Origination or "the suffering elimination model" as Sik (2010) calls it, and the contemplation of vedana. Sik (2010) stated that "In recent years, the relevancy of Buddhist teachings to psychology and psychotherapy has been of increased interest to academia and many respected scholars" (p. 353). He further pointed out that "the breadth of research and studies related to these topics vary from studies of Buddhist Psychology, as presented in canonical texts… to research in Tibetan Lama's degree of happiness", to studying the body-mind connection in relation to cultivating and strengthening awareness (or mindfulness) within oneself (Sik, 2010, p. 353). While the purpose of this paper is not to go deep into this topic, it is important to point out that the Buddhist psychological model of human suffering integrating dharma (teachings of the

Buddha) and therapeutic/clinical intervention has gained popularity with encouraging results (Sik, 2010). As such, this will be the approach I am taking and this chapter will formulate and present a Dharma-based recovery program.

A heart-mind approach in the cessation of craving

In Chinese language, the character xin心 (pronounced as 'hsin') means both the "heart" and "mind" and they are regarded as one inseparable "heart-mind". In Chinese culture, the heart is the seat of all emotions as well as the inherent goodness of human nature and wisdom. Xin helps to guide the individual's way of life and attitude, and can lead one to deep contentment. "Traditional Chinese philosophy has a view that every infant has a pure xin… xin is like a field where virtue grows." (Li, et al., 2013, p. 82). The heart is further illustrated in a Buddhist proverb – ming xin jian xing 明心見性 – it means to cultivate the heart to allow one's nature to appear, or to purify the heart to see one's nature. The materialistic way of life can easily contaminate one's thoughts and actions. In order to live a virtuous life, one has to 'purify the heart' regularly. In Chinese traditional culture, "virtue cultivation" or "purifying the heart" is considered crucial in helping one find and maintain the clarity in the heart that guides a person to make wise choices and do things correctly in life (Li et al., 2013). It is with this aspiration that this experiential recovery program is designed to restore the clarity in our hearts through addressing our addictions and desires. On one level, it is to work with anyone who wants to stop the suffering of craving. On a deeper level, it is to work on training the mind and self-cultivation of virtue and purification of the heart-mind in order to cease the mind from the world of craving and temptations. The following provides a brief step-by-step outline of the program, adapted from Sik's model of *Dharma Therapy,* and is based on the steps that the Buddha discovered the Four Noble Truths, the path to end suffering. This outline also shows the gradual process of how one can purify, nurture, and nourish one's heart-mind through this recovery

process. The detailed content and application in a therapeutic environment will be discussed in the following sections (please refer to Appendix C for Program Details).

1. *Touching the wounds in the heart:* Be aware of the craving, the self-perpetuating cycle of craving and dissatisfactory conditions of the current situation.
2. *Plant seeds:* Set intention to be liberated from the craving.
3. *Attending to the wounds in the heart:* Inquire within and make every effort to investigate the root causes of craving, with kindness, gentleness, and non-violence.
4. *Bear witness to the suffering:* Come alongside with the suffering and pay close attention to the craving and the origin of the craving.
5. *Transform the wounds into wisdom:* Develop insights, realizations, and wisdom (dharma as medicine) on suffering and causes of craving.
6. *Radiate the wisdom heart:* With insight and wisdom, taking the necessary steps to bring an end to craving.

Suitable candidates to join this program

My intent is to start small with people who are resolved to end substance use and have an intent to change and work on themselves through personal and spiritual development. It would be more suitable for people who have broken the physiological part of the addiction, meaning they have stayed away from the substances at least for a while and are now challenged by the more psychological effects such as feeling lost and empty in their lives or feeling difficult to resist mental craving and temptations. The uniqueness of this program is that it takes on a one-on-one approach where the participant and the chaplain (myself) will be working very closely together, following a program protocol with personalized features depending on the needs of the participant. In between

one-on-one meetings, the participant is encouraged to keep in touch with the chaplain through WhatsApp text messaging in order to anticipate relapses on a day-to-day or a need-to-know basis. This is a chaplain's way of coming alongside with the participant and to be there for him/her, not just physically when meeting in person but also remotely in between sessions to ensure participant has access to a chaplain when in need. In the future, this program can be adapted into a small group setting.

Ways to reach out to the suitable candidates including the group of substance users who are deemed to be undetectable by the system

Currently, I am working on cases with addiction issues in the areas of sex, food, smoking, drugs, alcohol, sleeping pills or other pharmaceutical drugs, shopping, and body image. So far, these cases mainly come through the word of mouth. I plan to offer informational sessions to immigrant communities or local Buddhist organizations to present this program as an addition to the current treatment programs available locally for their consideration. I also plan to give educational presentations to introduce this idea to a broader audience through online channels and at co-working office space. The goal is to increase the exposure of this program to people who may know someone with an addiction issue or who themselves may not want to come forward unless done in a very discreet and confidential manner.

Recommended Recovery Program Components:

- Education: Buddhist way of understanding craving
    - The Four Noble Truths, the Twelve Links of Dependent Origination, and Vedana
- Personalize the Twelve Links of Dependent Origination
    - Explore vedana to break the addiction loop

- Individual chaplain one-on-one session and support
    - Help participant to identify subconscious root causes, stress source, stress levels, early childhood issues, etc… and ignorance in past karma, genetics, etc…
    - Teach them self-treatment energy psychology techniques to address their stress, urges, and distress
    - Muscle Response Testing (MRT) – like a human lie detector, teach them a way to tune into their intuition and decode what different signs and symptoms from their body and environment are trying to tell them. (Please refer to Appendix B for a description of MRT).
- Daily journal
    - Of daily happenings, urge episodes, triggers, relapse experience, and thoughts
- Homework
    - Breathing Exercises
    - Compassion generation meditation
    - Mantra recitation (if applicable)
    - Energy psychology exercises for self-treatment
    - Guided meditation (e.g. meditation on cause and effect – please see Appendix D)

My own reflection on vedana

As discussed in chapter 3, vedana is where the focus of the intervention can be directed to help an addict change the content of his/her mind stream to make it possible for the craving of drug to end. Here I would like to share my experience in the contemplation of vedana and its operation within the links of dependent arising. During a meditation session, I realized before a feeling (vedana) arises, the knowing of how I would feel was already there. The conditioning was already there.

Even if I knew ahead of time that the feeling was unwholesome, I could not stop it from taking place. Deep in my mind, I had not decided whether I chose to be vigilant with myself and let go of what was unwholesome or I just wanted to be blinded by the habit (conditioning) and continued to run with it. I also realized that there was a split second of opportunity there where I could work on detaching my conditioning of the mind and shifting myself before vedana arises. That was my key discovery and below is my further reflection.

I realize without a steady practice of training the mind to be more aware of one's thoughts and actions, vedana is extremely difficult to detect and discern because it happens so fast. "Vedana is only detectable by the consequences it has in terms of our behaviors", like "footprints" left in the sand (Soeng, 2017). In actuality, the mental process is continuous and does not slow down or pause to allow me time to ponder how I should feel about my craving of any kind. However, with a regular meditation and energy psychology practice, I can see that to change vedana, I must work on the links before vedana, before the feeling arises. The intention is to see through what causes this or that feeling (vedana). To look at not just the cause and effect (from one link to the next) but also the interrelated conditions in between two links or amongst a few links. Now, I see vedana as where we can intervene into the mind activity based on the twelve links model. With the support of the combination of Buddha's dharma teachings and energy psychology work, we can zoom into the "time" before vedana arises, like the analogy of watching a movie, we can slow down the movie frame-by-frame to closely examine the conditioned nature of the mind and the conditioning of the nature of the mind. What do we examine? Conditionings include habitual tendencies, intentions, hidden agendas, afflictions due to greed, hatred, and delusions, pride and jealousy (Buddha call this the five poisons) that bind the sense of self together and drive the "I" to react in certain ways, out of one's ignorance, volitional actions, and consciousness. Without vigorous mind training, we stay ignorant and do not see the above defilements like we are in a dark room with no light in it. Even

when we get a glimpse of our defilements at times, we do not want to do anything about it. Ignorance is like a heavy blanket that covers us up in the comfort of our bed, it gives us a false sense of security and we do not want to lift it by ourselves and have it removed from us by others (unpleasant). However, with proper intervention, we can at least bring the shining light, via the vedana door, into the dark room to lit it up bit by bit for the client to see.

How a chaplain provides support and intervention in a one-on-one setting

Here, I would like to share the two objectives for conducting one-on-one sessions as this approach grew organically over the years through my clinical and personal experience in working with the mind on both conscious and subconscious levels.

1) Exploring issues related to the client's addiction from multiple angles, starting from the vedana perspective, by using the peeling-an-onion approach, layer by layer, relevant issues are brought to the surface for the client to recognize, resolve and/or integrate. Relevant issues include, but not limited to, the client's conscious and unconscious habitual patterns, mental framework or belief systems, defensive mechanism, previous trauma, and childhood memories. The above factors can create multiple looping mechanism that often have a ricochet effect on the client's quality of mind as well as life.
2) Serving as an opportunity for deeper introspection that may bring about greater awareness of the causes for the client's addiction and behavioral consequences. Every one-on-one session carries the potential as an eye-opening event to either plant a seed or brings about a moment of awakening that produces a sudden change or an initiation of a gradual change leading to the cessation of the client's addiction. Awakening can be defined as a gradual process of dismantling strong habits, including emotional, behavioral, and even ontological. Awakening

can be a functional way to bring about positive cognitive and lifestyle change for an addict (Breidenbach & Tse, 2015).

A detailed two-part case study was done to share how the program design is implemented and intervention is done in a one-on-one session. This case study was conducted with a client-centered approach meaning 1) there was no fixed flow of how the conversation or discovery would happen and 2) the entire process was guided by the client's mind/body wisdom moment-by-moment. In this case study, the client and the chaplain slow down and develop sufficient concentration and awareness to observe the subtle interplay between feeling (vedana) and craving. If you are interested in reading the full case study, please refer to Appendix E.

In the long run, the goal of having the one-on-one sessions is for the chaplain to serve and assist the client in gaining a deeper understanding of the true nature of our mind stream. Through this understanding, the client could recover from the addiction by changing the content of his/her mind stream. Shaw (2006) has summarized very well the approach and the process that I have experienced myself as well as with the clients whom I have worked with. She calls them "techniques for deconstructing the contents of ordinary experience":

> *"These analytic methods employ logic to deconstruct the subjective responses that distort reality and give rise to attachment and suffering. For instance, one can logically dismantle the supposed cause of the suffering, recognizing its lack of inherent existence… One can expose the illusory nature of the 'self' that is suffering and recognize that such a fictive entity can never truly be harmed or diminished. One can dissect the conceptual, psychological, or sociocultural factors at the root of one's habitual reaction patterns, unmasking the false dualisms at play. Another approach is to realize that the feeling of suffering has emerged in empty space and will dissolve again, and thus*

> *penetrate to a deeper level of experience where the emotion is simply a neutral pattern of energy, devoid of negative characteristics… The elimination of negative emotions that cause suffering to oneself and others gives rise to a rich emotional repertoire of joy, empathy, humor and devotion to the liberation of others."* (P. 388)

Retrain Our Heart and Mind Through Awareness

As Groves (2014) stated, "Buddhism emphasizes lack of awareness as the cause of addiction" (p. 994). Awareness here means "the desire for things to be other than the way they are is the key" (Levine, 2014, p. 97). In this Dharma-based addiction recovery program, the role of the chaplain is to help clients overcome boredom and peer pressure (the two main reasons for drug abuse in the case of Hong Kong) and to increase awareness by 1) studying the workings of the mind in understanding the root triggers of one's addiction – how they are formed and how they can be stopped; 2) by applying the twelve links in the Law of Dependent Origination as a framework to analyze and break the cycle/looping of addiction, particularly in examining vedana – the feeling tone that arises prior to the emergence of craving and grasping; and 3) by practicing meditation and energy psychology exercises to recognize the conditioned feeling response and change one's mind stream from relying on drugs and/or other addictions to focusing on other things that could empower one to live a more meaningful and fulfilling life. Every moment of awareness is a hammer stroke on the chain of conditioning. Striking it with the force of wisdom and awareness, the chain gets weaker and weaker until it breaks. The role of the chaplain is to support the client in the journey of penetrating into the truth of the Law of Dependent Origination, and freeing one's mind from it.

Conclusion

Although addiction causes suffering and recovery is painful, some positive things can come from the recovery process especially when it is regarded as a form of spiritual path. Through my personal experience, addiction was construed as not only a personal crisis, but also a gift or chance to be a better person. In this respect, it can lead one to many useful realizations and there are a few ways to look at this. Firstly, the contemplation of the nature of suffering and its causes can be recognized and realized. This in itself can lead one to learn how to consistently access the sacred space in the depth of one's heart and mind as one gradually develops awareness of how to be freed from suffering and the causes of suffering. It can lead to a realization of the value of non-attachment, a greater neutrality to the world, and moderation in one's habits. It can also lead one to a deeper realization of the fleeting, transient, impermanent, and empty nature of the world and of the mind.

In some ways, both recovering drug addicts and earnest Buddhist practitioners share something in common. Both groups are trying to rid of their strong attachment to something that causes them suffering in life, that is drug habit for the drug users and a sense of self (ontological addiction) for the Buddhist practitioners. The long journeys that both groups have to go through may also be similar and include the following steps:

- Recognizing the various root causes of their drug use/suffering.
- See through the impermanence of their suffering and causes of suffering.
- Develop awareness of their conditioning of the mind and habits and gain insight into helping them change the mind stream.
- Develop skillful means to detach themselves from their emotions/feelings and reactions to triggers that bring about relapses into repeating harmful behaviors.

- Develop wisdom to help them break the cycle of craving, seeking, grasping, and the resulting dissatisfaction.

As a chaplain, I hope to assist my rehab clients in overcoming boredom and peer pressure during the relapse phase of the recovery program so that they can kick their drug habits once and for all. Furthermore, I wish that, by planting a new dharma seed in their mind fields, my rehab clients would continue to utilize their newly found skillful means and insight gained through the rehab process to address other attachments or defilements in their lives so that they could eventually end all their suffering and enter nirvana either in this life or in a future life.

References

Abbreviations used in the reference:

DN – Maurice Walshe (1987). *Thus have I heard. The long discourses of the Buddha. A translation of the Digha Nikaya.* Wisdom Publications.

MN – Bhikkhu Nanamoli, Bhikkhu Bodhi (1995). *The middle length discourses of the Buddha: A new translation of the Majjhima Nikaya.* Wisdom Publications.

SN – Bikkhu Bodhi (2000). *The connected discourses of the Buddha: A translation of the Samyutta Nikaya*. Wisdom Publications.

Dhp – Acharya Buddharakkhita (1985). *The Dhammapada: The Buddha's path of wisdom.* Buddhist Publication Society.

Iti – Bhikkhu Thanissaro (2001). *Itivuttaka: This was said by the Buddha.* Dhamma Dana Publications.

Analayo, Bhikkhu. (2003). *Satipaṭṭhāna: The direct path to realization*. Windhorse Publications.

Analayo, Bhikkhu. (2014). *Perspectives on Satipaṭṭhāna*. Windhorse Publications.

Analayo, Bhikkhu. (2017). What about neutral feelings? *Insight Journal*, *43*, 1-10. https://buddhismuskunde.uni-hamburg.de/pdf/5-personen/analayo/neutralfeelings.pdf

Anderson, R. (2012). *The third turning of the wheel wisdom of the Samdhinirmocana Sutra*. Shambhala Publications.

Attwood, J. (2018). Defining vedana: through the looking glass. *Contemporary Buddhism: An Interdisciplinary Journal*, *19*(1), 31–46.

Bargdill, R. (2000). The study of life boredom. *Journal of Phenomenological Psychology*, *31*(2), 188–219.

Breidenbach, S., & Tse, S. (2015). Exploratory study: awakening with natural recovery from alcohol or drug addiction in Hong Kong. *Journal of Humanistic Psychology*, *56*(5), 483– 502. https://doi.org/10.1177/0022167815583214

Cheung, C. K., Lee, T. Y., & Lee, C. M. (2003). Factors in successful relapse prevention among Hong Kong drug addicts. *Journal of Offender Rehabilitation*, *37*(3–4), 179–199.

Cheung, Y. W. (2005). Between abstinence and relapse: the role of "pre-relapse abstinence" in drug rehabilitation in Hong Kong. 354–372. Narcotics Division, Security Bureau, Government of the Hong Kong Special Administrative Region. https://www.nd.gov.hk/en/conference_proceedings/Drugs_proBK_Part5/Drugs_proBK_CheungYW.pdf

Cheung, Y. W., Ch'ien, J. M., Tang, C. S., Pi, P. W., Cheung, N. W., Choi, J. F., Wong, A. M., & Ho, S. C. (2003). A longitudinal study of chronic drug abusers in Hong Kong. Narcotics Division, Security Bureau, Government of the Hong Kong Special Administrative Region. https://www.nd.gov.hk/pdf/Longitudinal%20Study%20of%20Chronic%20Drug%20Abusers%20in%20Hong%20Kong.pdf

Chiu, P. (2019, October 19). Drug addiction experts sound alert as Hong Kong youngsters take to cannabis, believing legalisation trend makes it all right. *South China Morning Post*. https://www.scmp.com/news/hong-kong/society/article/3033633/drug-addiction-experts-sound-alert-hong-kong-youngsters-take

Cullen, V. (Host). (2019, October 21). Craving, the Sutta's & addiction (No. 30). [Audio podcast episode]. *Buddhist Recovery Network Podcast*. https://brn-podcast.pinecast.co/episode/f1dd1143bfc24ab4/craving-the-sutta-s-addiction.

Dorje, C. D., Urgyen Tulku, Rinpoche, Chokyi Nyima, Rinpoche, & Dujdom, Rinpoche. (2008). *The great gate : a guidebook to the guru's heart practice*. Rangjung Yeshe Publications.

Fudala, P. J., & Woody, G. W. (2004). Recent advances in the treatment of opiate addiction. *Current Psychiatry Reports*, *6*, 339–346.

Goenka, S. N. (1998). *Satipatthana sutta discourses : talks from a course in Maha-satipatthana Sutta*. Vipassana Research Publications.

Gowans, C. W. (2003). *Philosophy of the Buddha*. Routledge.

Groves, P. (2014). Buddhist approaches to addiction recovery. *Religions*, *5*(4), 985–1000. https://doi.org/10.3390/rel5040985

Groves, P., & Farmer, R. (1994). Buddhism and addictions. *Addiction Research*, *5*(4), 183–194. https://www.sbu.net/uploads/files/Buddhism%20and%20addictions.pdf

Hanh, T. N. (1991). *Old path white clouds: walking in the footsteps of the Buddha*. Parallax Press.

Hanh, T. N. (1999). *The heart of the Buddha's teaching*. Broadway Books.

Heaver, S. (2015, June 27). Crystal meth - Hong Kong in denial over drug epidemic. *South China Morning Post*. https://www.scmp.com/magazines/post-magazine/article/1826366/crystal-meth-hong-kong-denial-over-drug-addiction-epidemic

James, L. (2017, July 15). Young Hongkongers' easy access to illicit drugs – ice, ketamine, marijuana – raises alarm. *South China Morning Post*. https://www.scmp.com/lifestyle/health-beauty/article/2102643/young-hongkongers-easy-access-illicit-drugs-ice-ketamine

Karthar, K. (2011). *Dharma paths*. Snow Lion Publications.

Kumar, R. (2012). *Essays on Indian philosophy*. Discovery Publishing.

Latib, M. F. A., Abudiah, K. H., Rani, N. S., & Hassan, M. S. N. A. (2019). The Constraints of Former Drug Users to Maintain Self-Recovery. *International Journal of Academic Research in Business and Social Sciences*, *9*(2), 711–720.

Li, J., Ericsson, C., & Quennerstedt, M. (2013). The meaning of the Chinese cultural keyword xin. *Journal of Languages and Culture*, *4*(5), 75–89. https://doi.org/10.5897/JLC12.054

Levine, N. (2014). *Refuge recovery : a Buddhist path to recovering from addiction*. Harperone.

Malouf, L. (2016). *Awake, refreshed and energized*. Merrimack Media.

Levy, M. (2011). Listening to our clients: the prevention of relapse. *Journal of Psychoactive Drugs*, *40*(2), 167–172.

Narcotics Division, Government of the Hong Kong Special Administrative Region (2018a). Central registry of drug abuse sixty-seventh report. https://www.nd.gov.hk/en/crda_67th_report.htm

Narcotics Division, Government of the Hong Kong Special Administrative Region (2018b). *Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong* (2018-2020). https://www.nd.gov.hk/en/three_year_plan_2018_2020.htm

Ñanamoli Bhikkhu. (1993). *Dhammacakkappavattana Sutta: Setting Rolling the Wheel of Truth*. Access to Insight. https://www.accesstoinsight.org/tipitaka/sn/sn56/sn56.011.nymo.html

Payutto, P. A. (1994). *Dependent origination: the Buddhist law of conditionality*. Buddhadhamma Foundation.

Peacock, J., & Batchelor, M. (2018). Vedana: what is in a 'feeling?' *Contemporary Buddhism*, *19*(1), 1–6. https://doi.org/10.1080/14639947.2018.1450966

Shaw, M. E. (2006). *Buddhist goddesses of India*. Princeton University Press.

Sherman, J. E., Zinser, M. C., Sideroff, S. I., & Baker, T. B. (1989). Subjective dimensions of heroin urges: Influence of heroin-related and affectively negative stimuli. *Addictive Behaviors*, *14*(6), 611–623.

Sik, H. H. (2010). Dharma therapy: an intervention program with mindfulness as one of its key components. *New Horizons in Buddhist Psychology: Relational Buddhism for Collaborative Practitioners*, 353–372. https://core.ac.uk/download/pdf/37952916.pdf

Smolkin, N. (2018). *The relationship between boredom and relapse in Substance use Disorder Recovery* (pp. 1–104) [Doctoral Dissertation]. https://search.proquest.com/openview/ae6c81c9bf4a976ec03109566f0a7922/1?pq-origsite=gscholar&cbl=18750&diss=y

Soeng, M. (2017). *2017 Vedana conference*. Barre Center for Buddhist Studies. https://www.buddhistinquiry.org/article/2017-vedena-conference/

Tam, C. H., Kwok, S. I., Lo, T. W., Lam, S. H., & Lee, G. K. (2018). Hidden drug abuse in Hong Kong: from social acquaintance to social isolation. *Frontiers in Psychiatry*, *9: 457*, 1–12. https://doi.org/10.3389/fpsyt.2018.00457

Tan, V. (2017). *Drug abuse a worrying issue amongst adolescents in Hong Kong*. MIMS Today. https://today.mims.com/drug-abuse-worrying-issue-amongst-adolescents-in-hk

Tang, W. M. (2014). Examining the relationship between ethnicity and the use of drug-related services: an ethnographic study of Nepali drug users in Hong Kong. *Substance Abuse and Rehabilitation*, *2014*(5), 53–62. https://doi.org/10.2147/sar.s61885

Tsang, S. K. (2011). Parent engagement in youth drug prevention in Chinese families: advancement in program development and evaluation. *The Scientific World Journal*, *11*(1), 2299–2309. https://doi.org/10.1100/2011/276286

Weinstein, A., & Weinstein, Y. (2014). Exercise Addiction- Diagnosis, Bio-Psychological Mechanisms and Treatment Issues. *Current Pharmaceutical Design*, *20*(25), 4062–4069. https://doi.org/10.2174/13816128113199990614

Appendix A

Energy Psychology

What is energy psychology?

Energy psychology or energy medicine is a form of health practice that is based on the findings of Chinese acupuncture, human psychology and quantum physics. One of the premises of energy psychology is that our negative mindset and memories of previous trauma or shock cause blockages or weaknesses in the energy system of the body, leading to the development of diseases and other health issues eventually. Negative mindset includes our negative or limiting thinking patterns and thoughts/beliefs; for example, "I need/must have/crave money, sex, a fix, good looks, respect, etc…", or "My date is always late." We create, buy into, and take on these fixations from our ancestors, our parents and relatives, the people we socialize with, work, peer groups, our experiences, our environment, society in general, and so on. These fixations become patterns that are "normal" ways for us to think and act. One of the biggest paradoxes about human beings is that "we don't support what we say we want, and we don't let go of what we say we don't want" (Malouf, 2016, p. 5). When we accumulate many of them over days, weeks, months, and a lifetime, we get energetic blockages. These accumulated energy blockages weaken us physically, mentally, emotionally, psychologically, and spiritually. Eventually, the blockages manifest into symptoms, disorders, or diseases. They are indications of some disharmony within ourselves.

The energy psychology modalities introduced in this recovery program include those I have used over the years in my therapy practice and for my own self-help such as the Yuen Method and Emotional Freedom Technique (EFT). How does energy psychology work? A way of illustrating this comes from a phenomenon in quantum physics – that the act of observing a quantum particle causes it to change from a particle to a wave. Observing a wave causes it to change to a particle.

Similarly, when the therapist connects a person's symptom (e.g. pain, boredom or craving) to the life issue(s) that is/are the true cause(s) of the symptom, the act of observing the truth collapses the wave and the symptom either changes or clears away. It is as simple as that!

Another feature of energy psychology is that it regards symptoms as a way for the body to communicate to our conscious mind. They are clues or signals about imbalances in our lives and that we need to do something about it! Our inner self turns up the "volume" and the symptoms get worse. Symptoms are like alarms, informing or warning us that we are not living in our natural state of joy, wellness, vitality, and compassion. Symptoms are neither right nor wrong, good nor bad. From my clinical experiences, the vast majority of the root causes of our symptoms are non-physical. They are predominantly life issues. Anything and everything in our life that bothers us causes our energy system to go weak. What bothers us the most in life? Issues we have with money, relationships, health, control, work, etc. Our symptoms have intelligence and are pointing us to the life issues that are the root causes. When the symptoms contain clues about what need to be addressed in a client's life that is bothering him/her and creating the symptoms and illnesses, then the therapist/chaplain can play an important role here to help identify those root causes and restore the energy balance in the client's body and mind.

Appendix B

Muscle Response Testing (MRT)

Muscle testing is a tool for us to tap into our subconscious mind. In my clinical practice, I often refer to this tool as a human lie detector, allowing us to detect the truth that lurks somewhere inside our psyche that may otherwise elude our awareness. Much research has revealed the power of our subconscious mind. The subconscious mind is like a human computer, recording everything that has happened in our lives, as early as fetal lives. Through my studies and practice, I have come to realize the subconscious mind knows exactly what is going on with us, and how it helps us heal ourselves.

What is muscle testing?

The body has within and surrounding it an energy grid, it is called meridians in Chinese acupuncture. Energy runs through the muscles via the energy grid in our body. When our body and mind are in harmony, the energy runs through the muscles unimpeded. When anything disrupts this energy grid and affects our body's balance, our muscles will temporarily "short circuit" or weaken. Things that can have an impact on our energy grid are thoughts and emotions, foods, and other substances. Imbalances would create symptoms within us on physical, emotional, mental, psychological, and spiritual levels. Through muscle testing, we can tap into our subconscious mind and find out what events, who or what emotions are "weakening" our body. This process is called applied kinesiology and is often referred to as "muscle testing" or muscle response testing (MRT). Like a human lie detector without wires, one can ask one's body questions and get clear answers – like making a direct phone call to one's subconscious mind.

How is muscle testing used in the one-on-one session?

In this addiction recovery program, I will be using the participant's body's muscle response to find what might be the underlying issues behind his/her addictions. Because the subconscious mind knows everything about this person, we can ask yes or no questions and watch for how his/her energy grid responds. If we make a statement that is true, the participant's energy grid will continue to flow and the circuits remain strong, allowing your muscles to retain strength. If we make a statement that is false, his/her energy system will temporarily short-circuit and his/her muscles will quickly weaken.

In order to find out what the subconscious mind and body are congruent with, we can use many questions to get clues to what aspects might need to be addressed – physical or non-physical; psychological, mental, emotional or spiritual. Some questions might be:

- Is my craving due to boredom?
- Is there a specific past event in my life that is contributing to this problem?
- Do I believe I can recover? If not, what are the root causes of this resistance?

If his/her muscles stay strong, that is a "yes" response. His/her energy is flowing and the muscles are maintaining full power, which is interpreted as a positive response. If the muscles weaken, it is a "no" answer. His/her energy has temporarily stopped flowing through that muscle, which indicates a negative response, or it is his/her body's signal that it does not agree with something.

In some cases, I will share with the participant how to use self-muscle testing (testing on his/her own muscles) to ask questions and get answers. In other cases, I will be using surrogate muscle testing for the client. Surrogate testing is muscle testing that is done on myself, for the participant.

Surrogate testing works similarly to how cell phones work. Our bodies have an innate ability to connect to or "call" someone else. When we do this, we create an energetic connection with them. Once you're connected, you can get answers about what is going on with this other person's body, because you're picking up their energetic flow or signal. Surrogate work can also be used to strengthen energetic imbalances on another person too. Once I am connected to his/her energy field (and energy knows no space and time – just like when you're thinking of someone and they call you!), it can be done in proximity or in a distance.

Appendix C

Program Details

(Based on *Dharma Therapy* developed by Venerable Sik Hin Hung)

I. Introduction and preparation sessions

Before the start of a program, introductory and preparatory sessions will be held for each potential participant/client. The objectives of these sessions are:

1) To define the relationship between the client and the chaplain. During the recovery program, the chaplain guides the client through the process of contemplation, to become aware of his/her potential as well as blind spots that prevent him/her to see the truth. The chaplain's role is to bear witness, to encourage and come alongside with the client in time of difficulty during this recovery process. Having said that, the participant is reminded that the ultimate responsibility and accountability rest on him/her. The client is also informed that whenever s/he feels uncomfortable with the process, s/he has the right to terminate the relationship.
2) To empower the client to develop the resolve to get better, the chaplain is to explain to the client that the recovery program is designed to help the client increase his/her trust that s/he too has the potential to transform and heal him/herself. As a building block for developing resolve and trust, the chaplain will share the teachings of the Buddha on suffering – that suffering is part of life. Even though our suffering is real and painful, it is common for people to experience difficulties in life. The discussion of impermanence will point out that all phenomena in the world are temporary and nothing lasts forever – not pleasant feelings, not unpleasant feelings. The chaplain will provide examples and guide the client to contemplate on and understand this truth. For example, we have good dreams and bad dreams. When we have a good dream, we feel happy in the dream and when we wake up, we feel sad that happiness does not last and we want to return to the dream. Similarly, when we are in a bad dream, we feel upset. After

waking up, we realize we were only dreaming and are happy that the sadness is gone. Whatever we feel, it does not last. Suffering exists because of causes and conditions. When those causes and conditions change, suffering will cease to exist. Suffering is also impermanent and empty in nature. No one has to be subject to eternal suffering even though sometimes it may feel that way. In this recovery program, the intention is to help the client to first develop an understanding that one can develop skillful means, and that one can apply newly learned skills (more to come later) to examine and understand the causes and conditions of their suffering. However, in the early stage of the recovery program, the chaplain may not lead the client to explore too deeply into the causes and conditions of his/her suffering right away because it may be too much for the client to confront some of the serious life issues at this point.

3) To help the client build a "relapse-prevention tool box", so they have the tools available to deal with their emotions and handle the craving. This helps to strengthen their resilience and self-efficacy in handling negative afflictions or stresses on the spot. As we know, the more intense the emotions, the more we respond impulsively to a stressful situation, more often than not in a hurtful or harmful way. Our feelings influence us in many ways and when they are not managed properly, a lot of damaging effects would accumulate and they could become a habit in our minds. As pointed out by the Teachings of the Buddha in the previous chapter, he observed that ignorance is the root cause of suffering and that eliminating ignorance through the cultivation of wisdom is the remedy to eliminate suffering. The more we become aware of the arising of our emotions and feelings, the better prepared and equipped we are to deal with them properly. Hence, to handle our feelings wisely, we need to examine them thoroughly and carefully. In this recovery program, one-on-one sessions are arranged in which the chaplain and the client will work closely together to develop awareness, insight, and wisdom on the working of our mind. This is a crucial factor in this recovery program. In addition, energy psychology

modalities for self-treatment will be introduced to the client as a tool to reduce the impact of his/her emotions and develop awareness and insight into their mental habits. Using this "relapse-prevention tool box" as a valuable aid, the client's ability to catch the craving for addiction would be greatly enhanced, which in turn increases the probability of relapse prevention on the spot. However, during the introductory sessions, simple breathing exercises will be introduced and the client learns to be mindful of one's own breathing. As the client becomes more comfortable in doing this breathing exercise, the chaplain will share other appropriate techniques with him/her according to his/her progress and ability to focus.

II. *Touching the wounds in the heart:* be aware of the craving and dissatisfactory conditions of the current situation

The objective of this stage is not to "fix" or deal with the addiction issues head on, but it is a time for the chaplain and the participant to explore together and assess the situation or issues. During this time, the chaplain starts to gather data and background information on the life issues that the participant is facing. The main objective here is to assist the participant to see more clearly his/her own suffering of craving and use this suffering as a means to increase the motivation and resolve for positive change. However, if the participant is not yet aware of the suffering or craving issues, or how the craving is affecting and inflicting suffering on other people, a longer and deeper reflection process is to be expected and required to develop a strong commitment and determination to recognize the issues. The chaplain will always start every session with few minutes of breathing exercises with the participant to ground oneself and get ready for the session. In each session, the chaplain will cover different teachings of the Buddha. It is always good to begin with how the Buddha describes and sees suffering. For example, the First Noble Truth, that life is suffering because once we are born into this world, one goes through the subsequent stages of old age,

sickness, and death. This cycle of life is a truth and that no one can escape from these stages. The chaplain may also bring up another layer of suffering (double suffering) as created by the way we are conditioned in life, by our craving and our ignorance. The chaplain can cite real life examples as well as stories of the Buddha to make it more alive and relevant for the participant. The objective is to guide the participant to develop a contemplative practice based on seeing life as it is, without having to avoid or cling onto it. In other words, there are painful events in life that we have to live with because they are inevitable, e.g. sickness, old age, and death. We can learn to live with them without having to add more mental suffering to ourselves. It is to point out that the second layer of suffering as created by our perception and the conditioning of the mind, can be alleviated by learning to put a painful situation under a more positive light or developing a deeper understanding of it. This two-fold explanation would hopefully help the participant to have a better understanding that the suffering s/he is enduring right now can be reduced or even eliminated by training the mind and gaining wisdom from within.

III. *Plant seeds:* set intention to be liberated from craving

On the surface, this seems to be an easy task to accomplish. However, people in general cling onto their cravings and desires unconsciously and the thought of letting go of them can be enormously painful and could make them more fearful of life. It is because of our ignorance, that we find temporary comfort in avoiding to face our issues and suffering. It is easier this way than to look within and make genuine changes in our lives. Although this may sound illogical that we find comfort in our suffering/craving, it is unfortunately a human condition and I have seen a lot in my clinical experience, including myself. Therefore, the purpose here is really to develop a genuine, kind, and compassionate attitude toward oneself and understand that suffering, in the form of craving, needs not continue. Again, on the surface, this may seem easy to do, but for those who

have developed a very critical and judgemental attitude towards themselves, cultivating this new attitude toward themselves will be challenging yet very crucial. We can only develop such kindness toward ourselves when we see our own suffering. When we think or say bad things to ourselves, we are inflicting more pain and suffering to ourselves. In the one-on-one sessions, the client will learn and practice ways to detach him/herself from his/her own emotions and reactions to craving and triggering events in life, to be aware that s/he has a choice when dealing with intense emotions (the choice of allowing oneself to be sucked into the negative afflictions or to apply techniques that can neutralize oneself to a reaction to a situation or a person). This way, the client is empowered to develop his/her confidence and self-efficacy to work through his/her negative afflictions skillfully and intelligently.

IV. *Attending to the wounds in the heart:* inquire and investigate the root causes of craving

Once the resolve of doing something about the craving is cultivated, the client may have questions such as *What can I do about it?* or *This must be my karma, my punishment and I am stuck with it now*. Here, the chaplain can share further the Teachings of the Buddha with the client, particularly on the Law of Dependent Origination – how every phenomenon is conditioned by cause and effect, including the way we think, act, feel and behave. The burning analogy (discussed in Chapter 3) can be used to describe our cravings and the types of cravings. When the client is ready to go deeper into him/herself and has a stronger commitment to ceasing his/her suffering of craving, the twelve link model can be introduced to further explain the cause, effect, and conditions in our lives. It is important for the client to understand that under the Law of Karma, we are all responsible for our own thoughts and actions through our three doors – body, speech, and mind. We cannot pass our responsibilities to others because they are our own making. We need to pay close attention to what is happening in our mind: our habits, attachments, craving, reaction to triggers, thoughts, and

emotions. We need to be aware of the relationship between thoughts, emotions, and actions, in order to develop the insight and wisdom that are needed to bring about the transformation of suffering. A specific meditation exercise will be shared with the client to help him/her to contemplate on the Law of Karma, particularly in realizing the cause and effect in one's thought and action (please refer to Appendix D for the meditation script). The purpose of this guided meditation exercise is to encourage the client to explore how one's thoughts and actions (cause) create suffering (effect) in his/her life. Taking the responsibility of looking after one's thoughts and actions now can help shape his/her future life. It is to start working on training the mind that the client can start to see for him/herself the relationship between the mind and his/her well-being. For example, when one speaks and acts with a deluded mind, a mind that is deluded by a list of negative mental afflictions such as anger/hatred, greed/extreme attachment, ignorance, ego/pride, jealousy, suffering will follow. However, if one speaks and acts with a pure mind, joy will follow. Our minds and actions will influence and shape our well-being. This is the basic teaching of the Law of Karma: volitional action will generate karmic memory that will manifest into future reality when the necessary conditions are there to make it happen. Now that we know our mind and actions are responsible for our craving and suffering, the next step is to find out what exactly we do wrong and the root causes of the issues. In most situations, we do not remember or are not aware of what happened in our mind and what kind of karmic seeds we planted in our consciousness. We may not be aware of what happened in our mind few hours ago, 3 weeks ago or 3 years ago. So now, through the practice of meditation and energy psychology, we can scrutinize subtle nuances that are happening or lurking in our mind and be aware of its habits, its attachments, its reaction to triggers, thoughts, emotions, the relationship between thoughts, emotions, actions, and so on to develop realization and wisdom that is necessary to transform suffering.

V. *Bear witness to the suffering:* pay close attention to the craving and the origin of the craving.

All experiences are subjective. Due to our inability to see experience as it is and to see the objects of experience as simply arising and ceasing without any dualistic views of good or bad, beautiful or ugly, yours or mine, etc., we give rise to all sorts of fantasy and false expectations about reality, which inevitably involve craving, seeking, grasping and finally disappointment and dissatisfaction. This is how addiction works. For those who have suffered from addiction to any kind of stimulus, when they watch their minds closely, they will find that their minds go through all of these stages during the addiction process, cycling through the different aspects of experience, the causes, and effects. Sometimes they will witness the physical or mental objects of desire – the sight, the sound, the sensation, the thought, etc. Sometimes they can sense the pleasant or unpleasant feelings (vedana) associated with wanting, grasping, not grasping. Sometimes they will be aware of craving or aversion. The Buddha held the view that to remove craving, one has to abstain from the objects of craving and pay close attention to the roots of craving. As we go deeper into these one-on-one sessions, depending on the client's readiness, we may start with contemplating on feelings (vedana). For example, when we encounter an object like cocaine through the six sense organs (eyes, ear, nose, tongue, body, and mind), a sensation (vedana) arises, and based on the sensation, craving arises. If the sensation is pleasant, we crave to prolong it; and if it is unpleasant, we crave to get rid of it. It will be clearer to the client that it is in this chain of Dependent Origination that the Buddha experienced and discovered this profound truth. The immediate cause for the arising of craving and suffering, afterall, is not due to something outside of us, but rather the sensations that occur inside us. To free ourselves from craving and suffering we must deal with this inner reality of sensations.

Vedana leads to a full range of human responses (pleasant, unpleasant, neutral) and they, in turns, initiate a chain of identification and association that form our personalities. In the one-on-one sessions, for those who are more aware of their pleasant/unpleasant sensation, we will go further to explore how his/her craving through the six sense organs (eye, ear, nose, tongue, body, and mind) and their interactions with the sense objects (such as friends, family, boredom) could initiate a chain reaction process (please refer to Appendix E for a case study as reference). By breaking the experience up into smaller parts and seeing each part for what it is – not me, not mine, not good, not bad – we can break the cycle of addiction at every moment and eventually reprogram the habits of the mind. Gradually, by developing the wisdom of impermanence, insight, and realizations, we learn to cut the roots of our misery and witness the true nature of Dharma.

VI. Transform the wounds into wisdom: develop insights, realizations, and wisdom on suffering and causes of craving

This is, for sure, easier said than done. In reality, very few people can do it without a diligent and lengthy practice of being mindful and aware. Too often we are absentminded as to what we are doing and what is happening in our minds. Even if we can become aware of a feeling through our senses, we usually mix it with old habitual thinking patterns, past experiences, etc. and manage to turn the feeling into a muddle phase of *I am okay, I am just fine* or *I am sad*. This is why the one-on-one sessions, having homework (self-treatment and awareness techniques) and direct contact with the chaplain through Whatsapp (a phone instant messaging app) are all necessary parts of the lengthy recovery program. The chaplain's role is to come alongside with the client and always show up whenever her service and presence are needed. This way, she can continue to guide and facilitate the development of insights and wisdom with the client – being able to help him/her gradually to differentiate the different aspects of feelings: the origin of feelings, the way

leading to the origination of feelings, the cessation of feelings, the way leading to the cessation of feelings, the gratification of indulging in or drawback of escaping from one's feelings. Without understanding these different aspects of feelings, a person would easily be overpowered and overwhelmed by the strong feelings. However, when one is aware of the different aspects of feelings, s/he will be in a much better position to handle them.

VII. *Radiate the wisdom heart:* with insight and wisdom, taking the necessary steps to bring an end to craving

People who have not studied the Buddha's teaching, whether they be Buddhists or non-Buddhists, have a very hard time seeing the danger inherent in craving. They generally think that their likes and dislikes are what make them who they are; this is exactly the issue, we form some conception of self, of "I", of "what I like and dislike", when actually there is no "I", when actually we are creating our personalities as we go along. Out of ignorance, we mistake the addictions formed through habitual craving as a self, and it is this ignorant self that is responsible for the continuation of the vicious cycle here. With the wisdom of impermanence, realizations through inner experience, the habitual patterns of the mind can change. As wisdom becomes stronger, the craving becomes weaker. The process of the accumulation of suffering built on ignorance then turns into the process of the cessation of suffering, with wisdom as its base. Therefore, the long-term goal of this recovery program is to help the participant develop insight and wisdom, that would enhance their ability to accept and deal with what is happening in their reality, to enhance their inner resilience, to better manage difficult and stressful situations, and conflicts in life, without resorting to self-destructive behaviors for stress relief, compensation, or temporary satisfaction.

Appendix D

Meditation on Cause and Effect on 1) Five Poisons and/or 2) Root Causes of Addiction

Find a comfortable seated position... relaxing any tension you may sense in your body and mind. Now, bringing attention to your breath as we slowly take twenty-one breathes, one at a time, at your natural pace. Inhale through your nose, exhale through your nose… inhale… (read slowly) … exhale… inhale… exhale… continue on your own… (allow two to five minutes here, pay attention to the participant…)

In this life, we obtain the best vessel, our precious human life… with all the respites and enrichments that allow us to follow the Buddhist path. We do have potential; we do have conditions…these freedoms and opportunities, however, are not going to last forever. If we miss this time, we may not get another chance to reach these potentials. We may think we can practice this or do this later. However, it may not be guaranteed that we may get a chance later or in the future… because of impermanence. This precious human existence we have now… are subject to lose anytime. When we die, we have to follow under the result of our own actions. When death approaches, if we have the freedom to choose to follow our wishes of what we want to experience, that is fine. But… we have to follow the power of karmic result… (slight pause…). Therefore, we need to take full advantage of the opportunities that we have now. Now… let's take a look at our own actions. Whatever you remember in the past that you have done and the result you have achieved or received… results that you enjoy or suffer… let's invite yourself to remember one of these actions... meditate on this… (allow a minute or two for the participate to recall). When we meditate on our own action and the result that we received and experienced, that is the best example of examining our own karma…(pause)

1) On Five Poisons – This meditation can be separated into 5 short practices or done in one sitting.

*Now, think about more specific actions under the influence of… hatred/anger. Think about a specific time or situation because of anger… (pause to allow the participant to recall) … because of anger, what kind of situations, results or consequences have you experienced… due to the causes of your own hatred and anger… meditate on that (pause)… With this, we gain the realizations, we notice and understand that due to our hatred and anger… our result is not positive, not favorable to ourselves. Now, opposite to this hatred and anger, sometime in the past, we have definitely generated genuine love to someone we love in our life. It could be a family member, a friend, a colleague, etc… Because of the influence of genuine love, we receive results in a positive experience, a very happy moment for us – for ourselves and others. Now, we meditate on the antidote to hatred and anger… which is love… (pause for one minute or so…). This is how we gain realization on positive cause and result…and negative cause and result. When our defilements such as hatred and anger are present within us, they obscure our minds and we do not feel good about ourselves and others. Defilements cause problems and suffering in our lives. This way… this method, will help us gain insights, build a stronger and a more stable habit of transforming our defilements into more constructive emotions. If we can continue to meditate this way and practice this over and over again, we become more aware of the causes of our happiness and can bring more of them into our lives… (pause).

Repeat * to go through the rest of the four poisons and their antidotes.

(*The remaining poisons are greed/extreme attachment vs compassion; ignorance vs knowledge/wisdom; pride/ego vs equanimity; and jealousy vs rejoice/support).*

2a) On Boredom

Let's recall any memory you have, regarding a specific action under the influence of… boredom. Because of this boredom… you had done something to yourself and others. Meditate on it… (short pause) … when you were under the influence of your boredom, you couldn't see the fact and act in a confused state of mind… that had resulted in an experience that was bad for you and perhaps for others too… (short pause) … Perhaps there was a sense of regret that it was not something you had wanted to do, or it was a mistake. It took place because you were under the influence of an unpleasant feeling such as boredom. Now with realization… and little experience of the law of karma, of causes and effects… it is not just an understanding on the intellectual level anymore, you can deepen your understanding of cause and effect through this practice. When we continue to practice this way, we become more stable and increase the ability to refrain from the desire to escape boredom. We gradually cultivate the ability to deal with our discomfort and sit with it. Now, let's meditate on the way to overcome boredom … Let's visualize a place, an event, a person, and/or a feeling with which you would find peace and relaxation … Take a moment and allow yourself to step into this feeling. Look around… what do you see? Perhaps there are objects around you. What is the scene like? Is there any color you see? (pause). What about sound? Do you hear anything around you? Can you magnify this sound and make them audible? What do you feel? Can you magnify the images/sound/feeling and make the scene more vivid to you? (Pause)… How wonderful it is to take time out and appreciate this special moment by yourself. Deep down inside, you know there are many benefits to stay relaxed. In this comfortable and calm space, you find that you have the space to start to reflect on things in your life. You are aware that you are in the process of experiencing a significant transformation in your life as you are allowing yourself to heal, to feel better, and to become

a better person. Allow yourself to stay here and rest… giving yourself permission to relax your body and your mind. (Continue to observe the participant and allow as much time as needed for him/her to stay in this place.)

Temporarily, say goodbye to this special place and know that you can always return to this place whenever you choose to relax yourself and clear your mind. The more you do this practice… the more you can cultivate calmness and other positive feelings… and become free of the influence of boredom. This way, you can easily and readily replace the boredom with new happiness and causes of happiness such as relaxation and calmness… This way, you build another kind of habit… that will bring powerful transformation within you and other positive changes into your life… And now when you are ready, please open your eyes.

2b) On Peer Pressure

Let's meditate on any situation in which you were under the influence of your friends, or peer group… in which the unpleasant feeling fooled you and led you to take negative actions by yourselves or with others…. and had caused suffering to yourselves and to others. You failed to consider the consequence of the action because you were overwhelmed by the influence of peer pressure. So, we meditate and contemplate thoroughly… until we can see why we choose to do those actions that we will regret later (pause)…. Because of this unpleasant feeling, our desire to be accepted, to fit in, to belong, to stand out and feel good, we may do things to exploit or harm others or ourselves… As a result, we create more problems and suffering to others and ourselves… Let's meditate on this... instead of feeling the need to blindly follow your peers, we can contemplate on the law of karma, and what the effects will be like for us as well as our peers (pause)… Would

our choices and actions further plant the seeds for our future rebirth and sufferings? This is so important to meditate on. Or instead of following our peers blindly, we can contemplate on what we can do to help them ease, rather than join, their suffering. When we cultivate strong compassion and equanimity in us… perhaps we can be of service to our friends when they are in turmoil or in time of crisis. Perhaps contemplating on what kind of activities we can do with our friends that can generate some wholesome experience is equally important… based on the fact that we do not want suffering and we all want happiness. When we have the above attitude, and we cultivate our peace of mind, each and every day, we can be free of our destructive emotions and the need for approval. This way, we can even get to play a more constructive role in our friends' lives. (Pause). When you are ready, please open up your eyes.

(This meditation script is a living script. For exercise 2a and 2b, the chaplain may point out things that have been talked about in the one-on-one session for integration work through this practice.)

Appendix E

Transcript of a Two-Part Case Examples with Catherine

These two case studies took place during Covid-19 pandemic on April 14th, 2020, and April 24th, 2020 from 10:30 am to 1 pm through a video conference call due to lockdown. This transcript was translated from Cantonese to English for this paper. The topic of discussion was to address the client's addiction to cleanliness (her obsessive-compulsive disorder behavior in cleaning) and her four decades of smoking habits in which she would like to quit. In these sessions, I had briefly explained to Catherine that I would be using the concept of the twelve links, particularly vedana, to address her craving issues. Catherine was not a practicing Buddhist but she grew up being familiar with Buddhist teachings due to her mom's Buddhist belief. I had asked for her permission to experiment with it on her. I have also asked for her permission to include our discussion for this paper. The following is an excerpt from our sessions:

Case Example 1: Obsessive-Compulsive Disorder (OCD)
C = Catherine; P = Peggy (interviewer)

C: Due to lockdown, my cleaning lady cannot come to clean my apartment and I have to do the cleaning myself which I feel dreadful to do myself, especially my three toilets. Even though I live alone but I feel I need to use all three toilets but cleaning them gives me such a headache and I cannot stand them when I see dirt.

P: Sounds like you are saying cleaning toilets give you an unpleasant feeling. If we zoom into our six sense organs, which sense organ is picking up on this discomfort? Since you mentioned about "can't stand it when you 'see' dirt", how about we start with the eyes.

C: I don't like to see dust or dirtiness. However, I don't want to clean them myself, I just keep procrastinating and feel bad when I realize I have not done anything about it. It gives me stress even though it is a trivial matter.

P: In terms of mind, any thoughts come to your mind when you see the dirt?

C: I need to do the cleaning but how about I do something I love first, it could be anything, just not cleaning the toilets.

P: And you feel bad that you keep procrastinating…

C: Yes. Why do I do that to myself, keep looping in this [meaning need to clean but won't do anything about it]?

P: Let's explore why you keep looping and keep creating this unpleasant feeling for yourself.

C: I see myself looping but I don't do anything about it. I just complain… This is because I don't have an intention to change it so my habit just keeps looping automatically.

[I gave client space, to bear witness and come alongside with her as she went into silence for a while before speaking again]

C: Because I am mindless, not making good use of my energy and I just let myself do what makes me feel bad. Not controlling myself, my mind, and my use of good energy. I now have an idea, I can just keep using ONE toilet so I don't have to make myself clean all of them. Give me less work. I don't have to create a situation I don't like… high maintenance situation for myself… to scrub and clean.

P: What habits are we looking at here, having to use all THREE toilets? Let's explore.

[Client went into silence as she pondered and insight arose.]

C: I know! I want space, I always want freedom, I want to do things my way. So my home is my space. If I want to spread out and choose to use all three toilets. I can do whatever I want in my space. No one can stop me. No one can intervene and change me.

[Then by applying muscle response testing (MRT), I was able to pinpoint where this pattern came from. After "tuning in" to Catherine, I informed her of the following.]

P: This is very interesting. This "need to have/hoard space" seems to be a genetic trait stemming from your father's side of your ancestral lineage.

C: Yes, that's definitely my dad. Hoard space means I can tell people off when they are in my space! That's how my dad used to be when he was alive. As a child, he would say to me, 'I'm very busy, don't disturb me when I'm in my space." Now, I see this as an excuse and I can see that as an avoidance so I can push people and things away, out of my life.

P: Linking this back to using all three toilets, it gives you a sense of freedom and choices, correct? But in fact, having this so-called "freedom", you are creating an unpleasant feeling for yourself such as criticizing yourself for not being able to stay perfect and clean.

C: Yes, that's very true. I end up causing more trouble for myself because I need to keep this sense of "freedom" when it was giving me "hassle". It's not worth it,

P: So now that you have realized this, how do you feel about taking action to clean your toilets?

C: I feel lighter but I still have this strong unpleasant feeling in me. I can say that before having this insight, linking my choices to use all three toilets as my freedom to choose, I felt there was no way I would go clean. Now after the realization, I come to see myself getting closer to taking action but it's not like I can go do it now.

P: Let's see what blocks you from taking action and what habits we need to look into and shift it.

C: I feel like my thoughts and actions are functioning at different speeds like working on two different rhythms, they are not synching. I think I can take action but when I have to do it I can't.

[*As I tuned in again, I picked up that it was due to her craving or desire to hoard space so I pointed it out to her.*]

P: According to the causal process, the twelve links of dependent co-arising, clinging is said to be conditioned by craving. In this case, it seems that there is a pleasant feeling when you cling to the sense of freedom. However, clinging to this pleasant feeling (having the freedom to choose to use all three toilets whenever you want) gives you an unpleasant feeling (having to clean them all). See if you can relate to this, or not?

C: OH NO! Do I cling? [*Catherine went in silence before replying further.]* Yes, you are right, I never look at it that way. Clinging to this sense of freedom is a distraction. I realize that now. I am also realizing that the process we are going through, the more I look into the Self, the more I feel the pressure. I know this is the right way to go to break my looping. However, I feel l like I need a hole to hide myself from myself so I can take a break. Again, this hole is the space I am talking about. In this space, I do whatever I want, however I want. Like taking a break from this self-realization process.

P: Is this hide-out-place, pleasant or unpleasant?

C: It contains both but regardless, I still would hide there even if it has an unpleasant feeling. I feel restless there but it's better than being with the pressure I feel when dealing with myself.

P: So you feel when you observe yourself and go into your edges, there is pressure. It is an unpleasant feeling. Then the desire to hide, the thought of it, makes you feel more pleasant even though you know it is more of an escape.

C: Yes, now that you put it this way, I realize to run away and escape only gives me more pressure and more unpleasantness. It doesn't make sense when we break it down.

[*It seemed to me that Catherine had another mental shift by realizing the habitual pattern. So this was the point where I brought her back to check-in to see how she felt about cleaning her toilets.*]

P: It seems you have come to another realization. How do you feel about taking action in cleaning your toilet or see if there is still a need to use all three toilets as your freedom of choice?

C: I am more neutral now. I don't feel it is a drag to clean. I feel my thoughts and my actions are more aligned. This process we are going through, makes me realize that breaking away from mental conditioning needs some guiding principles like the Eightfold Path.

P: Why do you think so?

C: Because the Eightfold Path helps one to obtain good observation on our habits, so we can see them and break them. Now with these realizations, I feel I can use all three toilets or not, and if I need to clean them all, so be it.

P: Sounds like you are talking about the Middle Way!

[*Catherine seemed to have another insight.*]

C: Every doing and action, has another side to it. I need to dig into the opposite of what I think and believe in… to balance myself.

P: How do you plan to deal with the pressure and issues you see with your Self?

C: Face it, notice how my mind and Self is so inflexible. Thank you for pointing it out.

Case Example 2: Addiction to Smoking

P: Let's explore your smoking habit today.

C: Yes, I know I should quit. I have been wanting to for two years. But I can't.

P: Let's look at this looping. When there is a cigarette in front of you, what comes to your mind?

C: I see a cigarette, it is a pleasant feeling.

P: What prompts you to want to smoke?

C: When I feel I am suppressing some feelings when I am hungry, too full, frustrated, bored… then I say to myself, let's go out and have a smoke. Taking a ciggie break is an escape.

P: So unpleasant feeling as you mentioned makes you want to smoke.

C: Yes, not just that. Pleasant feeling like, it is a great day, makes me want to smoke too.

P: So let's break it down and see what sensation triggers you to smoke. Is it when you see a pack of cigarettes?

C: No, it's not like that. When I see a pack of cigarettes, I do not have the urge to smoke. But these sensations make me want to smoke.

P: Ah, so craving comes from how you feel, pleasant or unpleasant.

C: Correct. Inhaling a drag of smoke is yucky. It is too smoky and tastes nasty but I can't stop it because I still feel what I feel.

P: What does satisfaction sense like then?

C: I would feel satisfied when the feeling I feel subsides. Even the pleasant ones.

P: How long does satisfaction last?

C: Hmm… never thought of it. I don't know! I'm clueless here. Hmmm, maybe that's why I keep doing it over and over again.

P: Can you describe more about this satisfaction?

C: Nothing. Maybe it is not the right word. It's more suppressing.

P: So smoking helps you suppress, and when you can suppress how you feel, then it feels satisfied?

C: Yes, my mind quiets down after I smoke. It's more of a pacification. I can just get myself a milk bottle or something oral to chew on, isn't it. [*She laughs at herself.*]

P: Let's explore further here. When you have those feelings mentioned earlier, does it trigger your craving to smoke more, or not? Does it matter with or without a pack of cigarettes in front of you, visually?

[*Here, I was trying to see if the eyes, the sense organ, or the eyes consciousness triggered her craving or not. To my surprise, she said the following:]*

C: Yes, those feelings I mentioned made me crave to smoke. Having a pack of cigarettes in front of me doesn't make me crave more. If I don't have a pack of cigarettes in front of me, I would crave more.

P: That's interesting. Would you be able to rate the craving with and without the visual of the cigarettes between 0 to 10, 10 being the most.

C: Without seeing cigarettes, the craving is 7/10, Seeing cigarettes, the craving is 3/10.

P: So if you don't have cigarettes in front of you, and you have those feelings, there is a strong need to have a smoke. Then what would you do, when you want to smoke but there is no cigarette?

C: I would look for one unless I am on the plane. *[She took a few minutes in silence and then further added.]*. I realize it is not about the cigarette itself now that you have broken it down this way for me. It is the craving for the craving. It is really about the feelings before I want a cigarette. So I can see that cigarettes can link to many serious issues I have that I don't talk about. It is the craving I have to look into.

P: So, let me invite you to contemplate further. When you have one or few of those sensations and there is no cigarette in sight, the craving becomes a 7/10. In this case, if you abstain from looking for a cigarette, what would happen? See if you can hear what you say to yourself.

C: My mind would say something like, why do you treat yourself so badly and harm yourself. It is just a simple task and you deprive yourself and punish yourself now? Be whiny.

P: So basically creating an unpleasant sensation for yourself more, like this whiny monologue. Do you think this unpleasant feeling will get you off the chair to do something about it?

C: Absolutely. I hate whiny behavior in others and myself. So I will get up, do something to stop this self-nagging and whining. Otherwise, I know this whining would persist forever. Everlasting whining. Oh gosh, no!

P: Let's follow this lead. When you are dealing with whiny people, how much would it bother you from a 0 to 10?

C: It's about an 8.

P: So you would make yourself feel unpleasant, then walk off, thinking you can shut off the whiny voice inside your head, but the unpleasant feeling gets you off to find a smoke. When you eventually find a cigarette, and you smoke, do you feel it gives satisfaction, pacification or suppression this time? See what you sense in your body and mind.

C: I sense something in my throat. The need to express myself or the lack of expressing myself. This sensation also goes to my arms.

[By applying MRT, I was able to pinpoint what those sensations were relating to in Catherine's life and guided Catherine to investigate further. Below is a sharing of them.]

P: The sensation you are feeling in your arms seems to be related to control or lack of control in your life. The throat, is about not being able to express. If we zoom into it, we are addressing the sense organ of ear, tongue, body, and mind here. These sense organs and the sense objects (not having a cigarette and needing to look for one to smoke), once they are in contact, creates a subtle reaction in you. If we further zoom into this, and I'm asking your body to show us when was the first time you felt this way, where your body wants us to address right now. It is showing 13 years old. See if anything pops in your mind.

C: 13 years old was when I kept telling my parents to let me go to study abroad. All my three older siblings had left for boarding school abroad. I am the youngest and I felt they were not listening to me.

P: How did your parents respond?

C: Of course they said NO without giving me any reasons. They kept holding onto me but never had the time for me because they said they were busy.

P: That seems to be why you felt the sensation in your arms. Lack of control of your life.

C: Yes, I can feel them now, all the way in my inner arms to my elbows like something is burning in my veins.

P: When you tune into this moment at 13 years old, what was the unpleasant sensation about?

C: I felt everything stopped, frozen, like time has stopped.

P: Well, back then, you didn't smoke, so there were no cigarettes around for you to take a break from. How did you get yourself out of that unpleasant sensation or not?

C: No, I couldn't get out of it. I think I was in a frozen mode for about a year. *[Catherine then was surprised to hear what she said and seemed to console herself saying: that was a long time.]*

P: Are you sensing anything else now, or not?

C: I am recalling what happened in that frozen 1 year. Nothing much happened. I cannot remember.

[Using MRT to source the origin of this issue, I found the following.]

P: Is it boredom?

C: Yes, like imprisonment, I had to wait out, I had to hold my breath for life. That's how it felt.

P: Do you sense boredom in your body now?

C: Yes, it starts like I have a cast of clouds over my forehead, then it comes down to my feet. I feel very heavy in my entire body. My legs feel weak, no energy. So much weight.

P: Is that why you need space… tying back to our last session on the OCD cleaning habits.

C: Yes. I now feel a mountain stands on top of me. I am imagining myself like a monkey, where once this mountain is lifted off of me, I would do somersaults. I wish I could. This is my wild imagination.

P: Please describe this wild imagination.

C: I don't know where it came from. It is some entertainment for my mind now. I can start following this imagination and the mind can get away from the unpleasant feeling.

P: In our last session, you mentioned when you felt the pressure in working on yourself, you felt you needed to go into a physical space within yourself to escape. Now, are you describing how the mind escape? Through imagination?

C: Yes, my ego escapes. I am invincible I feel. I can do what I want. My mind can travel far. My parents, no one can stop me or do anything about it. I am in control.

P: *[This is where I pointed out the two significant findings in this session.]* When you feel there is no space physically, the ego mind would create stories and have some mental space there. This is the freedom you were saying before right?

C: Yes, that is the escape. I think Covid-19 and lockdown make me stay in one place and observe my mind like this. I never broke it down like this and I realize I keep looking for escape or exits in my life.

P: Seems you have some realizations. Let's do a reality check and see how you feel in your throat and arms. Is it the same/not same/pleasant/unpleasant/neutral? Please scan your body.

C: I feel lighter and I can feel more energy flowing through my arms. No more tension in my veins. *[The next few minutes, Catherine's body was still shifting from her realizations.]*

P: Let's take another step back to the topic that got us here. If you think about the sensations that get you to crave for a cigarette, and that you have no cigarette in front of you, how do you feel about your craving and your whining? Is it the same/not same/pleasant/unpleasant/neutral?

C: I don't hear my whining anymore. Maybe there is about 0.5/10 left. Craving for cigarettes is 0. However, my mind is still clinging to the craving, clinging to the thought.

P: Where do you sense this mental clinging in your body?

C: It is stuck on the left side of my brain, deep inside.

P: How about boredom and the frozen moment when you were 13 years old?

C: It is a different thing now. It is not boredom, it has changed. I realize I need to learn to love boredom. *[Catherine had another realization here.]*

P: What do you mean? *[As I probed her to describe it more to deepen her understanding and experience]*.

C: It is there. The boredom. I want to learn to love it. If it is not there now, I miss it. Like something is missing.

P: Is that clinging?

C: It is clinging and longing.

P: For?

C: For familiarity and friendship. I don't know what that means, the words just popped up.

[I remained silent to give her space and waited for her to lead me with her discovery.]

C: Boredom was there, it was my companion.

P: How is boredom a friend? Doesn't it give you discomfort?

C: Yes. Hmm….

[Gave space for Catherine to contemplate further.]

C: I am not sure.

P: *[Through MRT, her body guided me to point out the following.]* Is it loneliness*? [Gave space for Catherine to contemplate again.]*

C: Yes, maybe. Most likely is feeling alone with a dark cloud over my head. There is nothing else.

P: What are you sensing now in your body?

C: Like I'm in a dark room. Maybe feeling a bit depressed.

[Silence for a few minutes.]

C: It feels like a sense of deprivation of possibilities. Like "I could have done this, be out there freely", or "Oh no, I don't have it", or "I can't do this and that".

P: Do you feel you have missed out and lost opportunities?

C: Yes, very costly.

P: Costly?

C: Because I have missed out.

P: *[Through MRT, her body guided me to use the following word.]* Do you feel you sacrificed something?

C: I can't describe it. I missed out, for no good reason. In my mind, yes, I just sacrificed. *[Catherine coughed as she said this, linking to what was stuck in her throat before.]* It felt like it was the little me, versus many adults. I had absolutely no say in anything.

P: *[Again guided by MRT]* Do you feel powerless? If yes, can you sense it in your body?

C: It is in my stomach like a 6/10. It is strange. I sensed powerlessness then it now turns into anger.

P: Please tune into the anger and see how much is it.

C: Anger is an 8/10.

P: *[With MRT guidance, the following was pointed out.]* It seems this anger and powerlessness came from your ancestral lines, through your father's side. Specifically from your father's mother's side. How did your father deal with anger?

C: Yes, it is from his side. He did not deal with anger. He is like a chicken. My grandma had anger but it is suppressed. So it is invisible to others. Not many people would see her anger.

P: Hmm… your anger is invisible as well.

C: Yes. It is true. My anger is very "yin", I don't like to express my anger outwardly. That is too "yang". My anger is like simmering anger.

P: Can you choose to release it and feel it in your body… or not?

C: It is in my naval, in my lower belly, like a 6/10.

P: *[MRT guided us as follows.]* What you sense in your belly is about not letting go.

C: Of?

P: Not letting go, period.

C: Yes. That's true.

P: How do you feel now?

C: Injustice. I want to revenge. That is just a thought. Not a feeling.

P: Is it about lost opportunity?

C: Hmmm…. Referring to what you said about my paternal grandma. Because she was a female. She was a smart lady and felt she had a lot of capacity to do things but the Chinese social/cultural background would not accept females to do many things in the society... back in her times. So, lost opportunities.

P: Ah, so that is how you are feeling as well. Genetic influences are still stored in your cellular memory. Let's clear them now.

[After a few moments, C walked around and her tailbone felt tense around a 3-4/10]

P: *[Through MRT]* The tailbone tension is linking to feeling powerless and not able to do anything about it.

C: Yes, like a doggie, when the tail points down and curls around, it feels fearful.

P: Please sense into the fear and see where you sense it.

C: It is in my hip joint. About 5/10.

P: *[Through MRT]* Releasing now the fear of not able to survive, it is hereditary.

C: Yes, there is such a deep fear. There is an overwhelming feeling all over my body. Feels a bit of hyperventilation and anxiety attack. I normally don't have this.

[Sensing something deeper is here, through MRT, her body guided us to keep going and we discovered further.]

P: When was the last time you had an anxiety attack?

C: It was in New Zealand when I went to water rafting with a friend. We both fell and she was drowned. Everything happened so quickly. She vanished in seconds. I was hyperventilating and felt like I was having a heart attack until a guy saw me and jokingly said to me "nothing a beer won't fix". Shortly after, I found a rock to hold onto. I feared I had lost a friend. (The friend was found and is alive and healthy.)

P: Hmm… losing friendship, a frozen frame of mind, powerless… sounds like what we talked about earlier.

C: Yes, I felt physically weak. Nothing I could do. Frustrated with so many things going on.

P: *[Through MRT]* Fear of losing control, fear of not able to survive, fear of being left alone.

C: Yes, all control issues, and left alone. Can you check if I had any fear of living?

P: *[Using MRT]* Check yes.

C: Fear of not knowing what living is.

P: Tying to lost opportunities, meaning not being able to live. Isn't it? How do you feel now after realizing and releasing these deep subconscious fear?

C: The body feels sore in my entire back but I'm feeling the release.

P: *[MRT showed that her body could keep going further so we did.]* It is about holding onto the fear. With fear, it means you can survive, so you can live. Without fear, it means you may not survive. Hence, your subconscious is clinging to fear, to keep you alive. No fear, no life.

C: Yes, and not knowing what living is. This is so conflicting. Yes, we are defined by fear. Fear-based management. That's our society, isn't it?

P: Fear defines you. That's a great insight.

C: I can feel my fear, the tension in my tailbone and back releasing.

P: How about the thought of craving, the need to whine?

C: It feels calmer now. Still a bit left with craving.

P: *[Applied MRT to source causes of this craving further*.] It seems your limbic brain is holding onto a lot of past experiences in past and present lives regarding survival, having to struggle, and lots of stress as a result. So we are energetically clearing them now.

[Silence for a few minutes.]

C: Fear coming out I can feel it.

P: Let's do some more energetic strengthening work so your body does not need to cling onto fear anymore. Your body and mind are used to using so much energy for years… to hold onto the patterns of having to have fear… so you could survive. And we are clearing this now. *[A few minutes later….]* How do you feel now?

C: I feel more neutral. It seems my body and mind has quieted down now.

P: Let's do a reality check. When your sensation arises and there are no cigarettes in front. How is the mental craving now?

C: It seems gone now.

P: If you trigger yourself hard. See if there is anything left?

C: No more. For now.

P: I see. Please keep me posted after our session. As usual, you can text me whenever something triggers your urges or mind to want to smoke. We will investigate the urges and sensation further. And you can always share any insights you have with me when you want to.

A follow-up session with Catherine

Two weeks later, I had a follow-up session with Catherine. She was familiar with doing Social Resilience Model (SRM) as we had done it before. Developed by Laurie Leitch, Ph.D. and Loree Sutton, MD, SRM is a non-invasive, practical technique that empowers one to learn how to self-regulate, turn stress into strength, decrease reactivity and better responsiveness and take control of what one pays attention to when dealing with stress, negative experiences, (moral) distress and trauma. For more information, please visit www.thresholdglobalworks.com.

In this session, SRM was applied to help shift her mental stress. Below is an excerpt from our session on May 7th, 2020 between 430pm to 630pm.

P: I want to check-in and see how things went during the last two weeks regarding smoking and craving to smoke. Did you notice any change?

C: Yes, for sure. The urge went down and it was obvious. But now, I am a bit stressed because I need to be in a four-hour e-meeting tomorrow. Thinking about it makes me feel bored and I want to smoke already. I can feel my body is responding to this craving on my palms. This is like a 5/10.

P: It sounds like the anticipation of a long meeting is triggering your feeling of boredom. That's why you crave for a smoke. [Using MRT] It seems the four senses that are now engaged in this craving are your ears, tongue, body, and mind.

C: Yes, very much. My tongue, I can feel it getting dry, and it is tasteless in my mouth.

P: I want to bring up and remind you of the insight you had from our last session in which you realized that you wanted to learn to love boredom. Applying to this situation now, how do you feel?

C: I can't embody boredom right now. I just can't.

P: That's alright. Do you think now is a good time to invite the practice of SRM to shift this unpleasant sensation?

C: Yes. Let's.

P: After grounding ourselves, let us find a place, a person, or an object that brings us a sense of safety and calmness.

[Gave space for Catherine to find and connect to her resource.]

C: I sense it in my stomach. There is space.

P: Ok. See if there is any shape, color, or texture to this space in the stomach.

[Taking this process slowly as C guided me according to her pace.]

C: No, there is no color, no shape. It is neutral. Hmm… maybe it is dark.

P: Ok, what does this darkness sense like?

C: Hmm… I feel I can be myself there.

P: That's great. Why don't we be with this dark place and just let yourself be for a while. [*Giving Catherine a few minutes here before I spoke again.*] Now, what do you sense in your body, or not…

C: Boundless space.

P: Where do you sense this?

C: Still in my stomach.

P: Is there any shape, color, or texture to this boundless space?

C: Not really.

P: Let's invite yourself to just be with this boundless space that you are sensing in your stomach now. [*After a few minutes, I spoke again.*] This boundless space in your stomach, do you sense that you can expand it or not?

C: No, I cannot expand it. [*A few seconds later, she added.*] Maybe I feel no ego.

P: Ok, let's invite yourself to be with this boundless space where you feel no ego. This is perhaps your resource today.

C: I cannot expand it beyond my stomach… but… I can feel it moving up to the top of my head [*Catherine raised her left hand and placed it on her crown*.], in my midline.

P: Is that a pleasant, unpleasant, or neutral sensation?

C: Neutral.

P: Ok, let's breathe and sit… be here in this boundless space… where you can be yourself… no ego… sense this boundless space… from the crown of your head down to your stomach, in the midline…[*A few minutes later*...] Catherine, do you sense this is a good time to invite yourself back to thinking of the long e-meetings?

C: Yes….
P: What do you sense now?

C: I still feel the craving for a cigarette. Maybe it is about a 2/10 now.

P: I see. Now, is it a good time to invite yourself to swing back to the resource?

C: Yes.

P: So let's go ahead, sense the midline from the crown of your head down to your stomach… this boundless space… where you are comfortable being yourself…

[Gave space for Catherine to reconnect to her resource and be with it for a few minutes.]

C: Now, I sense the craving is gone. It is 0/10.

P: It seems like in today's session, a new resource has arisen… it is your midline with no imagery. It is a resource within your body, not outside of it.

C: Yes, it is very interesting. In our last experience with SRM, I had to pull up an image from a place I went to in Bhutan. But now, that image is gone. I can't see it anymore,. Now I feel my resource is within me. It has changed.

P: I would like to invite you now to scan your mind and body for tomorrow's four-hour-long boring meeting. See if you sense anything… or not…

C: Ok. No craving. It is 0 for sure. I don't want to run away or avoid the meeting now. I certainly don't want to follow my mental escape. An idea pops into my mind now. Perhaps I can use an iPad to do the call so I can walk around or stand while I am on the call. This way, I won't have to sit still in front of my computer for four hours. That is a great idea!

P: Sounds good. See how the meeting goes tomorrow and let's keep in touch through text.

C: Yes, see if I still rely on the craving as an escapism this time.

Two days later, Catherine and I texted as I checked-in to see how the meeting went for her. She felt exhausted after the meeting as some discussion topics caused stress for her. Weekly sessions would be conducted to support Catherine in her quest to quit smoking as well as to further cultivate more self-awareness for spiritual development work.