

Reframing Addiction Through Community Engaged Yoga



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Abstract

Yoga can be an effective tool for the reframing of addiction, by helping to refocus recovering patients on attention to the present, particularly when done in a community partnership setting. This mini review chronicles the insights from a university professor teaching a yoga course populated half by university undergraduates and half by inpatients at a recovery facility for opioid addiction.

Keywords: Addiction; Community Practice; Trauma Informed; Yoga

Introduction

I am an Associate Teaching Professor in the dance program at Drexel University. My research is focused on existing and emerging embodied practices and the cultures and value systems from which they come. I have taught yoga through the University for over a decade. Each experience of teaching yoga serves to concretize the degree to which *presence* is a fundamental, essential life skill that must stand at the center of my pedagogy. It is from this awareness that I developed the course at the heart of this mini review. My aim is to share a series of transformational moments that emerged out of this course as a means of continuing to explore yoga's pure potentiality as a vehicle for personal and community transformation. I focus this account from my own perspective as yoga teacher and class facilitator, with special attention to the reflective journal responses from the Kirkbride class participants.

Discussion

In 2016 I took a community-based learning course at Drexel University as the requisite gateway to teaching a "Side-By-Side" course, the University's definition of which is a course comprised of 12 Drexel students and 12 members of a specialized community outside the University. In the process of meeting with community organizations and potential partners, I found myself seated at a table with the Corporate Medical Doctor, Dr. Frederic Baurer, the Director of Long-Term Care, and a number of social workers at the Kirkbride Center, a licensed 245-bed comprehensive behavioral health care facility. The defining moment of this conversation

took place after I presented the possibility of a side-by-side mindfulness and yoga course as a potential partnership with Drexel University. One by one all heads turned to the Doctor. After a thick moment of anticipatory silence he said, "You know, meditation and yoga are the opposite of addiction. Addiction is a tool to run away from, while mindfulness teaches you to stay with. [1] With that, the partnership between Drexel and the Kirkbride Center was established.

I underwent a series of trainings at the Kirkbride Center, some of which were about the logistics of getting a group of students in and out of the building and some of which were centered on Kirkbride's treatment methods and approach to trauma-informed care. The doctor offered recommendations of articles that shape the method of care. One such article that speaks directly to the doctor's assertion is by Dr. Edward Khantzian, who states "Suffering is at the heart of addictive disorders. The suffering that addicts attempt to ameliorate or perpetuate with their usage of drugs reflects major difficulties in self regulation mainly involving four dimensions of psychological life: feelings, self-esteem, relationships, and self care". [2] If we meet yoga on its own cultural foundation we would need to look no further than the yamas and the niyama's, the social ethics and personal practices that form two of Patanjali's noble 8-fold path to enlightenment. [3] By design, sharing this way of living with the students intersected with both trauma informed care and this specific concept of self-regulation. I structured the class as follows:

Partner greetings

- a) Meditation centered on one of the yamas (social ethics of yoga) or the niyamas (Self-mastery practices)
- b) 40 minutes of vinyasa based asana practice through a Trauma-informed lens.
- c) 10 minutes in savasana (corpse pose/ final resting pose)

Could this structure provide a different set of “meaningful strategies to ameliorate pain”? Would this class offer support in self-regulation of feelings, self-esteem, relationships, and self-care? We selected 12 students from Drexel through a rigorous application and interview process. My partner at Kirkbride selected 6 people from the men’s long-term unit and 6 people from the women’s long-term unit to participate in the class. (I acknowledge gender as a spectrum but refer to these units by their official Kirkbride names). Each year, the course begins with my meeting each population in their own spaces before I bring them together. In the Drexel meeting, students work with social workers from Kirkbride to learn about the program in which their partners are enrolled. We talk about community building and how to enter the Kirkbride students’ community respectfully. The Kirkbride meeting is very different. First of all, Kirkbride students have just entered the facility and are just beginning their recovery process. When I first meet them they are experiencing a major chemical shift in their body as they transition onto the methadone and other treatment drugs utilized in their care. This means that there will almost always be individuals in that meeting who drift off into sleep and one or two other individuals whose eyes roll back in their heads as they seemingly work diligently to stay present to the experience. Nonetheless, this meeting is the opportunity to have an initial, authentic connection with each person and answer any questions they have regarding the class. When we would all practice together, students from Drexel would have to go through a specific entrance protocol that I came to call “the entrance vinyasa”. Having entered the facility, we would be escorted down a hallway. We would enter a vast, dark gymnasium through two sets of creaky, industrial double doors. The din of the adjacent hallways would provide the soundtrack for a series of transitional moments: orange, fluorescent lights flickering on above us, someone shooting a few hoops in the bedraggled basket on the far end of the gym, someone moving circles of dated folding chairs out of the space. Eventually one social worker from each unit would enter the room with their participating students. The Drexel students would lay out their mats next to their Kirkbride partners and class would unfold.

In order to truly honor the voices of the students and the presence of multiple perspectives, I turn to their self-reported somatic experiences as they are recorded in the students’ journals. Names have been changed for the sake of student privacy, and each student has given permission for the use of their story in this manner. In reading through the multitude of rich responses

in the student journals, I observed reflection after reflection that showcased Dr. Khantzian’s four dimensions of psychological life. Four anecdotes emerged that reflect each of these dimensions.

Feelings

In the first year I had a student that wrote profusely on the topic of yoga and his near-death experience. After his NDE he kept waking up feeling like the world he entered during his NDE (what he called his “post life dream state”) was real, and that “this life is the dream world.” The post life dream state was so lovely that he was having a difficult time living in this world and struggled with suicidal ideation. This student credited yoga with his ability to find “something deep within that is able to see and recognize the true nature of all things. By finding this place, [he was] able to honor Post-life dream state while actually living in this this world” [4].

Self-Esteem

One year there was a Drexel student in the Kirkbride class named Maria. Maria drove an 8 -passenger van and became the captain of transporting the students from Drexel to Kirkbride. Maria carried the mantle of unofficial class captain. She initiated logistical texts between the Drexel students and entered each Kirkbride session with a certain exuberant hubris, leading the group into the space with her car keys dangling loosely in her hand. Maria’s assigned partner was a twenty-something man named Donald with a deeply somber affect. Donald would enter class a few minutes after it started. From the beginning he was incredibly deliberate about working his way through the group until he located Maria and then rolled out his mat next to hers. As we worked to sustain longer pauses between postures and sustained silences, Maria would have the audacity to lean over to Donald and start chatting. I, fully invested in carrying the group through practice in a sacred way, would be cuing “Ride the wave of your ujjayi into warrior two”. In the silence that followed, Maria would turn to Donald and ask about his dog or his favorite sports team. In the space between postures, these two talked colloquially about family, life goals, pets, and travel. By the end of the term, I was sitting with a judgment that this chatty habit got in the way of true transformation. I was concerned this goal of facilitating presence had been lost on this pair.

At the final check out of the class, Donald shared the following

“I’m an addict. Before this class I hadn’t looked in the mirror in years. I avoided it at all costs. Then I joined this class and I got Maria as a partner. Every day I came to this class and when I relaxed and calmed myself with the breath, I could see that my partner was still next to me and doing yoga with me. Last week in meditation I realized that I am worth looking at like Maria looks at me, and after that class I looked in the mirror for the first time. I realized it is worth it for me to look at myself...that I am worth looking at [5]. “Donald’s experience of chatty yoga ended up being the conduit of transformation that brought him back into contact with himself.

Relationships

Maribel was in her 50s. She had been through the recovery process multiple times when I met her. Maribel had a series of physical issues that rendered full-bodied vinyasa yoga an unfit choice. I set up class inviting people to choose whether they wanted to practice in or out of a chair. Maribel's Drexel partner, a skilled yogini herself, pulled a chair up to Maribel and commenced a beautiful ritual of modifying the movement based on Maribel's physical challenges. We were only a few weeks into the class when Maribel shared that she would be leaving Kirkbride early because she needed to undergo aggressive cancer treatments. Finding out that Maribel was leaving the Kirkbride Center and, thus, our class, the Drexel students asked if they could sit in a circle around her and send her energy toward her during the meditation. As she affirmed the idea and the Drexel students set themselves up, the Kirkbride students created a second circle. I began with breath techniques to build the energy for the practice. Maribel sat in the center of these concentric circles with tears rolling down her peaceful countenance. There are complicated dynamics at Kirkbride around both touch and disclosure. As such, some of the tools my Drexel students or I might use to support a peer about to undergo cancer treatment were not options in this case. To see these circles of students across the spectrum of race, age, history, culture, and gender expression organizing themselves in such a supportive relationship to their peer was impactful. For me, it was a simple yet potent example of the power of meditation and yoga as a tool for both personal and community healing.

Self-Care

I am always humbled and honored to be engaged in the arc of the Kirkbride students' experiences with recovery. In reflecting on this pillar of well-being as it connects to the practice of yoga, I am called to bring forth the *niyama* of *svadhyaya*, or Self-study. [6] Many of the students speak of yoga to first tolerate and eventually celebrate themselves. One student shared, "In this process of becoming clean and sober, I am beginning to forge a long overdue relationship with my higher power. By giving my pulse and breath attention I learn more about myself and the nature of life. In [7] the short time that I have spent without drugs I have come to realize that I know nothing. I think this may be, for me, the first step to gaining wisdom". Throughout the course the students are reading *The Heart of Yoga* by [8] It is notable that multiple students have connected addiction with Desikachar's explanation of *avidya* as, "false perception" and yoga with Desikachar's definition of *vidya* as "correct understanding". In that regard, a student named Yarina wrote, "As long as my mind is covered in *avidya* my perceptions are clouded. When I feel quietness deep within myself, I know I truly understand, that kind of understanding that can have a strong and positive effect on my life by leading me to the right action. By practicing yoga, it serves to detoxify my body and calm my mind. I am in love with yoga and hope to keep practicing [9]. In both of these quotes, the student begins to lay out the path of

self-care. In the first she uses yoga to create a relationship with her higher power. In the second she commits to finding that sense of quiet inside herself.

Conclusion

Over the years, the Kirkbride students have articulated a myriad of ways that mindfulness and yoga supported them in moving toward Dr. Khantzian's pillars of self-regulation. Whether it was the association of a pose with a new and positively charged feeling, the moment a man can value his reflection in a mirror, the creation of a quiet meditation circle formed around an ailing neighbor, or the moment of giving attention to pulse and breath as a fundamental of self-care; each of these moments represents the capacity for individuals or communities to be mindful choice-makers in the craftsmanship of making a life. For this college professor, this is a lesson worth exploring again and again.

Acknowledgements

All Kirkbride students granted permission for use of their reflective writing under the condition of anonymity.

Footnotes

My trauma informed lens approach to yoga pedagogy at Kirkbride was highly influenced by Bessel Van Der Kolk's *The Body Keeps the Score: Brain, mind, and body in the healing of trauma*. [10] It was also shaped heavily by the trauma informed care trainings at the Kirkbride Center. In short, the class centered the values of telling students what to expect, offering both modifications and choices at all times, acknowledging shifts and changes as they happen, and fundamentally limiting tactile cuing. The class also features the participation of two social workers with whom the Kirkbride students have a preexisting relationship. They are essential for any element that emerges outside my scope of professional practice.

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