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'Yoga is a way of life' exploring experiences of yoga as a treatment for substance use: An interpretative phenomenological analysis

Nicole M. Miller^{1,2} 

¹Department of Psychology, Middlesex University, London, UK

²Department of Psychology, School of Human and Social Sciences, University of West London, Brentford, UK

Correspondence

Nicole M. Miller, Department of Psychology, School of Human and Social Sciences, University of West London, Brentford, UK.

Email: nicole.miller@uwl.ac.uk

Present address

Nicole M. Miller, University of West London, Brentford, UK

Abstract

Introduction: Yoga is a form of complementary medicine for substance use disorder (SUD). Randomised controlled trials involving yoga for the treatment of SUD have found that yoga practice reduces the risk of relapse and improves mood and well-being for people undergoing treatment for SUD; however, the lived experience of yoga practice involving the benefits of reducing SUD is unknown. The aim of this study was to examine the in-depth experience of yoga to inform the treatment of SUD.

Methods: Five semi-structured interviews explored experiences of yoga among people with a prior history of substance use. Four out of the five participants reported prior use of alcohol, and one reported the use of 'GBL' and methamphetamine. Data were analysed using interpretative phenomenological analysis.

Results: The analysis resulted in three final Superordinate themes: (1) growing awareness of the body, mind and emotions; (2) yoga opens a positive way of life; and (3) blending the worlds of yoga and 12-step recovery. Yoga was reported to enhance awareness of muscle tension, reduce physical stress, increase positive emotions and build tolerance to negative emotions. The integration of the eight-limb philosophy of yoga, notably withdrawing of the senses, helped combat internal cues and triggers (negative thoughts and emotions) for relapse. Yoga was reported to be compatible with an abstinence-based lifestyle found in 12-step mutual aid programmes and helped extend social networks to support long-term abstinence.

Conclusions: The experience of integrating the eight-limb philosophy to support abstinence and the asana practice helped participants to reduce cue reactivity. Yoga appeared to enhance interoceptive awareness, which is useful for reducing physical stress related to triggers for relapse, making yogic practice a valuable tool to integrate within mainstream group and individual relapse prevention programmes. Therefore, programmes and health policymakers may want to consider treatments that integrate yogic practices to enhance and support long-term abstinence for SUD.

KEYWORDS

interoception awareness, substance use disorder treatment, yoga, yoga-based counselling

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1 | INTRODUCTION

Nearly 35 million individuals worldwide are affected by substance use disorder(s) (SUD) involving alcohol and/or a range of drugs (opioids, cannabis and nicotine; American Psychiatric Association [APA], 2022a; World Health Organization [WHO], 2017). Evidence-based treatments for SUD include cognitive behavioural therapy, motivational interviewing, mutual aid support groups, such as 12-step programmes, contingency management, telehealth and relapse prevention (Perry et al., 2022). Treatment services for SUD have moved towards a patient-centred approach, which has led to the development of innovative treatment methods (Marchand et al., 2019; Posadzki et al., 2016; Rosenthal et al., 2022). This includes the integration of complementary therapies such as yoga as a treatment for SUD (Junyue et al., 2021; Public Health England, 2013). Examining the evidence-base for yoga as a treatment option for SUD will ensure comprehensive options for effective patient-centred care.

Yoga is a mind-body practice that uses physical postures, breath, movement and meditation to produce relaxation and well-being (National Center for Complementary and Integrative Health, 2021). In a cultural context, yoga originated from India as a philosophical system that aims to unify the mind, body and soul with the Universal spirit (Iyengar, 1995). Unification occurs through stages known as the eight limbs (Iyengar, 1995; Khalsa et al., 2016). The eight limbs consist of (1) the application of ethical principles (yamas), (2) observances of one's sensations (niyama), (3) physical postures or asanas, (4) breath control (pranayama), (5) withdrawal of the senses (pratyahara), (6) concentration (dharana), (7) meditation (Dhyana), and (8) the direct experience of oneness or truth through the process of self-realisation (Samadhi) (Iyengar, 1995; Khanna & Greeson, 2013). The integration of the philosophical principles of yoga into mental health counselling, such as yoga-based counselling (YBC) (Bhide et al., 2021; Kishan, 2020; Ramsahaye et al., 2023), integrated yoga counselling (IYAT) (Nagarathna & Nagendra, 2003), yoga-integrated psychotherapy (YiP) (Childs-Fegredo et al., 2023) and yoga-enhanced cognitive behavioural therapy (Y-CBT) (Khalsa et al., 2015), has shown clinical benefit. For example, YBC has been found to reduce anxiety (Telles et al., 2009), stress (Nosaka & Okamura, 2015) and YiP and Y-CBT have had positive impacts on emotional dysregulation and anxiety (Childs-Fegredo et al., 2023; Khalsa et al., 2015). Both YBC and IYAT have been found to reduce depression (Vahia et al., 1966; Villacres et al., 2014). However, the application of either technique has not been applied to SUD.

Randomised controlled studies examining yoga for behavioural and mental health outcomes related to SUD are thus far inconclusive (Bock et al., 2012; Gaskins et al., 2014; Hallgreen et al., 2014; Khanna & Greeson, 2013; Lotfalian et al., 2020; Mallik et al., 2019; Shaffer et al., 1997; Shahab et al., 2013; Zhuang et al., 2013). Yoga decreases negative affect and increases positive emotions for those undergoing smoking cessation compared with controls (Bock et al., 2012). A recent study by Lotfalian et al. (2020) found that yogic breathing

Implications for practice and policy

- This study provides additional evidence of the benefit of using yoga as a psychosocial treatment for substance use disorders (SUD) that policymakers can use for treatment guidelines in the UK and international contexts. This includes outlining the benefits as a form of stress reduction and as a tool to reduce relapse.
- The study proposes a yoga-informed counselling framework for the treatment of SUD—which is missing in yoga programmes used in SUD treatment.
- The study results demonstrate yoga as a tool for relapse prevention as it helps yoga practitioners to observe internal sensory reactions, the perception and interpretation of these cues, and how this leads to craving versus reacting and using substances. This aspect of yoga can be incorporated into pre-existing yoga programmes, individual and group therapy, as well as relapse prevention programmes.
- Lastly, this study also outlines how using asana practice can build awareness of internal physiological cues and stress outside yoga practice. Therefore, clinicians may wish to explore how the asana practice helps clients become aware of these internal cues and how this can be used for relapse prevention.

reduced negative affect and promoted a reduction in smoking 24 h after the intervention versus people who received no treatment. Other studies examining Vinyasa yoga for smoking cessation versus controls found no treatment effects of yoga (Gaskins et al., 2014) or effects that did not last past 24 h (Shahab et al., 2013). In terms of alcohol use, yoga studies show promise, with two studies identifying that yoga can lower cortisol levels and stress as well as reduce depression (Hallgreen et al., 2014). One study found that yoga increased the quality of life for individuals undergoing opioid withdrawal (Zhuang et al., 2013), but another indicated that this was not the case for individuals on methadone treatment (Shaffer et al., 1997). Lastly, a pilot study examining the effects of yoga for people undergoing medication-assisted treatment for opioid use found that yoga meditation reduced reactivity to distress compared with treatment as usual (Mallik et al., 2019).

Qualitative studies demonstrate the benefits of yoga to assist in building tolerance to negative emotions and coping with stress (Bock et al., 2012; Holthaus, 2003; Rosen et al., 2016). The yoga philosophical system appears to be compatible to mutual aid groups, such as 12-step programmes, which support complete abstinence, spiritual experience and service to others (Holthaus, 2003). The qualitative findings of a mixed methods study on yoga for smoking cessation indicate that participants used yoga for pain relief; yoga was perceived to help build awareness of the impact of breathing on the body and

is a tool to cope with stress (Bock et al., 2012). However, some of the mechanisms behind these findings were not covered.

In addition to the inconclusive evidence regarding the benefits of yoga in the context of the treatment of SUD, most studies examining yoga have been heterogenous in design and theoretical approach. For example, different types of yoga have been trialled, such as Hatha yoga (Shaffer et al., 1997) and Vinyasa yoga (Bock et al., 2012; Gaskins et al., 2014; Rosen et al., 2016), which target different physical postures. Furthermore, some interventions either incorporate one element of the eight-limb yoga system, such as breathing only (Lotfalian et al., 2020; Shahab et al., 2013), or three elements, such as postures, breathing and meditation (Bock et al., 2012; Gaskins et al., 2014; Hallgreen et al., 2014; Holthaus, 2003; Rosen et al., 2016; Sharma & Corbin, 2006; Zhuang et al., 2013). Moreover, the exploration of the eight limbs of yoga for the treatment of SUD is missing in the academic literature (Khanna & Greeson, 2013). Conceptualisation of yoga also varies. It is framed as either a health improvement practice (Hallgreen et al., 2014), an alternative to physical exercise (Bock et al., 2012; Gaskins et al., 2014; Zhuang et al., 2013) or as part of a spiritual belief system (Holthaus, 2003; Shahab et al., 2013; Sharma & Corbin, 2006), which challenges replicability and clarity of treatment outcomes. As there are inconclusive results and inconsistency in the conceptualisation of yoga, the aim of this study was to explore the in-depth lived experiences of individuals who practice yoga to help cease using substances. This lived experience can speak to the benefits and perceived effects related to the modality, which will provide insight into the therapeutic mechanisms—or what generates positive outcomes—for people who have an SUD. The study employed the use of interpretative phenomenological analysis (Smith et al., 2013, 2021) to ensure a rigorous and systematic process to account for the in-depth lived experience as opposed to other qualitative methods, such as thematic analysis (Braun & Clarke, 2019), which is a method of organising data based on reflective inquiry or theoretical interpretation, or grounded theory (Charmaz, 2015), which aims to develop a theory. The research question for this study is 'What is the experience of yoga as a tool to help cease the use of substances?'

2 | METHODS

2.1 | Design

This was a qualitative study utilising one-to-one semi-structured interviews. The data were analysed using interpretative phenomenological analysis (IPA; Smith et al., 2013, 2021).

2.2 | Participants and procedures

Participants were recruited using snowball sampling (Sadler et al., 2010). The personal contacts of the main researcher (NMM) were informed of the inclusion criteria of the study and asked whether they knew of suitable individuals within their social network who would take part. These contacts then referred potential participants

back to the main researcher (NMM) and were screened accordingly based on the inclusion criteria. Inclusion criteria for the study included (1) being abstinent from substance use for over a year and (2) engaged in yoga practice for over a year. The focus of recruitment was on people who used yoga more than the types of the substance they abstained from because yoga is not a mainstream treatment for SUD (Perry et al., 2022). Participants were also included if yoga practice was self-initiated and not from an external source (e.g. a treatment centre) to get a more in-depth understanding of motivations and processes related to their own experience. Participants were excluded if they were still engaged in substance use and were under psychiatric care.

A total of five participants were recruited. There were two participants who self-identified as male and three participants who self-identified as female. The average age was 35 years and the average length of abstinence from the use of substances was 5 years. The average length of yoga practice was 6 years. All participants reported being either White British or Caucasian. Participants practised either Vinyasa, Hatha or Yin yoga. Participants had prior history of using alcohol and one participant reported having used the sedative drug gamma-butyrolactone, or GBL, and methamphetamine.

After screening, the participants identified a time and date convenient for an interview. Interviews were conducted via the Skype ID platform, hosted by NMM's University account. Written and verbal informed consent to participate and record the interview was taken at the start of each interview. Each interview was audio recorded using the QuickTime Player app and ranged from 45 to 90min in duration. A debriefing sheet with resources for mental health support was provided in case participants felt any distress during the interview. The study was approved by the Middlesex University Ethics Committee and was conducted in accordance with the British Psychological Society Code of Ethics (British Psychological Society, 2021).

2.3 | Materials

The interviews were semi-structured using open-ended questions. Questions included experiences of using yoga in general, description of motivations for using yoga to reduce substance use and perceived impact of yoga on recovery from substance use (see Appendix S1 for the interview schedule). A pilot interview with a yoga practitioner who had practised yoga for over a year and reported abstinence for over 9 months was conducted to examine the quality, content and appropriateness of the questions. The results of the pilot interview confirmed that the interview questions were satisfactory and enabled the in-depth exploration of participants' experiences with substance use. Each interview was recorded and transcribed verbatim.

2.4 | Data analysis

The main researcher (NMM) had a phenomenological epistemological stance, which included the use of Heidegger and Merleau-Ponty

interpretive phenomenology—where the background of the analyst is used to understand the lived experience, and how this lived experience can be understood through the essence of being in space and time (Cal & Tehmarn, 2016). Interpretative phenomenological analysis was employed to analyse the data (Smith et al., 2013, 2021). This approach was used to capture the social, personal and emotional experience of yoga to provide support for the therapeutic mechanisms related to the use of yoga to treat SUD. The analysis started with reading and re-reading of the transcripts, exploratory coding of the language, content and lifeworld of each case. This was followed by the development of emergent and superordinate themes. The superordinate themes were then checked against each case to guarantee idiographic integrity, resulting in the final superordinate themes. Rigour was established through *openness* (De Witt & Plog, 2005; Thomas et al., 2024) of the methodological process through transparent notation of decisions during data analysis (see Appendix S2). A *balanced integration* was established between the philosophical underpinnings of IPA, the participants' experiences and the analysis experience through a detailed reflexive account. Lastly, *trustworthiness* (Gauntlett et al., 2017) was established by a review of coding through a case-by-case analysis and between cases to ensure interpretation was consistent with an IPA framework by a member of the research team (PS). NMM used a reflexive journal to record reactions, observations and thoughts before data collection, while data were being collected, during transcription and analysis of the data. Entries from this reflective account can be found in Appendix S3.

3 | RESULTS

3.1 | Themes

The analysis revealed three superordinate themes: (1) growing awareness of the body, mind and emotions; (2) yoga opens a positive way of life; and (3) blending the worlds of yoga and 12-step recovery.

3.2 | Growing awareness of the body, mind and emotions

All participants describe their phenomenological experience of yoga as a growing awareness of the body, mind, emotions and interactions of the body and mind. This experience was emphasised in the body, in particular a growing awareness of physical sensations, which helped with managing stress. Yoga was also corporal in nature, enhancing awareness between negative thoughts with mood, which helped empower participants to feel in control of overwhelming thoughts. In addition, yoga practice built awareness of the unpleasant experience of negative emotions and how positive emotions produced a sense of well-being. All these experiences provide insight into the therapeutic nature of yoga and the implications for reducing relapse.

3.2.1 | Listening and reducing tightness of being

Participants reported that the awareness of physical sensations was noticeably different after ceasing the use of substances and starting yoga. For example, Participant 1 stated, 'I didn't realise that tension and that tightness starts coming into my being and starts to infiltrate into how I am in world...it is when I know I am getting out of my body'. Going further, the awareness of physical tension or 'space' (Participant 2) proved to be vital as it helped to alert participants of stress: 'Rigidity and tightness in their lower back or upper neck and shoulder is often always related to stress. What we do in the yin yoga practice is we release those things...' (Participant 2). This awareness helped participants to respond versus react to their stress, 'I get signals. I listen to the signals. I don't force myself to do anything and I really listen to my body now' (Participant 3). This suggests that yoga can provide a sense of control over reactions to physical tension without the use of substances.

3.2.2 | Slowing down the mind

Participants reported yoga helped enhance awareness of the temporal nature of thinking. For example, the experience of time and the changing nature of thoughts allowed them to understand the connection between habitual addictive thought patterns and how they behaved as a result. For example, participants described addictive-related thoughts as, 'I start to get rigid and my thinking gets rigid and my way of acting and it's all connected, and I didn't realise it until I had a period of time where I stopped doing yoga' (Participant 1). Through using the postures and breathing techniques learned in yoga, participants were able to gain awareness of the temporal nature of obsessive thinking, which helped them to observe and redirect their thoughts. This proved to be useful for combating obsessive thinking associated with substance use:

I realised that it was just another element of the addiction coming through that obsession and compulsion, that attachment and expectation and slowly and surely those things melted away.

(Participant 2)

I notice it tends to be an obsession that starts to be intrusive and starts to make my life a little uncomfortable. So, when I practice yoga and meditation it slows down the obsession.

(Participant 4)

Another participant reported that yoga helped to build awareness of the impact of different states of mind or 'mindsets' (Participant 5) and their relationship to decision-making. This awareness provided mental flexibility, which led to a sense of agency over their life experiences:

Coming into different postures, and putting your body in different positions... It shows you more than one mindset and you understand that there are different mindsets and then you get exposure to more than one mindset in one particular area and ask if it is serving you and if it is preventing you from a more fulfilled life.

(Participant 5)

3.2.3 | Embodied well-being

Participants' accounts also demonstrated that yoga induced an embodied and temporal awareness of the value and impact of positive emotions on well-being. One participant described the experience of positive emotions as an embodied experience, where the body would feel physically lighter when experiencing positive emotions. For example, 'I would feel lighter, I would feel free of myself and the painful prison of myself and the negativity' (Participant 1). A more in-depth account of this embodiment was also reported:

These types of things from yoga have helped me in my recovery too because along the way I tap into some of these emotions that sometimes when I was in my disease, I was not able to tap into. So, this is teaching me how to do this through qualities of mind and states of well-being.

(Participant 4)

Other participants reported that yoga brought about an awareness of positive 'harmonious' emotions and reflected a temporal experience of being able to predict a future or being 'connected':

I didn't even know that this was happening, but I could focus somewhere on some level I knew that everything was going to be ok, and I wasn't in my head.

(Participant 3)

My life would become seemingly more harmonious and peaceful and connected. And feeling those emotions that one really enjoyed.

(Participant 5)

Participants also described an awareness of how negative emotions were experienced in the body. One participant discussed how avoiding emotions was previously linked to addictive behaviour:

Unbalance in the hips and the sacral and when there is an imbalance in this place it is the inability to process the emotions experiences that we have in this life and the inability to process these experiences creates an avoidance experience to what these are so, just like in addiction.

(Participant 2)

On the contrary, yoga was perceived to be a tool to 'release' or learn how to tolerate the embodiment of these negative emotions as opposed to using substances to cope:

Alcohol gave me some kind of freedom and sense of release and that's what drinking really is, a release, a release of all the pent-up pressure inside and yoga was a softer kind of way to release it.

(Participant 1)

3.3 | Yoga opens a positive way of life

All the participants described yoga as a system that helped to support a lifestyle suitable for maintaining abstinence from using substances. This philosophical system of yoga was mentioned in some interviews, with one participant explicitly naming it as the 'eight limbs of yoga' (Participant 4) and another stated, 'Yoga is a way of life' (Participant 1). The philosophical understanding of the system of yoga helped participants to embody a healthier lifestyle 'free of sugar, cigarettes or booze' (Participant 4) and the corporal connection between nutrition and thinking. '...they started teaching us before we even did postures, they talked about our thinking and about food' (Participants 1). Participants' experiences related to how they understood themselves and the power of positive emotions to further enrich their lives:

More concentration, more patience, practising compassion, that is one of the limbs of yoga, compassion for myself and others. I have been able to take these practices that I am learning on the matt into my life and my world and my recovery.

(Participant 4)

Participants also expressed awareness of using their senses to help reduce cravings. For example, one participant noted how 'withdrawing the sense of sight' (Participant 4) allowed them to learn how to slow down the interpretation of sensory reactions. This allowed participants to go '...within and get a little bit quieter and not feel so drawn to those outside external things' (Participant 4). This ability to go inward and process the sensory experience was important in reducing the desire to engage in substance use, empowering them to question their identity, needs and goals before acting. A participant reported:

There have been times I wanted to use, and the practice allows me to breathe through the moments and I just connect with myself on a deeper level, and I see my truth and the person I think I should be or this person I think I shouldn't be because those are things that fuel my addiction.

(Participant 2)

3.4 | Blending the worlds of yoga and 12-step recovery

All the participants reported being active in both yoga and a 12-step programme (this refers to mutual aid groups, such as Alcoholics and Narcotics Anonymous). Blending these two contexts further enriched yoga experience as both had unique activities and provided social support that supported a lifestyle free from substance use. For example, a participant described step work—or tasks related to a 12-step programme—to require personal reflection. This was experienced as an intense process of 'self-surgery' (Participant 2), suggesting that it cut through to the root of their behaviours. These activities were stressful for participants. However, the growing awareness of using yoga to help cope with negative emotions and generate a positive state of well-being was used to adjust to the intensity of step work:

12 step process is very invasive and it's like self-surgery and you pick yourself apart and look at yourself inside out and get to the core of your behaviour and addictions while as yoga puts you back together and yoga helps you look at yourself exactly how you are and what you are and helps you accept.

(Participant 2)

Yoga was also reported to support the tool of meditation used in 12-step programmes: 'I suppose in terms of that, step 11, it has really helped me and I also wasn't afraid of "omg, what is meditation?", like I wasn't, I didn't have any concerns about it' (Participant 4). In addition, experience of engaging in a 12-step programme provided additional relational insights as both contexts appeared to attract similar people where similar experiences could be shared: 'A lot of people within the yoga community are also in a similar sort of exploratory path...it usually increased my network of people to explore ideas with' (Participant 5). This shared experience of yoga practice indirectly related to the shared experience of not using substances. One participant noted, 'True yogis don't drink. Yoga is a community of people who don't drink. So um, so it's a community that supports it' (Participant 3). The shared experience of yoga provided a positive social experience which was perceived to enhance one's quality of life: 'it started to give me a life outside of drinking and using...it opened up a whole new world' (Participant 4). In addition, both yoga and 12-step programmes advocate peer support to members within the respective communities. A participant compared yoga to the 12-step programme of AA:

Similar to AA, we get we clean our house and make ourselves of service for others and to help other people along their path of enlightenment towards a happier and higher goal.

(Participant 5)

Lastly, one participant compared the relational link of the shared experience of yoga with those who did not blend these contexts.

One participant described a peer who separated 12-step recovery practices from yoga and was privy to their struggle for abstinence. The participant stated:

Some of my friends said the world of yoga was all they needed ...so eventually they came back to sobriety, well, and were struggling... so I know that I need my recovery and my yoga as a blended world.

(Participant 3)

4 | DISCUSSION

The aim of the study was to explore the lived experience of yoga for participants who are ceasing the use of substances. The current study identified three themes that are consistent with both qualitative and quantitative research on yoga for SUD. As in other studies, the present findings reveal that yoga helped individuals to tolerate and reduce negative emotions (Bock et al., 2012; Holthaus, 2003; Lotfalian et al., 2020; Rosen et al., 2016), increase positive emotions and well-being (Zhuang et al., 2013), help reduce stress and feelings of distress (Mallik et al., 2019) and that yoga is compatible with 12-step-based treatment approaches (Holthaus, 2003). The results also demonstrate a novel finding of relapse reduction in the treatment of SUD.

4.1 | Framework for integrating yogic practices for the treatment of substance use disorders

The results of this study showcase the benefits of integrating the philosophical teachings of yoga for clinical practice—which is a unique finding not identified in previous literature (Bock et al., 2012; Gaskins et al., 2014; Hallgreen et al., 2014; Khanna & Greeson, 2013; Lotfalian et al., 2020; Mallik et al., 2019; Shaffer et al., 1997; Shahab et al., 2013; Zhuang et al., 2013). This finding is important for SUD and mental health treatment programmes that already use yoga or for counsellors who recommend using yoga as a part of SUD patient-centred care. A framework has been proposed (Figure 1) demonstrating how yoga may work to help with positive SUD treatment outcomes.

Yoga asana appears to be a useful aid for relapse prevention based on two main components: (1) building awareness of thinking and how this relates to cravings and (2) building interoceptive awareness. These components can be integrated into relapse prevention models in both group and individual counselling for SUD. Participants reported that yoga helped build tolerance to negative internal cues, negative emotions and obsessive thinking, and increased self-efficacy to cope with these internal experiences to prevent relapse. This suggests yoga works like traditional models of relapse prevention which focus on helping clients adapt and build self-efficacy to cope with perceived high-risk internal and external events that can lead to relapse (Larimer et al., 2003; Marlatt &

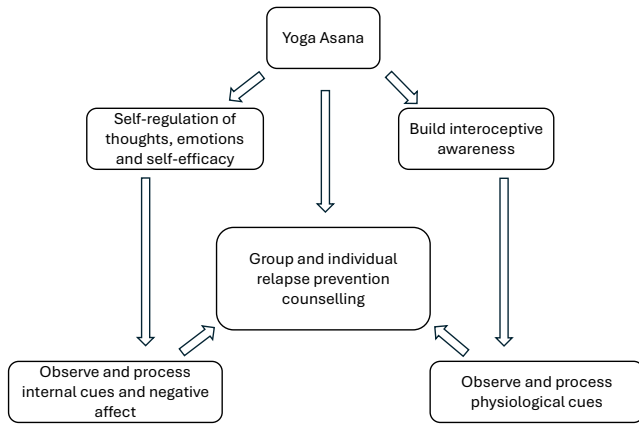


FIGURE 1 Framework that integrates yogic practices for the treatment of substance use disorders.

Witkiewitz, 1985). Most importantly, this appeared to work in tandem with the ability to observe internal reactions and break free of the desire to use substances to cope with these reactions. Treatment providers may focus on redirecting clients to observe the narrative around triggers to seek substances and process these experiences in a group setting. These experiences can also be processed in individual counselling more closely by connecting thoughts to behaviour or using motivational interviewing with a focus on how the experience of observing triggers helps to achieve goals and motivation for abstinence.

The findings also support the potential of yoga asana to enhance awareness of physiological cues, namely muscle tension and physical stress, suggesting it can be used as a tool to build interoceptive awareness (Khalsa et al., 2008). This is an important finding, as a lack of interoceptive awareness is related to increased impulsivity, leading to addictive behaviour (Herman, 2023). Thus, integrating yoga asana may be helpful to reduce relapse based on its potential to bring about awareness of physiological stress and assist in rebuilding the interoceptive process that is disrupted by SUD (Wiśniewski et al., 2021). Relapse prevention groups for the treatment of SUD could focus on topics related to interoceptive awareness and how awareness of body sensations is related to relapse prevention.

This framework, and existing yoga therapy models (Childs-Fegredo et al., 2023; Khalsa et al., 2015) that show efficacy with mental health difficulties, can be adapted to fit existing treatment approaches; therefore, policymakers should consider this evidence to support the use of complementary medicine for the treatment of SUD in their policies. Yoga is classified as a psychosocial interventions in the UK guidelines on clinical management of drug misuse and dependence (Department of Health, 2007; Public Health England, 2013). Yoga has been placed in NICE guidelines for alleviating back pain, demonstrating its efficacy (National Institute for Health and Care Excellence, 2016). Yoga is also conceptualised as a form of exercise which can be easily integrated into policies that call for the use of exercise in SUD treatment (Wang et al., 2014). In this case, yoga can be adapted to take a non-secular approach without the need to integrate the entire philosophical system, such as using

it as a form of exercise that supports interoceptive awareness and as a form of stress reduction.

4.2 | Strengths and limitations

To the author's knowledge, this is the first study to identify the mechanisms of the eight limbs of yoga to support abstinence from SUD beyond a theoretical argument (Khanna & Greeson, 2013). The current qualitative study has provided a detailed experience of yoga for the treatment of substance use, whereby mechanisms could be captured that may be missed in a quantitative framework. The population sample was adequate for the IPA method and data reached saturation with five participants. The limitations of the current study include the broad inclusion criteria. Although theoretically SUD is diagnosed with similar criteria varying based on the psychopharmacological effects of the drugs (APA, 2022b), the motivations and experiences of substance users may result in different needs and uses for yoga. The participants were recruited through snowball contacts from 12-step programmes and the findings rely heavily on this type of subgroup which may have influenced the theme development. Interviews occurred using Skype software, which limited face-to-face interaction, and increased the possibility of environmental interruptions (patterns, pets and intermittent bandwidth), which may have influenced comprehensive data collection. Although qualitative work such as IPA does not involve implications for larger populations, future qualitative research may consider alternative methods (thematic analysis and content analysis) with a larger sample size to identify whether yoga helps to treat SUD differently across different types of substances and its implications for treatment. In addition, randomised controlled trials may wish to integrate a secular approach, incorporating more than three elements of the eight limbs and use outcome measures that support testing for reduction in triggers based on internal cues and interoceptive awareness (Mehling et al., 2012).

5 | CONCLUSION AND IMPLICATIONS: INTEGRATIVE APPROACH TOWARDS TREATMENT OF SUBSTANCE USE DISORDER

This present study adds to the existing knowledge about the benefits of yoga for SUD, to enhance interoceptive awareness, reduce internal triggers and provide an avenue of social support for long-term abstinence. In addition, it supports the use of yoga-integrated interventions that have helped reduce mental health difficulties (Bhide et al., 2021; Childs-Fegredo et al., 2023; Khalsa et al., 2015; Kishan, 2020; Ramsahaye et al., 2023). Future research may want to examine the efficacy of integrating yogic practices for the treatment of SUD and the relevance of additional aspects of the eight-limb stages of yoga to enhance the recovery process. Researchers may think about refining methods to include outcome measures relevant to the mechanisms of yoga for stress, well-being, relapse prevention and self-efficacy. As the spread of SUD continues to

rise (World Health Organization, 2017), new methods that are evidenced-based and support long-term recovery should be examined to help arrest this growing epidemic of SUD and to facilitate effective patient care.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest within this article. This is an empirical study on the use of yoga in the treatment of substance use disorder.

DATA AVAILABILITY STATEMENT

The data are not available as this was a master's thesis and was converted to publication.

ETHICS STATEMENT

The study was approved by Middlesex University's Psychology Ethics Committee.

PATIENT CONSENT STATEMENT

No patients were incorporated into this empirical study. All participants provided informed consent.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

No reproduced material was used for this empirical study.

CLINICAL TRIAL REGISTRATION

This empirical study was not a clinical trial and did not need a clinical trial registration.

ORCID

Nicole M. Miller  <https://orcid.org/0000-0002-5937-1629>

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AUTHOR BIOGRAPHY

Dr Nicole M. Miller has international training in substance use counselling and over 7 years' experience as an addiction therapist, including therapy and programme development in inpatient and outpatient settings. She is proficient in evidence-based techniques, such as motivational interviewing, cognitive behavioural therapy, mindfulness-based relapse prevention and the use of complementary and alternative medicine (CAM) for treating substance use disorders. She currently works as a lecturer in the Department of Psychology at the University of West London where she conducts research on reducing stigma and helps to pioneer the integration of sustainability into research and pedagogical practice.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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