Integrating yoga as a method in clinical social work dealing with addiction: Bridging Eastern and Western perspective.

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Abstract

In this thesis it will be discussed whether the body-mind-spirit aspect is a missing component in Western methods in clinical social work and if yoga could contribute to a more holistic multi model in this area. Yoga includes physical postures, controlled breathing exercises, meditation and attitudes in life of no harming of oneself or any living being. Yoga invites the practitioner to enhance the self-discipline and control over and regulation of impulses, thoughts and feelings. In the result it will be presented in what way this Eastern discipline have influenced the participants recovery. It will be discussed weather yoga is a tool to get in contact with the body, breath and mind and if the enhanced awareness helps to control anger, stress, anxiety and craving - overwhelming feelings that can be triggers for a substance abuse. The thesis is a qualitative study with the aim of exploring the experience of yoga as a complimentary method in addiction recovery. The interviews were conducted in three different rehab centres of Kripa Foundation in India in form of focus groups and individual interviews.

Key words: Social work, evidence-based methods, yoga, addiction, recovery, stress, anxiety, and depression

Sammanfattning:


Sökord: Socialt arbete, evidensbaserade metoder, yoga, missbruk, rehabilitering, stress, ångest, depression.
Forewords

My own relationship with yoga started in 2002. Both through my own practice and teaching yoga, I have experienced many benefits. For me yoga is not only a way of making my body more flexible and strong, it also makes my mind flexible and strong in such way that I can control impulses better and be a more tolerant and patient person. Yoga have showed me new attitudes in life, and also that I have a choice in who I want to be. My personal experience after practicing and teaching yoga for 13 years is that it enhances physical and psychosocial wellbeing and many times also enriches the life quality in persons life’s who is living with stress, anxiety, pain and grief. As a student in social work I am curious about if the holistic approach of the Eastern discipline yoga can contribute in the area of clinical social work in the more cognitive driven west. Specifically I have chosen to look closer to yoga related to healing from addiction. I am aware that my personal relationship to yoga can be a challenge in the interpretation and analyse of the empirical material. I have done my best to stay objective and critical.

Note: I have chosen to use the pronoun he, him and his to facilitate my own writing, as there is no neutral pronoun in English. It was natural to use he as all the participants in my study were male, and it is not to exclude the possible female addicts or the persons that does not identify themselves with either of them.
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Interview guide
1. Introduction

When I chose the topic *yoga in social work* for this thesis, I was aware about the challenge bringing in spirituality and body in the academic subject “social work”. First of all I would like to invite the reader to reflect upon the question; what is social work? Börjesons answer to that is that it depends who you ask (Förstå socialt arbete, 2012). If you ask a licensed social worker you will have that persons perspective as an answer, if you ask a client you will have that persons needs as an answer, the politicians, the researcher, the teachers, the society etc., each one will have their perspective and understanding as an answer (a.a.). The limits of the frame for social work are indeterminate, just as the work scenario for a social worker. I therefore adopt the challenge, as my heart, my passion and my own experience convince me of the importance of exploring a more holistic approach in social work, by adding the body and spirit to the already dominating mind.

It can be questioned what the body has to do with social work, as social work at first sight seems to be about social structure problems and social science. But as Howson puts it, the social interaction happens through a perspective of embodiment (2013). What she means is that our body presents a part of our identity to the environment, bodily sensations communicates with us in our social interactions if we are safe or threatened, through our body we take action, and how we control our body or disconnect from it results in a certain behaviour. Social work highly implicates working with living beings; therefore I agree with Shilling that it would be impossible to exclude the embodiment of our senses, thoughts and emotions in the understanding of human agency (2012). Being an active addict leads to physical damage, which often means that the person is disconnected from the harm he is provoking his body by abusing drugs or alcohol. According to Goffman a damaged body can result in a damage identity, which in this context means that an addict not anymore is in contact with the essence of his being (1971). Yoga offers tools to reconnect with the body and the present moment through the breath, slow mindful movement and meditation. This practice invites the recovering addict to create a new relationship with himself and his body and hopefully contribute to a sustainable sobriety.

I have specifically chosen to look closer to yoga as a complimentary method in recovery from addiction in India, as there is very little research done in this area. The reason why the study was performed in India is first of all because India is the mother land of Yoga. My understanding is also that the relation to the body-mind-spirit connection is more natural in the Eastern disciplines. Another reason is because in India the emphasis on evidence based methods is not that powerful as in the West in social work, which invites alternative methods to blend with conventional methods in clinical social work with less critics. Could the blending between Eastern and Western perspective facilitate the recovery from addiction?

Yoga and meditation are questioned as trustful tools as they are not seen as evidence based methods, which is a result of the lack of research. The percent of relapses after recovering with
conventional methods is still very high which leads to an increasing interest in alternative methods like yoga and meditation in addiction recovery (Witkiewitz, Marlatt & Walker, 2005).

Yoga is to join. In addiction this join was broken. The body mind coordination, our mind is somewhere else, our body is somewhere else. Yoga brings you here and now. It helps you to stay with your body. And addiction takes you away from the body. (Participant, Pune).

1.1 Research problem

Towards this background presented above I am interested in the experience of yoga as a part of addiction recovery program as a complement to the more conventional and mind focused methods in the West. My understanding is that there is a lot of emphasis on using evidence-based practice (EBP) in social work. The last decades stakeholder involved in social work shows interest in how to make it more measurable and based on research, this is what the report *Ways of understanding evidence-based practice in social work* tells (Avby, Nilsen, Dahlgren, 2013). During these years of my studies in social work my experience is that there is a lot of light on a few specific methods to use as a social worker and that these methods are cognitive- and behaviour oriented. Motivational Interviewing and Cognitive Behavioural Therapy are dominating the Swedish field in clinical social work through the recommendation from *Socialstyrelsen*. The article *Evidence-Based Practice in Social Work: Challenges and Opportunities for Clinicians and Organizations* points out the resistance to use EBP among some clinicians with the criticism that standardized treatment manuals can not always be satisfactory meeting a heterogeneous population as a social worker do (2014). This is another discourse that will not be presented in this thesis, but I find it interesting for my own questions of research, how the risk for choosing a few particular methods will exclude others, there for I present it briefly.

Emerson and Hopper argues that the conventional talk therapies that focus on thoughts and emotions can be insufficient or even enhance the distress within the client when they are disconnected from their bodies (2011). They mean that the client first have to feel safe in their own body to be able to tolerate uncomfortable emotions and learn how to master their own inner world (a.a.). Are cognitive-behavioural and solution-focused methods used in social work enough, or do we miss something when we separate the body, breath and spirit from the mind? Could yoga, an ancient practice from India, be a successful complement to conventional methods in addiction recovery? There is still a resistance to alternative ways of finding health and wellbeing other from traditional medicine and therapies in the West. Could yoga enrich the toolbox for a social worker? I am interested in a cross-cultural mix of methods in the field for practical social work.
1.2 **Aim of research**

The aim of this thesis is to explore and analyse the participants and staffs experience of yoga as a method in their addiction recovery treatment program in India.

1.3 **Research question**

1. In what way can yoga as a body-mind-spirit practice contribute to and enhance clinical social work, according to the participants and staff in the program?

2. What are the core contributions of yoga and Eastern methods to social work interventions in the area of counselling and support in recovery from addiction?

With the point of departure of the empirical material in the thesis I will discuss the possible role of the body-mind-spirit in clinical social work and to question whether the body and spirit are missing elements in the Western mainstream social work methods in working with addiction recovery, two elements that are highly respected in the East.

1.4. **Terminology used in this thesis:**

**Yoga:** Includes asanas, pranayama, meditation, and attitudes in life and a spiritual approach in life.

**Iyengar Yoga:** A form of yoga where props are common to support the practitioner in the practice of asanas: The founder of this technique, B.K.S Iyengar, introduced medical yoga to the west. ([www.iyengaryoga.com](http://www.iyengaryoga.com)).

**Asana:** Physical postures performed to increase strength, balance and flexibility in the body and also to improve the work of hormone glands and inner organs.

**Pranayama:** Breathing exercises to prolong, deepen, extend and control the breath with the aim of slowing down the breath cycle. The aim is also to calm down the mind and nervous system and enhance concentration.

**Meditation:** A way to quiet the mind and increase the awareness of the body and mind. Asanas and pranayama are originally meant to be preparing practices for meditation.

**Wellbeing:** a good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity; welfare. Every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation).
**Health:** Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organisation).

**Spirituality:** "The search for meaning, purpose and connection with self, others, the universe and ultimate reality, however one understands it, which may or may not be expressed through religious forms or institutions (Crisp, 2010 p. 10. Boynton).

### 2. Background

In this chapter it will briefly be presented some information about the history and culture of alcohol in India followed by an introduction to the organisation where the interviews and participating observation were performed, to give the reader an insight in their work-approach, values and aims. It will also be presented some information about addiction that can be relevant for the research questions. Yoga is vast and covers many aspects; in this chapter only a brief background of some aspects of yoga are presented that could be relevant for this thesis. Last there will be a short presentation of possible cultural differences in social work approaches, to give the reader the understanding how the approach in India may differ from the mainstream Western approach.

#### 2.1 India

The culture of alcohol in India go back to the ages of the Vedas, in other words, alcohol has existed as long as yoga in the Indian society (Abhijit, Pratima, Ilana, & Rahul, 2013). Islam and Hinduism, together with other religions, prohibited alcohol for a long time. During the British colonialism alcohol was introduced in a more liberate way and the consumption went up. Alcohol is still prohibited in some states in India, while others, like Goa, sells alcohol freely with even at a lower tax rate due to the business of the tourism. Abhijit et al. study shows how the indirect health and social costs exceeds the annual health budget caused by the increased use and miss-use of alcohol (2013). This increase forces to be innovative in finding new strategies in dealing with addiction. Kripa Foundation is active in 31 states in India and blends different methods and perspectives in their recovery program (see presentation below).

#### 2.2 Kripa Foundation

Kripa is the largest Non-Governmental Organisation in India affiliated with Union Ministry of Social Justice and Empowerment working with people with chemical dependency and HIV infection. Their work strives for a change in lifestyle with emphasis on spiritual growth as an empowering way of recovering from dependency. The program includes the twelve-step program, Rational Emotive Behaviour Therapy, individual counselling and AA/NA meetings, but the strength lies in Eastern disciplines to find inner healing. Yoga and meditation are the core concepts of the program. By Eastern disciplines they refer to introspection through meditation to achieve a change in life style and
yoga postures and breathing to heal the body. They describe yoga as a “work-in” to enhance awareness and spiritual growth, and also a way of minimizing harm following the ethical guidelines from yogic tradition. Minimizing harm includes the own self, the own body and all that involves the life of the addict. Yoga is said to help the addict to achieve physical, emotional and spiritual recovery.

Their in-house residential program last for three months and is referred to as a community based and holistic rehabilitation program. The holistic approach includes a psychospiritual, psychosocial and psychosomatic support components and blends science and faith including the wisdom of the body. Female and male addicts are welcome in the program, but separated during treatment. People from different socio-economic background and ages participate in the program. They most often get in contact with the program through family, friends, employers, doctors or social workers. The aim of the organisation is a global healing presence (http://www.kripafoundation.org).

2.3 Addiction

In *Theories of addiction* addiction is described as ‘a behaviour over which an individual has impaired control with harmful consequences’ (West, 2001). In this paper I will focus on addiction related to iliac substances and alcohol, but its containment could also be relevant in cases of food addiction, sex addiction, self-cutting or any kind of harming of the self.

Due to lack in faith to one self capability of coping with uncomfortable feelings, drugs and alcohol can become a way of numbing these feelings (Khanna & Greeson, 2013). Drugs and alcohol can also be a way of trying to fill the emptiness in life if there is a sense of meaningless or hopelessness (Kissen & Kissen-Kohn, 2009). Poor self-awareness, self love and self-discipline are very often causes for addiction. Addiction is very often related to stress, anxiety and depression, or even more correct - stress, anxiety and depression leads to addiction, sustain addiction and are common factors for relapses. Yoga is argued to develop various qualities that can support healing from addiction such as self regulating feelings as anger, fear, craving and anxiety, self discipline and self compassion for example. Addiction is a self-destructive behaviour where the addict is disconnected from the harm that he provokes the body. As long as the person is not aware of the body and his feelings, or have the tools to coop with them, the temporary soothing and positive effects from the substances abused will continue to create a vicious circle of self destructive behaviour (Kissen & Kissen-Kohn, 2009).

2.4 Yoga

The word yoga means “to come together” or “to unite” (*The heart of yoga*, p. 5). This is a holistic way of seeing all of the human being, integrating body-mind-spirit. Yoga also emphasize the importance to try to stay present in every moment, in that way we can see and accept the reality as it is and cut
suffering in trying to change it (a.a.).

India is a very ancient and spiritual country, with alternative medicine (Ayurveda) and a more holistic approach to human being health, like yoga. Posadzki & Ernst describes yoga as a combination of physical postures, controlled breathing exercises, cleansing techniques of the body, mindfulness, meditation, but also modifications in the lifestyle (2011). It is also known that yoga is a part of Ayurveda medicine, which is generally accepted and governmental supported in India, like any allopathic medicine. In the west yoga is commonly known as a physical practice that keeps the body flexible and strong through postures, breathing exercises and meditation (Khanna & Greeson, 2013). In a Hindu philosophy perspective yoga also shows a way of living an ethical and meaningful life, with self-discipline and focus on a healthy and spiritual life (a.a).

There are several research studies on yoga and stress, anxiety and depression, which are important parts related to addiction and recovery. There are also some studies on yoga and addiction, but not on what kind of yoga for a specific kind of addiction (Khanna & Greeson, 2013). In Kripa’s model for addiction recovery the specific style of Iyengar yoga is used with the purpose of supporting the healing of the damages in the physical body from substance abuse, but also to heal the spiritual damage as a holistic treatment model (personal communication, Father Joe Pereira, 2016-03-29).

Spirituality plays a big role in yoga in the way that the practice takes the practitioner closer to the essence of the own being in a search for a meaning in life. Unfortunately spirituality easily gets mixed up with religion and scare people in secularized societies in the West even though Canda and Furman means that spirituality is the heart of helping (Spiritual diversity in social work practice, 2010, p. 3). Further they say that spirituality is the heart of compassion, care and empathy, and that a social workers skills, theories and professional roles become tiresome and empty without this heart (a.a.). Spirituality could be understood as meaning, purpose and connectedness in what we do, in our life and with each other. In the book Integrative Body–Mind–Spirit Social Work the authors means that social work with this holistic perspective builds on the particular strengths, beliefs, and support systems of clients, and will help the clients develop a meaningful life by transforming illnesses, traumas, losses, and conflicts into occasions for learning, growth, and enhanced relationships (Lee, Ng, Leung, Chan, 2009).

So, could yoga contribute to clinical social work by bringing in spirituality, body and breath?

2.5 Cultural differences in social work approaches

Motivating interviewing, cognitive behavioural therapy, coaching and other goal-oriented methods are very popular in the West but these mainstream methods used in clinical social work are limited to the narrow view of the mind (Lee, Ng, Leung & Chan, C. 2009). In conventional cognitive therapies the focus is mainly in the rational thinking and problem-solving actions, based on behavioural changes to help clients to deal with their problems. Difficulties can arise while using cognitive and behavioural
methods when skills and experience, and also supervision, are poor or left out in practice according to Payne (1997). Clinicians many times have not been properly trained in these methods, nor do they get supervision or complementary trainings (Wike, Bledsoe, Manuel, Despard, Johnsson, Bellamy & Farell, 2014). The two main theories that heavily influenced clinical social work are cognitivism and behaviourism and even though the body is performing the actions in a change of behaviour, the primary focus is not on the body itself from a behavioural perspective (Lee et al., 2009). Eastern philosophies lean more towards a humanistic and existentialistic approach as they emphasises on the human beings own capacity to enhance wellbeing and health through a more spiritual self-development (Payne, 1997). The Eastern perspective is also more focused on the community and the family support, while the Western approach is encouraging to individualism and independency (a.a.).

These cultural differences are important to acknowledge in social work according to Payne, so we do not make the mistake of making theories in social work global, as most of them arise from Western, democratic and Jewish/Christian roots (1997). Limited knowledge regarding body-mind-spirit in theory development can be one reason why priority is given to the mind based methods in social work according to Lee et al. (2009).

3. Previous research

There is a lot of research on yoga in the medical field, but research on yoga connected to social work is poor, and specifically in the area of recovery from alcohol and substance abuse (searching in the database of Ersta Sköndal Högskola with the keywords yoga + addiction only ten peer reviewed hits were found). Still there is research on yoga that is highly relevant to the subject addiction, such as stress, anxiety, depression and trauma, as all these subjects are connected to addiction. These subjects can be triggers or reasons for an addiction or/and many times become consequences from an addiction or from quitting drinking or using substances.

3.1 Yoga and stress, depression and anxiety

Stress and anxiety are often expressed through bodily symptoms that are mostly experienced as ‘out of the persons control’, like shortness of breath, pain in the chest, hyperventilation, numbness in parts of the body and restricted sight (Meditation and yoga in psychotherapy, 2011). As yoga incorporates cultivation of awareness of body, mind and feelings through meditation, postures and breathing, it is shown to be effective in treating anxiety and depression (Boynton, 2014). Through yoga the patient develop a new relationship with the body, being more conscious of its messages (Emerson & Hopper, 2011). With an enhanced awareness the patient is meant to be more attentive to emotions, cognitions and bodily experiences, and cultivating the ability to tolerate and stay present with these (a.a) and also regain the mastery of the body (Boynton, 2014).

The practice of regulating the breath that is performed in yoga shows a positive effect of slowing
down the autonomic nervous system, which means taking down the breath per minute, the heart rate, blood pressure and level of stress hormones like cortisol in the body (Telles et al., 2014). In other words, yoga brings the body to a hypo metabolic stage. Moving through asanas and practicing meditation is also proven to enhance concentration, sleep, and body awareness. It is also an efficient tool to learn how to tolerate uncomfortable feelings and be more present (Simpkins & Simpkins, 2011).

3.2 Yoga and trauma

Research studies on trauma have shown that yoga can soothe symptoms of trauma, in such way that the person cultivates a positive relationship with their body and ability to regulate and master emotions as fear, anxiety and stress (Emerson & hopper 2011, Van der Kolk, 2015). Peter Levine defines trauma as a situation where the body prepares for fight or flight but without the possibility to do either of them (1997). It is a feeling of being trapped in once own body, the body becomes unsafe and a way of cooping is to disconnect from it.

Yoga is one way to access the body again in a safe way. Reddy et al. argues that prolonged exposure to conventional talk-therapy can increase the stress and anxiety in the patient without the safe connection to the body (2014). Emerson and Hopper agrees in that the conventional psychotherapies and cognitive approached methods can have a reversed effect on a patient with trauma when the body is not included in a safe way (2011). Disconnection and dissociation are common strategies for a person in chock. Dave Emerson is the creator of the Trauma Sensitive Yoga, a kind of yoga that helps the patient to embrace the body in a safe a slow manner to provide a healthy connection between body and mind (a.a.).

3.3 Yoga and addiction

The research in this area is still poor as Khanna & Greeson highlights in their report *A narrative review of yoga and mindfulness as complementary therapies for addiction* that they could not find a single review that specifically treats the subject yoga and addiction recovery (2013).

Excessive use of alcohol and illicit substances are well known to produce physical damages in the human body as well as psychological and social damages, the last one effecting not only the user, but the family and society (World Health Organisation). Substance abuse interferes with the natural neurotransmitters in the brain that reduces stress and creates good feelings in the body (Reddy et al. 2014). Yoga, like many physical activities, has a positive effect on the production of endorphins that naturally relaxes the body and makes us feel good. Meditation is well recognized today to be an effective tool to coop with emotional distress through activation of the parasympathetic nervous system (Kabat-Zinn, 2005). Stress, anxiety and depression are often argued to be causes for high-risk abuse of alcohol or illicit substances where it serves as a “self-medication”, and also common consequences from quitting such an addiction (Douglas 2011, Boynton 2014, Posadzki et al. 2014,
3.4 The body in social work

The ancient Indian discipline yoga is considered as a mind-body practice, which is described in the article Role of respiration in mind-body: concepts from contemporary science and traditional yoga texts (2014) as a bi-directional mechanism that connects the brain with the peripheral tissues. This means that interaction between the periphery system and the brain cortex can get enhanced through deep breathing, somatic relaxation and mental imaginary and result effective treating psychosomatic illness (a.a.).

According to Tangenberg and Kemp the intellect and body has been separated in social work in the Western culture where also a priority has been given to the intellect and the rational knowing (2002). They mean that even though social work mainly is dealing with clients with physical experiences such as self-destructive behaviour, poverty, violence and addiction, the focus still remains mainly on mind based methods and the somatic experience is often left out (a.a). Howson highlight similar understanding talking about classical sociological theories, where the body mainly is neglected despite its social importance. Howson points out how the Cartesian dualistic perspective that separates the body and spirit laid a base for the Western rational epistemology (2013). In sociological theories through time, the body has occupied space but as something objective separated from the rational thinking (Shilling, 2012). In other words, the body in social science have never been regarded as a source of knowledge (Howson, 2012).

Several research studies have shown the importance of the role of the body in clinical social work (Lee, Ng, Leung & Chan, 2009, Douglas, 2011, Tangenberg & Kemp 2002, Emerson & Hopper 2011, Boynton 2014). Lee et al. argue that the multi-dimensional issues that social work address is a reason why interest arise in synthesizing Eastern and Western methods, meaning that cognitive oriented methods are more popular in the West and the Eastern approach includes body and spirit (2009). Mensinga says that while the focus in social work education is on a cognitive and discursive angle, the Eastern embodied practice is known to be a main channel to control the mind. Mensinga and Kennerberg & Kemp are questioning the lack of research and theory addressing the body in connection to social work (2011, 2002). A “top-down” intervention rely on a more cognitive based perspective, such as cognitive behaviour therapy, psychotherapy and motivating interviewing, while a “bottom-up” intervention is focusing on the somatic experience like in mind-body practices (Telles, Singh, & Balkrishna, 2014, Emerson & Hopper 2011). Boynton means that the body-mind practice also incorporates spirituality, a missing element in the “top-down” approaches (2014).

4. Theoretical framework

As an inductive study that this is, there were no specific theories from the beginning to form the research question or a specific hypothesis. The theories that were used to support my understanding of
the empirical material in the analysis and conclusion came up during the research process while reading articles and reports related to the subject. They have changed several times during my work, but from deepening my understanding of the subject and also getting inspired by authors and scholars choice of theories, I finally ended up with the perspectives presented below to look through upon the empirical material. The role theory came naturally as I understood the influence of being labelled as an addict and how yoga offered a new concept of the own self with new values and expectations. From the results yoga appeared to have a positive effect on the image of one self, of finding a new way of being, and not only spiritual and physical effects. Therefore I chose this theory.

What I found interesting is the lack of theories connected to the body from a sociological perspective. I have searched in databases, in the library and internet but without success finding a satisfying theory about embodiment a more specifically in relation to social work. The closest I got was the holistic perspective that includes all parts of the human being such as body-mind-spirit just as yoga does, but not without letting the reader know that it is a “second hand” choice. During the analysis the holistic theory supported the result of different aspect of the healing in recovery from a more existentialistic perspective. The system theory supported the more scientific perspective, from the physiological system in the body and how it can influence interaction in the social life system.

4.1 Holistic perspective and System theory

The holistic perspective is a way of integrating all parts of an undivided whole (Ehdin, 2002). If we look at the human being through this perspective it includes the body, mind, emotions and spirit, but also the social interaction in the society (a.a.). It makes us understand that the mind influences the body and the body influences the mind, everything is connected. The holistic perspective is more experienced-based knowledge and is yet not very common in social work, compared to positivistic and deterministic theories, which are more rule-based logic (Lee, Ng, Leung & Chan, 2009). The positivistic thinking in the scientific world and in the rational West it is more accepted to separate all parts to fragments that can be measured and objectively observed (Ehdin, 2002). A holistic perspective in social work is more based on Eastern philosophies, integrating all parts into a more subjective experience (Lee et al., 2009).

System theory has the same foundation as holism in the sense that “the whole is greater than the sum of its parts” (Aristoteles). This could be explained as that everything is connected and that everything has an influence on something else, where all the independent parts or individuals are interacting and together creates a system (Öquist, 2008). Through a macro perspective this could be applied on the world politic, economy and the interaction between the state and the individual. Through a micro perspective this could be understood as the individuals role in his own life, as a family member, a worker, student, unemployed, if he has any hobbies or specific task in life. If we look through the lenses of system theory, putting the individual into a context where he can experience belonging and importance of his existence and also live in a situation that is manageable, means being
included in a bigger context, being a part of a system.

System theory describes its interactive paradigm as an open channel of inputs and outflow and processing of these two, and therefore the importance of an open system for the dynamic interaction to happen (a.a.). If the system is closed, like when an addict withdraws from life, the interchange with the environment get cut off and it will result in imbalance in the persons system (Lee et al., 2009). The continuous interaction with oneself and with the external life is needed to be a part of the system. The system theory and the holism are strength-based perspectives (Healy, 2014). This means, according to Healy, that they emphasizes optimism and hope, they highlight the importance of supportive communities and recognizes the importance of the spiritual aspect (2014). Lee et al. also put it as a self-regulating way of dealing with a problem using the person’s own resources (2009). To deal with a problem it is more important to get to know the person’s own strengths to overcome obstacles, and also to include dreams and hopes for the future (Healy, 2014). This is the opposite too a more linear approach, which is more common in traditional social work (Lee et al. 2009). This linear view of problems assumes that there is a straight line between problem and solution (a.a.). According to Healy, these problem-solving approaches are identified with strict frameworks, time-restrictions and goal-focused ways of working with the client (2014).

4.2 Role theory and the concept of the own self

Role theory, as Payne explains it, is a sociological and a psychosocial perspective of looking at the way we interact with each other and how we behave regarding to the expectations (our own or others) on our role in the context (Modern social work theory, 1997). Goffman talks about the social identity, and how we categorise people and their social status just by looking at them (Stigma: Notes on the management of spoiled identity, 1971). We occupy different parts of the social structure depending the context and the role. Examples given by Payne are being a father, a woman or a disabled person (1997). The examples in this paper will be an addict, an alcoholic and a yogi. It is also a way of understanding social patterns, personalities and how we create the concept of identities (a.a.). Payne describes inter-role conflict as a clash between the different roles held by the same person, and intra-role conflict as a collision between the outside expectations on the same role (a.a.). He also describes role ambiguity as a confusion of what a certain role comprises. Payne means that there is a value of using this perspective in social work with clients in the way that the client can separate the problem from the persona and that makes it easier to create a change (a.a.).

Goffman talks about the stigmatized role when we do not fit in the “normal” category (1971). He mentions three types of stigma, one is when there is visible bodily anomaly, the second one is tribal stigma when origin, culture or religion marks the person, and the third is when the personal character is creating shame, like for example unemployment, mental illness and addiction (a.a.) These characteristics can easily categorize the person as week, lazy or not trustful and not worthy of being a part of the society (a.a.).
Cooley coined the concept of the *looking glass self* where he meant that we create the concept of our own self based on how others see us and how our self-image is shaped by society (Howson, 2013). He means that it is in the interactive process between the subjective perception and the outside world objective perception of the person where the self-concept is born (a.a.). Mead developed the idea of the self in the way that it is plastic and is flexible for modifications through out time and through interactions in new situations (a.a.). He means that we can change our social system intelligently because of our consciousness and our capacity to reflect (Mead, 1995). But he also mentions the opposite outcome, that when a person stops identifying himself with past experiences, that part of his personality will sink into oblivion, what Mead calls pathological disruption in the personality (a.a.).

5. Methods

In this chapter I will present the design of this study as detailed as possible for the transparency to the reader. The methods that have been used, the samples, choice of organisation and why I have chosen and excluded others will be presented. An ethical and a critical discussion are presented as well.

5.1 Choice of method

In this study I was interested in the participants experience of having yoga as a part of their addiction recovery program. This is a qualitative study performed through focus groups interviews, individual interviews and participating observations. The choice of focus group interviews was partly because it was time saving (Larsson, Lilja & Mannheimer, 2005). I also found this method suited as the groups were homogeneity, they were all men, recovered addicts (alcohol or/and illicit substances) trough the Kripa model with yoga as a part of their recovery, and they all knew each other well, as suggested by Billinger in *Forskningsmetoder i socialt arbete* (a.a).

There was also a heuristic study for the first six weeks, where I lived in an ashram and I intensely followed the program. The heuristic method includes getting a personal experiences of the phenomena, in my case practicing yoga including pranayama and meditation several hours a day and sharing this with people doing the same (Larsson et al. 2005). In this way the researcher can get tacit knowledge and deeper understanding in the subject. The heuristic study is interesting from the point of view that the Kripa Foundation in-house recovery programme is compared to the life in an ashram by the organisation it self. As the initial idea was to perform my study on the three-week residential yoga program the ashram offers for chronic disease and for cancer patients was not possible, I chose to use the experience in the ashram as a complement to deepen my understanding of the empirical material from the interviews.

Due to multiple reasons this original plan was abandoned. One reason was that the program was a closed group and the opportunity to observe was not possible. Also the intense schedule in the program did not provide the space for me to connect with the participants and perform interviews. The
low number of participants also made the study very vulnerable having in mind that some of them would not be suitable or willing to give me the interview. A lack of ethical behaviour from the holder of the program also made me look for an alternative plan. The fact that I also found it complicated to connect it to social work also convinced me that this initial plan had to be changed. One interview was performed with the founder and holder of the program and one interview was carried through with one of the participants in the chronic cure program. They had a value in practicing on performing interviews, but the material was never used.

I also did a participating observation in one of the ashrams research project about yoga for children with physical and mental disabilities. This plan also had to be abandoned, as my experience was that it was a bit disorganised. Even though the initial plan in the ashram did not give result, through the heuristic method there were several personal experiences and observations of value related to the subject collected during this time, which will be presented in the chapters of result and analysis/discussion in relation to my study.

5.2 Choice of organisation

I have chosen to look deeper into the organisation *Kripa Foundation* and their work with addiction recovery, as they are active in twelve states in India and also are expanding with success abroad with their recovery program. With more than 70 different projects in social work in India, they are one of the largest NGOs affiliated with the Ministry of Social Justice and Empowerment, Government of India. Their long experience of working with addiction recovery started already 1981.

Another reason why I have chosen Kripa is because yoga is a core component in their recovery program and the founder, Father Joe Pereira, is a very dedicated yogi himself with a personal history with B.K.S Iyengar, who introduced the yoga to the Western medicine. Except for the psycho-social and the psycho-spiritual dimensions that for example Alcoholic Anonymous are working with, a third dimension has been added to the work of in Kripa through yoga; the psycho-somatic, this is where the concept of the body comes in.

A third very important reason why I have chosen Kripa is because it is an NGO with its foundation in the Catholic Church and the founder, and still the head of the organisation, is a Catholic priest. A very common mistake is that people mix up yoga with religion and therefore it is not accessible to everyone, Kripa is a very good example of that yoga is compatible with any religion and. They also have research on some of their projects (www.kripafoundation.org).

The reasons I chose the ashram I visited for were because they are one of the first in India to perform research on yoga, and they are still active in many research projects. They also have several projects that interconnect yoga with health and social work. There is a primary school, a university collage, a healthcare centre and a research department. Their multitude of limbs and their long history of teaching and doing research together with their health programs were reason for me to choose
Specifically this ashram. They also have an international cooperation with Sweden and Göran Boll, who is one of front figures in research in yoga in Sweden in collaboration with Karolinska Institutet.

5.3 Sampling

Semi-structured interviews with three focus groups at three different centres (Mumbai, Pune and Goa) were accomplished, to get a variation in the sample, as Larsson suggest (Larsson et al. 2005). Totally there were 14 participants in the focus group interviews. Every interview lasted for about one hour and every group had 3-6 persons. No female participants were interviewed due to language limitations and low number of female participants. There were alcohol and iliac substance addiction mixed in the groups and the participants were all active in the program, but for different length of time. Before the interviews relevant articles, reports and literature were read to have a deeper understanding of the subject and in that way be able to formulate and follow up with relevant questions (Larsson et al. 2005).

There was also one personal interview with one of the staff, and recovered addict through Kripa Foundation, in Goa. The interview lasted for about one hour.

One more personal interview was done with one of the yoga instructors and recovered addict through Kripa Foundation. The interview lasted for about one hour.

There was also an individual interview with Father Joe Pereira, the founder and head of Kripa Foundation. The interview lasted for about one hour.

There was also a shorter informant interview with the national program director, to get an overview how the program is structured and the daily routines.

The number of interviews for this study was an outcome of the circumstances. If this study had been the initial plan than more time had been available for visiting other Kripa centres around the country for further interviews.

All the interviews were following a general interview guide that included relevant themes and questions related to the research questions (Larsson et al. 2005). The interview guide was a platform for the interviews to cover all the important questions to be sure to get the answers for the research questions, but not followed strictly and in the same order in the different interviews (a.a.).

A participating observation was done in the centre of Goa, at the Kripa foundation Iyengar centre in Panjim and during Father Joe’s yoga class for a deeper understanding of the postures, breathing exercises and meditation that are used in the recovery program.

During the heuristic study at the ashram notes were taken down of specific observation sheets, dairy was written and some photos were taken.
5.4 Tools of analysis

All interviews were recorded and transcribed. After each interview memory notes were taken down about the environment, the participants and other details that could be of importance (Watt-Boolsen, 2014). The transcriptions were printed and read several times and at the same time notes were made in the material to highlight keywords and themes that were repeatedly mentioned. Quotes that could be of value for the result were marked.

The strategy to analyse the material was inductive and near to the empirical material in the way that the most frequently repeated words and answers were put in to themes to analyse the material through a so called theme analysis (Larsson et al 2005, Bryman, 2008). This was made to create an overview over the transcribed material from the interviews and also to identify information that could confirm or reject the research questions (a.a.). Similar quotes that were homogeneous from different participants were highlighted in the transcribed texts and marked with the same colour (Patel & Davidson, 2011). The themes found in the text that from my interpretation could answer the research questions were: Self-discipline, spirituality, stress, body-mind connection and health/wellbeing. The same themes will be used in the presentation of the result and analysis. The themes were put into columns and the quotes that matched the best from my understanding were put under each theme accordingly, so each theme ended up with a colour (a.a.). In the analysis I tried to look for patterns that could interconnect the themes to better understand the material and see if I could discover something new (a.a.). During the analysis of the empirical material I tried to stay objective and critical using the hermeneutic circle for my interpretation.

According to Bryman, the hermeneutic perspective is used to interpret and analyse the material in such way that the participant experience holistically is understood, but through the researchers subjective glasses (2008). In other words, it is the researchers responsibility to get as close as possible to the participants experience in its full context, using his own feelings, thoughts and impression that comes up for new reflections, new interpretations (a.a.). The text, the interpretation and the understanding is dynamic and constantly leading to new text, new interpretation and new understanding of the empirical material, this is the meaning of the hermeneutic circle (a.a.). Like Larsson et al. (2005) say, I am not in a search for an absolute truth in the subject, but to enhance my understanding in the experience of yoga during recovery. This is an inductive way of conducting the study, which means possible theories for analysing the material were changing several times until the very end.

5.5 Reliability and validity

High reliability and validity was a goal in this study, however analysing a qualitative study is more challenging, as there are no simple and clear rules for how to do it (Larsson et al. 2005). Reliability is according to Bryman the credibility that the research is conducted in a correct way and that
transparency of its complete process is accessible to the reader (2008). In my report I clearly present my methods in collecting and analysing the data, I also add the interview guide to provide the possibility to replicate the research. However, being a qualitative study, the result is based on in the experiences of the participants and the interpretation influenced by my own preconceptions makes it more complicated to replicate by another researcher and with different participants (Larsson et al. 2005). In the qualitative study, the researcher becomes the instrument for collecting, interpreting and measuring the data, which makes it more vulnerable when it comes to reliability (a.a.) For that reason I give a presentation of my self and my relation to the subject in the beginning so the reader gets a fair chance to know the “instrument” a bit (a.a.).

The triangulation of methods where I have used two different types of interviews, participating observation, the heuristic study and that I have used two different theories as support for the interpretation, will hopefully enhance the reliability.

My lack of experience in performing interviews could have affected the result. Also that I alone analysed the empirical data could have affected the result. Testing my analysis with an external person could have enhanced the reliability (Patel & Davidson, 2008).

Validity is pointing at the relevance of the collected data during the research, whether it is of relevance for the research questions or not (Bryman, 2008). All the questions were shaped in a way to answer the research questions. The persons were selected for the study, were at the present moment active in the program, as participant or staff. The participating observation during their yoga classes was valuable to understand the practice and also to feel the atmosphere and the focus and dedication.

The heuristic study was deepening my own understanding in the practice and also meeting people who were doing the same and having them share their experiences of the yogic practice with me opened up for a lot of critical thinking for example. Still, being for so long in an ashram was not serving the final study. As the primary purpose was to follow a program in the ashram, and the plan had to change, valuable time in getting closer to the Kripa foundation got lost. Just a few weeks had been enough.

5.6 Generalizability

This being a qualitative and relatively small study, the aim was not to generalize it to a bigger population, for example all male addicts in India. The purpose was to explore their personal experience and to get a deeper understanding of how yoga worked for them in relation to their recovery.

5.7 Weaknesses/Limitations

I am aware of the possible bias among the interviewed participants, as they were chosen by the staff and not by me. There was also a restriction regarding language, where the no English speaking
persons mostly got left out, or when they participated some of the information can have gone lost or been changed in the translation. In one interview that started with four persons, two left during the interview due to work, and one other person came late. The interruption and change of participants may have affected the quality of the interview. I also see the weakness in the fact that no female participants were interviewed, which may have influenced the result through a gender perspective. I also see the weakness in the small groups. Billinger (2005) suggests a minimum of four participants in each group to avoid the risk of a relation-orientated interview. In this study some of the groups reached only three participants.

My subjective understanding and experience of yoga may have influenced the questions for the interviews, the choice of earlier research and the interpretation and analyse of the collected material. Also my lack of experience in carry out an interview may have affected the outcome.

The fact of being in India during a long period, limited my possibilities to visit libraries and get valuable books. This might have affected the choice of theory and the analysis. The time limitation back home restricted my deepening in literature that could have been helpful for a greater understanding of the empirical material.

### 5.8 Choice of earlier research and literature

The collection of earlier research was done through the database at Ersta Sköndal Högskola. Data bases used were Discovery, Social Services Abstract, SwePub and ProQuest. The search was restricted to only peer reviewed and full text articles and were found by the key words: social work, evidence-based methods, yoga, addiction, recovery, stress, anxiety, depression. On Yoga + Addiction Recovery eight hits were found. On Yoga + Addiction 46 hits were found. Yoga + stress + anxiety + depression gave 265 hits. The search was not restricted to a specific time range or countries.

I have also looked closer to authors, literature and articles that have been repeatedly referred to related to this subject.

### 5.9 Ethical considerations

According to Svenska vetenskapsrådet, four requirements are to be followed during research in order to fulfil the ethical principles (http://www.codex.vr.se). These principles intend to protect the participants from any kind of harm, physical and psychological.

*The requirement of information* is to make sure that the participants are informed of the aim of the study and that they at any time can interrupt their participation. All the participants at Kripa Foundation were clearly informed about my study and that the aim was a thesis in social work. Every time I visited a centre of Kripa I carried a certificate from my supervisor and a certificate from SIDA (Styrelsen för internationellt utvecklingsarbete), who I got the scholarship from, to consolidate my purpose of conducting the interviews.
The requirement of consent aims to the free will in the participation. The voluntary of the participants can be discussed, as the staff more or less collected the persons they found suitable and told them to participate in the interviews. Yet there were no resistance and they understood that they could leave the interview anytime they wanted, and at one point two participants left the interview due to work.

The requirement of confidentiality aims to protect the identity of the participants. All participants were informed that no names will be used, the interview would be recorded and the recording was only for my use and for no one to access. Only the founder and head of the organisation is mentioned by name in the thesis with his consent. As he already is a public know person and there is no confidential data concerning him presented in this thesis, there is no risk of harm publishing his name. The recording would be transcribed and kept with me, for no one to access. In India the understanding of anonymity and confidentiality is not as respected or valued as the guidelines of Svenska Vetenskapsrådet that has to be followed in a research project. This was an issue sometimes for me when participants wanted to be in pictures, staff mentioned names and the interviews were performed in common areas of the centre. Nobody really paid attention to the ethical guidelines that I presented, and even less interested in signing confidentiality.

The requirement of use is to ensure that all the data collected is exclusively for the purpose of the research. All the empirical material has only been used for the purpose of this thesis.

6. Result

In this part the result of the interviews and the participating observations will be presented. Six interviews were carried through; three focus group interviews and three individual interviews. The participants in the interviews were all adult, Indian men. Presenting the data collected through the interviews and observations and through my interpretation, I will try to answer the research questions. The result will be divided into the main themes that came up in the analysis of the empirical material. These themes were: identity, stress, self-discipline, health/wellbeing and spirituality.

Last some results that I found important for the research questions from the participating observations and the heuristic study will be presented. The intent is to present the result as close as possible to the participants experience and as objective as possible from my own preconception.

6.1 Identity

Several times I got the explanation that a successful recovery needs more than just getting away from the substance. There had to be a change in the personality. Just cutting off the drug or the alcohol would not support a sustainable sobriety. The twelve-step program was said to be helpful in acknowledging the fact being an addict and to stop using, while the practice of yoga and meditation was explained as a complement that helped them to deal with overwhelming feelings like anger, fear,
disappointment and craving. Through this they experienced that they could start making changes in their own character and attitudes. This was a change that was said to come from the inside and actually in the hands of the recovering addict. To change the outside world concept of the recovering addict was told to be more challenging. Very frequently I was told how an addict was black marked and categorised as and addict long after his recovery. Just like one of the participants expressed “If you are sober for 20 years, 30 years, 40 years and you go out there in the society, your name is fixed, you’re still an addict, it’s the name you’ve developed in the society”.

Several of the participants were given the opportunity to instruct the classes from time to time in the centre and experienced that they grew in the responsibility and trust. Some of them took the practice really seriously and attended extra classes, and some of them continued as qualified yoga instructors. This new “you” was said to work as a reminder when the surrounding kept the frozen picture of the old “you”. A typical preconception of ‘once being an addict - always an addict’ was mentioned repeatedly. “We sometimes go home to our hometown for holiday, and even if we have changed, they look at us for what we were, not who we are now”.

Meditation was explained as a way of getting to know your own self, your needs, longings and limitations. It was also frequently repeated the importance of daily practice in order to have transforming effects on a deeper level of the personality.

It needs daily practice; yoga is also one day at the time. You have to do your practice, and only one day at the time, no like “today I do yoga and tomorrow no” Daily practice, practice, practice,. That’s also how I started knowing my self. Who am I?

6.2 Stress

Stress was an explicit consequence of being in an active addiction. Stress on the body from using drugs and alcohol, mental stress from loosing their jobs, families and friends and stress from having economic straits. Many times alcohol and drugs were used to relax and forget this stress factors. What many of the participants experienced through yoga was a way of “cooling down” the body and mind when the stress appeared. Some also felt a more relaxed state after practicing yoga in the morning, which had a positive effect for the rest of the day.

A great part of the participants had the experience that yoga has a good effect on dealing with stress and anger with the help of breathing and meditation. Through breathing exercises it was possible to unclutter the mind from disturbing thoughts and get the nervous system to slow down. In meditation it was said that the awareness enhanced the awareness of the body and the present moment. Being present in the moment was helping to let go of regrets or resentment from the past and worries for tomorrow. This was also said to go well with the twelve-step program, where one of the core pillars is “one day at the time”. The physical practice of yoga could help to actually embody the way
of taking one day at the time. Stress was also frequently said to be a reason to the abuse of alcohol or substances.

We have a lot of addicts who have gone into addiction because of stress and boredom, both of them are the same, the extreme ends of the continuum of life, either you are stressed or you are bored, and uh, When you become a yogi, when you become a meditator, you learn fully to be in the present. (Father Joe Peperiera)

6.3 Self-discipline

Several of the participants mentioned discipline as a component in yoga that was helpful in their recovery. The practice of asanas, meditation and pranayama were described as something that had to “be practiced consistently, diligently and from the heart”. In this way they learned to reflect upon their life, choices, and their own behaviour. Through the concentration on the breath it was possible to clear the mind from thoughts and calm down emotions, something that was useful to control craving, stress, disappointment and anger. Also holding physical yoga poses that provoked discomfort or boredom enhanced the ability to handle distress in life. The stillness and patience the meditation require, was explained to enhance the control of impulses and emotions.

Many of the participants were talking about short temper, loosing control of situations and reacting on impulses. These patterns were described as a manner that was out of their own hands and often were followed by negative consequences. Through yoga and meditation many had the experience of enhancing their own self-discipline, which directly would effect their reactions. “Yoga mentally toughens you, and makes you respond to a situation rather than react to a situation”.

The practice of yoga was also commonly told to be a channel to start to know the own feelings and bodily sensations connected to certain feelings and thought patterns. Through this body awareness some of the participants learned to identify body sensations and thought patterns, and through self-discipline be able to stay with them without falling in to old habits of numbing uncomfortable feelings or reacting on impulses. “You see, we’re always in negative, an addict is always in negative, so yoga, it does not remove the negativity, but it gives the power to control the negative”.

In Anonymous Alcoholics/Narcotics addiction is actually described as a disease out of the addicts own hands to decide, and a way to recovery is to surrender to a “higher power” and ask for help.

6.4 Health and wellbeing

Many of the participants witness about the physical destruction that comes with addiction. Some of them had bad problems from accidents related to drugs and alcohol, and some of them had developed diseases like diabetes, high blood pressure and cirrhosis. The physical body stops to respond to regular needs like hunger and sleep and the active addict gets cut off from bodily sensations which makes
them ignore pain or suffering in the body. The physical practice of yoga offers postures that work on the endocrine system and nervous system. Through these specific poses many of the participants had strengthen their heart, lowered their blood pressure and taken down the breathing rhythm. Other postures work on the spine and strengthens the muscles, in this way some of them got a healthy and strong body and had been able to reduce pain. The practice of yoga was said to stabilize the sleep pattern, appetite, trembling, nauseas and weight. “When I came here I couldn’t eat. I felt no hunger, and also my hand was trembling so badly I couldn’t drink a glass of water”.

Not only a physical healing through certain poses were related to well-being and health in the result, also attitudes that came with discipline and awareness contributed to enhanced wellbeing.

Done through yoga, that’s what I say, it is a discipline. It’s a discipline. I’m today worried more about myself. About my wellbeing. Ok, what is good for me I know, what is good for me. How am I thinking, how am I eating, how am I behaving.

When the substances are removed from the body withdrawal symptoms are common and can be uncomfortable. Normal withdrawal symptoms mentioned were depression, anxiety and irritability. Yoga was said to be supportive in order to deal with physical withdrawal symptoms related to alcohol through its soothing effect on the body. It also helped the participants to regain a sense of control of their body and mind. For drug addiction the withdrawal symptoms were normally managed with medications in the first critical phase.

When the physical wellbeing enhanced, the emotional wellbeing naturally followed.

### 6.5 Spirituality

The practice of yoga offered the participants to slow down and connect with them self and in that way observe bodily sensations and enhance the understanding of their own needs. Yoga created a space for the addicts to slow down and stop running away from the presence. To be under influences of substances was said to disconnect the person from his inner essence, and feelings of depression or a meaningless existence could come with the abuse. The substances was a way of numbing this emtiness, while practicing yoga during recovery supported a inner trust and created hope and meaningfulness. Some particular poses, like forward bends were said to generate a feeling of humbleness in the body and invited the person to let go of difficulties to a higher power. This was described as a very powerful tool, also as an embodiment of the twelve-step teaching of surrendering to a higher power. The daily meditations was also said to be a moment to contemplate and pray, which enhanced faith and hope in the person, aspects that many declared missing during their time of abuse. A life in addiction was explained as solitude, and there was a longing for belonging and support in a bigger context. “And with yoga I can say you get an inner guidance, what is wrong, what is right, but we should also have a sponsor to that. The combination, they’re like tools to fight the addiction.”
Several participants talked about an inner void, something missing, a hole, something they where searching for. This hole is many times ‘filled’ with alcohol or drugs and can give a false feeling of reaching another level of consciousness or ‘coming home’. This feeling is lost when the arousal decreases, and gets replaced with anxiety and a bigger void. This becomes a destructive circle that is hard to break. The contact with yoga and meditation was explained as a soothing and holding effect on this inner emptiness.

This yoga helps me in three ways in my life, physically, mentally and spiritually. Before I came to Kripa my mental part my physical part and spiritual part were bankrupt. It was down, uh, so… it is because of this yoga and meditation it helps me to focus on one thing today, it helps me to reduce my anger, my aggressiveness today.

### 6.6 Participating observation

During participating observation I could pick up this humbleness and discipline during the practice of yoga. Being the only women in the room with 30 men, I had a preconception that my presence could provoke distraction. The result was completely the opposite; there was a deep concentration and focus during the whole practice. There was a complete silence right through, and during balancing postures I was surprised that nobody fell. This might sound simple, but after many years of practicing and teaching, I don’t think I have ever seen a full class and nobody loses the balance during these postures. This is a sign of high awareness and presence among the practitioners.

Another observation during the visits in the different Kripa centres was the holding environment. This is a concept that comes from D.W. Winnicott, and has a therapeutic affect of feeling safe and supported (Contemporary clinical practice: holding environment under assault, 2013). There was closeness between the staff and the interns. The open centres had the atmosphere of freedom, you could just walk out of there if you wanted, which gave a feeling that everybody there actually had a wish of being there. Many stayed in the organisation to work and live after their recovery. They felt like a family and I could sense strong belonging.

### 6.7 Heuristic study

During my time in the ashram there were strict routines followed every day. The bell rang at six o clock in the morning and from there on there was a program with asana practice twice a day, pranayama practice twice a day, meditation, body cleansing procedures and lectures. All the food was served and the room was cleaned. Having no concerns of the daily life back home it became very easy to focus a deepening my practice. The supporting environment kept me away from distractions and I could devote my full concentration to the program in the ashram and to this study. The uninterrupted routine of yoga practice enhanced my concentration and awareness, it reduced inner stress and most explicit it improved my sleep. During this time there was no internet except when I went to the
internet café or the library. My cell phone hardly rang or got any messages, in other words, I was never disturbed or distracted unexpectedly. All these factors established a clear mind, which facilitated my practice and my study.

7. Analysis/Discussion

In this part the analysis will be presented. I have chosen to put these two chapters together as the analysis of the result is done through my subjective understanding and coloured by my own experience and preconception. The analysis is interpreted through the holistic perspective supported by the system theory, as well through role theory and the concept of the own self and will be presented in the same themes as in the result.

7.1 Through the perspective of Role theory and the concept of the own self

7.1.1 Identity

Just as Goffman talks about the stigmatized persons role of getting disqualified from full social acceptance, the result witnesses how the addict will get assigned this role and the feeling of not fitting in excludes the person even more. The identification with a certain personality will automatically weld the group together in a feeling of belonging, which can be an additional obstacle for the addict to break free from the addiction.

Cooley’s perspective of the self-concept being a product of the way the society perceives a person, shapes the identity of an addict, this identity can be hard to wash out even long after the person is sober and clean. One part is the addict that identifies himself as an addict, and the other part is the external world that labels the person as an addict. When a person undertakes a specific role for some time the category of the role will continue to follow him even when he tries to break free, and this makes it harder to create a new identity. This is what Goffman refers to when he defines stigma, the person is categorised by society to be abnormal, not fit in, and specifically in the case of addiction-to be a non-reliable, lazy and week person (1971). There can be a risk of a self-fulfilling prophecy in this pattern. When the expectation on a behaviour is to fail, it is more challenging to create a change and the easy way is to go back to the comfort zone, in this case go back to the addiction. When the person walks out from the rehabilitation centre and have a duty to fulfil as a yoga instructor, there are other expectations on him. Or that he simply choses to have regular yoga practice creates the opportunity to change the concept of the own self.

The positive aspect of publicly pronouncing the fact of being an addict is that it can reduce the stigma, just like Goffman says (1971). The other side is that it again restricts a person to be “only” an addict and can become an obstacle for occupying a new role as sober and clean. Mead points out the importance of our capacity to reflect and how our intelligence gives us freedom to change (1995). This is a good reason why there is such emphasis on cognitive methods, because we can train our mind to actually make a change. Mead also talks about how parts of our personality can sink into oblivion
when we stop identifying our self with some parts of our life (a.a.). In this context, I would say that the addict easily forgets that he was an innocent child or a young person with dreams and talents before getting caught up in drugs or alcohol. Through the practice of yoga and meditation several of the participants had the experience of going deeper into the own being and create a new contact with those hidden parts. One of the participants expressed it in this way: “In meditation I get to know who I really am and who I want to be”.

7.1.2 Stress
Several of the participants said that they used to be “a short-tempered person” or an “aggressive person”. Through a role-perspective this could be understood as a behaviour that is adopted by the addict, as these are the expectations from the outside. It can also be understood as a role where the addict is comfortable in lack of awareness or tools for breaking this behaviour. The aggressive reactions and short temper can be result of the stress and anxiety that is created in the body, and when frequently repeated it can be understood as a personality. According to Telles et al. yoga and meditation relaxes the nervous system and gives the practitioner an opportunity to experience himself in a new way.

7.1.3 Self-discipline
The ability to reflect upon and understand the problem is not enough to make a change in life, discipline and effort is also required. Here is where yoga can contribute to the recovery in the way of creating new habits and most important- consistency, patience and discipline to make changes possible. Making yoga a daily routine and doing the practice, even though the mind tries to convince not to, require discipline. By disciplined and consequent actions the belief in the own power to actually make changes got strengthen. Through the theory of the concept of the own self, it can be understood that when the person realise that he is no longer a victim under the addiction he is free to make other choices and make deep changes in the personality. In this way the concept of the own self also changes. This requires discipline and consistent effort, and depending on the motivation and conditions of the recovering addict, this is successful or not. When positive changes are carried through, more motivation will come, with motivation bigger investment in disciplined work will be possible.

7.1.4 Health and wellbeing
Most of the participants delivered a positive experience of practicing yoga and several of them had implemented yoga in their life, by practicing regulary or even teaching. This is a chance to create a new personality and identity that is connected to something healthy and disciplined - the opposite to addiction. This new identity also creates expectations from the outside, that you are supposed to be healthy, disciplined and have a strong moral which are qualities connected to yoga. In case of being labelled as an addict these new expectations offers the opportunity to create a new concept of your
own self and also a new identity to deliver to the world. A similar result could probably come out of any kind of involvement in a healthy action, like sports for example.

With the understanding of Goffman's description of how a damage and unhealthy body reflects on the identity, it is easy to figure out that an active addict has difficulties in identifying himself with a healthy personality and lifestyle. Only by dropping the substances, the recovery will not create a sense of wellbeing. With an unhealthy body and “spiritual void” it must be hard to create a healthy concept of the own self. Yoga can in this aspect cover the somatic and spiritual healing as well, opening up for a more holistic health perspective integrating all parts.

7.1.5 Spirituality
The daily meditation also created an opportunity for the participants to review the day, their emotions and the life they where living in the present moment. These moments can offer the participants time to reflect on who they want to be and what kind of life they want to live and in what role. Meditation is proven through research to be good for anyone, to enhance the awareness and to be able to reflect upon what kind of fellowman to be in this world, this is not exclusively for addicts.

7.2 Through the Holistic perspective and system theory

7.2.1 Identity
Yoga has a holistic approach that includes the whole being with body mind and spirit. Many participants described the same Fjällström emphasise on - that an addict has to change his life style, attitudes and concepts about the world and himself to be able to recover (2010). This is what yoga is said to work on, the whole picture, and not exclusively the problem of the addiction. When the participants experienced a sense of control of their own feelings and bodily sensations through yoga and meditation, and not only an intellectual understanding of the problem, there was more freedom in choosing who they wanted to be.

In the West the body is more often regarded as a project to be worked on and a way of creating a self-identity (Shilling, 2012.). Eastern philosophies acknowledge the concept of man as a trinity of body mind spirit-inseparable (Iyengar, 2010). Through a holistic perspective that could mean that all aspects of the human being has to be respected in order to create a grounded identity.

7.2.2 Stress
Yoga is an experience-based embodied practice rather than a rational and intellectual, which gives the practitioner an experience of the problem and not just an idea. This experience can be a way of getting to know all parts of one self, the weaknesses and strengths. Healy talks about the solution focused methods that are more mind based and the strength focused methods that often are more experience based (2014). Yoga would fall into the category of strength-focused methods, which means that yoga offers the practitioner tools to self-regulate his system by using his own strengths and resources. The practice of yoga helps the recovering addict to go deeper in understanding these unbalances and gets
the opportunity to create homeostasis in the systems. The inner system of the body works with hormones that affect the level of stress, relax, hunger and sleep and other physiological needs. Research presented above shows that yoga and meditation are efficient tools to self-regulate this inner system. Through breathing and relaxation exercises the practitioner can slow down the breath and create a more relaxed state in the body. In turn, this is proven to silence restless or negative thoughts, which in turn inhibit impulsive actions. Through a holistic perspective it is easy to see how all parts are connected and influenced by each other. The bodily sensations, the mind and the actions are all interdependent.

The reductionist perspective on the body in a sociological understanding is reducing the body to an objective component of the identity, while a holistic perspective embody senses, emotions and experiences, integrating all aspects of the mind and body together with the social environment (Shilling, 2012). Ehdin and Ehdin highlight the importance of a holistic perspective on the human being to obtain health (2002). The holistic view on the human includes emotions, mind, body and spirit and also the interaction between people in the society (a.a.). The opposite would be reductionism mentioned above. In the result from the interviews all these aspect were mentioned repeatedly, how the participant learned to hold and control his emotions, how he in meditation observed his mind, through asanas got connected with his body and could heal the body, and finally how yoga and meditation was a spiritual awakening that made a great difference in the participants journey of recovery. Yoga works as an embodiment of the twelve-step program and the counselling, integrating all aspects in a recovery. One therapy or method alone would loose power, but all parts together create a strong foundation for the recovering addict.

7.2.3 Self-discipline
Fjällström talks about creating equilibrium in the systems, the inner systems and the outer systems (a.a.). The recovering addict has to work on all the areas to obtain a sustainable sobriety, and the practice of yoga can help build a strong foundation. If the unbalances remain, both on the inside and the outside, the relapse is probably soon a reality. Self-discipline was said to be one of the most explicit results of practicing yoga. It gave power to control craving, anger, and strong uncomfortable feelings. It also helped control impulses. Self-discipline can be understood as a way of regulating the inner system, which will directly effect the interaction with the outer system in the way that responsibility for the own actions enhanced and blaming external factors reduced. This can be seen as personal empowerment that will create ripples on the water in a positive direction. When positive changes are carried through, more motivation will come, with motivation bigger investment in disciplined work will be possible, and so on. Interpreted through system theory all the actions are connected and influenced by each other, which can be directed to one way or to another. With the help of the disciplined practice of yoga, the participants got the opportunity to prove themselves the willpower they posses.
7.2.4 Heath and wellbeing

Hacking uses the concept biological re-connection when he describes the interaction between body and soul, and he also says that yoga works as a model for this biological re-connection (2010). What he means with this concept is how the physical condition influences the feeling of wellbeing, and how the mental condition influences the physical condition. This relates to the holistic view in the way that all parts makes the whole, that is why it is important to include all aspects of the human being to obtain healing, health and wellbeing.

7.2.5 Spirituality

Through a holistic perspective spirituality is included as a brick in the system. Many refer to spirituality as a supporting element in recovery. Spirituality gives meaning and humbleness. Humbleness is a way of let go of the ego that you can do it on your own, to acknowledge that you have a problem and to ask for help. Spirituality is a core in yoga that differentiate it from being just exercise. Some of the participants expressed it as they where “spiritually broken” before the recovery.

The AA program has a psycho-spiritual dimension, which gets immersed in a psychosomatic dimension through the practice of yoga. The intellectual understanding of the mind in counselling blends with the bodily experiences in meditation and yoga practice.

Boynton asks her self if spiritual distress could possible be the root of stress and anxiety and means that the holistic approach of body-mind-spirit is needed for an overall health and wellbeing (2014). She means that spirituality is an important dimension in life, specifically in coping with difficulties (a.a.). This is what the participants described as faith to a higher power and inner guidance that they found helpful in fighting the addiction. Excluding the spiritual dimension would imply an interruption in the system, and the missing component would create a tear in the canvas of the whole picture.

During recovery the primary focus is to quit the substances, yoga brings the emotional and spiritual recovery as well, for the ones who seeks it. For a person that describes himself as “spiritually bankrupt” this could be of high value for his recovery.

7.3 Critical analysis/Discussion

Here I would like to bring in my own experience from the heuristic study. As described above, the Kripa foundation centres are compared to an ashram. From my own experience in the ashram I can relate to the environment in the recovery centres. It is a protected and supporting environment where everything is served. It keeps you away from the concerns and worries in the daily life, which means that you can completely devote your self to what is going on here and now. But what happens when you come out in the real world? My own experience is that it is so easy to let go and go back to old habits. Returning back home, the daily distractions and obligations steal my time and focus. I myself do not have to deal with an addiction problem, and still I can feel the challenge to keep up the routines
I followed in the ashram. My question is what happens with the participant’s that does not stay to work and live in the Kripa centres? How important is the connection with the community? I understand the importance of integrating yoga as a part in daily life to get a positive outcome; otherwise there is not much use. Maybe this is challenging for someone that recently got out of rehab.

Another thought came up regarding “blind followers” and the risk of following leaders teaching without own critical questioning? Is there a possible risk of exchanging substance addition to dependent of the organisation and the yoga? And is that something bad if it keeps them away from addiction? Yoga is meant to be a tool to enhance self-efficiency and to create a strong core in one self for an independent life without addiction in this case; the vulnerability I see is if connection is interrupted with the community and the AA and NA meetings. There has to be an integration of all parts.

Last I would like to add my own experience of the practice of yoga. We were asked to move slowly, mindfully and stop if there was discomfort, listen to the body, pause after every pose and observe the changes in the body. This practice enhanced my body awareness and made me more alert on my own needs and bodily sensations. Through slow movement I could decrease the breathing, connect with and focus on the breath, which decreased my level of stress. All the details like keeping silence during meals and paying attention to the food mindfully, going to bed early, waking up early, only vegetarian food, no coffee or tea, breathing exercises and meditation had great impact on my overall well being, no doubt. I had the question in my mind if the strong faith could provoke a kind of placebo effect, but I understand that practicing yoga gives a lot of healthy and positive effects, the problem is if the practice is not consequent.

I find it difficult to distinguish whether it is the practice of yoga or the collective support and holding environment or the program of twelve steps that are determine in a successful recovery. Probably it is the integration of all aspects together. As the practice of yoga is vast and covers many different areas it makes it subtler to discern the impacts. Like one of the participants that implemented a regular yoga practice after recovery said: “Whether yoga is helping me or not, I don’t know. But I’m away from alcohol at the moment”.

The intention with this study is not to prioritise body-mind-spirit methods over mind-based methods, as the mind-focused methods mentioned in this thesis, CBT and MI, are well proven to be efficient in addiction recovery (Payne, 1997). Actually the MI, when used correctly, is a very powerful tool of helping the client to find his own motivation to make a change, something that accordingly to all participants and staff that I talked to, is absolute necessary to come out from an addiction. When I say “used correctly”, I mean that the expectations of using these methods many times leads to “crash-courses” for health care staff, and they are being used in an incorrect way without supervision or follow up trainings. With this said, I surly think the same applies for yoga, without correct knowledge and experience it could harm more than heal.
**8. Conclusion**

The purpose of this study was to explore the participant’s experience of yoga as a complementary method in their recovery from addiction. The research questions were focused on the possible contributions from yoga to clinical social work, in this case the work with addiction recovery. In this part I will briefly present the conclusions of the result that are relevant for the research questions.

The practice of yoga created a new relationship with the own body, which resulted in enhanced appetite and sleep quality, and the need for rest. It was also said to help in healing the physical damages from alcohol and drugs like weak heart, high blood pressure, muscle weakness, trembling, nervous system dysfunction, liver and pancreas failure and diabetes. Flexibility and strength enhanced through the practice of yoga, which improved the physical wellbeing. In case of withdrawal symptoms in detoxification it was helpful in alcohol abuse, in case of iliac substances medication was often required for the first days. Conclusion of this is that yoga contributes to an over all wellbeing including the body, and focus is not only on quitting the substances. Yoga invites the body as a source of knowledge and respects the somatic experience in the healing, something that has been criticized for being left out in sociological theories and social work according to Shilling (2012), Howson (2015) and Tangenberg & Kemp (2002).

Over all yoga was positively experienced as a way of connecting with the inner self and the body, and was a useful tool to handle strong emotions. A key conclusion is that yoga can fill out gaps that conventional, more intellectual methods used in social work and specifically in addiction recovery, do not cover. This gap can be the more embodied experience of what the conventional, cognitive based methods, like 12 step program, teaches. Telles et al. describes the connection between the periphery system and brain cortex that happens in mind-body practice, as effective healing of psychosomatic illness, which addiction is defined as (2014). Yoga provides an emotional and spiritual recovery beyond the physical recovery in detoxification. This holistic approach to healing enhances those chances of a sustainable sobriety. It could be expressed like this; “As I began to understand the program, I also learned about Father Joe’s unique Kripa Model as a amalgamation of the “Western” 12 step model of AA and the “Eastern” Iyengar Yoga and Meditation” (recovered addict, Kripa). This blending of Eastern and Western perspectives can strengthen each others and deepen the understanding in different levels, the body, the mind and spiritually.

Yoga and meditation, if integrated in life, can be useful tools in handling stress, anxiety and keeping the body healthy and the mind more relaxed, which can contribute to a personal responsibility for a sustainable sobriety. It contributes to develop a healthier sense of self and a sense of control of the own body. It can also be a support in emancipate the addicts from the destructive lifestyle and identification and guide them to become a more responsible person to participate in the society. From a public health perspective and a social worker interest, this is an important inquiry. Nevertheless a dedicated practice is required to obtain results. If the practice of yoga during recovery is having a
positive effect on the participants after they have finished the rehabilitation is not presented in this study, and can there for be questioned. A conclusion is that it relies on each individual interest in keeping up a practice of yoga and meditation. All participants after finishing their recovery are always welcome to the daily yoga and meditation practice, the meetings and to find support at any time at any Kripa centre, but still it has to be the own individuals initiative.

Combining Eastern traditions of body-mind-spirit with the more mainstream Western cognitive based traditions opens up for new perspectives in treatment of addiction. The bridging of the perspectives can also enrich the understanding of each of them individually and offer new way of dealing with addiction recovery.

9. Further research

I would suggest further research in this area, as mentioned above, very little research is done until now. More research specifically on women would be enriching the knowledge. The experience and impact of yoga connected to social work in different areas could enhance the interest for complementary methods. This study was limited. A follow up in a larger context could dare and try out the credibility in this study. Also a follow up study to see the result of sustaining sobriety and relapses among the participants after six to twelve months could be of value.
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Interview guide

Questions for Father Joe Pereira, the founder of the NGO Kripa:

1. Tell me about your projects in social work here in India?
2. How do you apply yoga in these projects?
3. What is your experience that yoga do for these people?
4. What is your own experience of yoga?
5. It is common that people mix up yoga with religion, you as a catholic priest, how do you combine those?
6. What do you see are the core contributions from yoga to clinical social work that are different from other interventions?
7. In what way do you believe yoga can make a change in marginalized peoples life?
8. On your website it says that Kripa’s strength lies in *Eastern disciplines*, how would you define that?
9. What would the difference be between Eastern and Western perspectives would you say?
10. Is there something else you would like to add that I didn’t ask you about?

Questions for Kripa’s participants:

1. What is your reason for being here?
2. Have you gone through rehab somewhere else before Kripa? If yes- what was the difference between Kripa’s program and the other program?
3. What is your experience of yoga in the program?
4. Have yoga made a difference for you during the rehab? In what way?
5. Did you have any previous experience from yoga?
6. How would you explain yoga?
7. Do you find a specific limb in yoga that works for you? Ex meditation, asanas, pranayama….?
   Explain why and what it is doing to you?
8. Is there something in yoga that you don’t like? What and why?
9. Have yoga changed something in your life? In what way?
10. Have you continued/are you inspired to continue with yoga after the program? If yes- why?
11. What would you say are the core contributions from yoga to a rehab program?
12. Is there something else you find important that I didn’t ask about?