

## Yoga as a Therapeutic Intervention for Carers of Addicts: A Missed Opportunity?

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### Abstract

In this review I make the case for yoga having a role as a therapeutic intervention for those affected by and /or caring for those with addiction problems. This is mostly informed by my experience of running yoga sessions for this cohort, and from the benefits that have been anecdotally reported to me. I will end by making a call for more addiction services to incorporate yoga sessions into their day care programmes, and opening it up to carers as well as patients.

### Introduction

In the addictions field, internationally, there is consensus that addiction (to substances or to behaviours such as gambling) treatment services need to take a whole-family approach rather than an individualistic approach [1]. This is the case as addicts adversely affect their families (and/or their social networks) in wide-ranging ways. Some of the negative impacts of addiction on families are financial (in supporting the addict's addiction and related costs), crime (being subjected to theft, violence, domestic abuse etc.), employment (lost opportunities for their own employment), ill health (due to the stress caused by the addict), and negative impact on children [2]. It is suggested that for every addict there are at least three to four others who are negatively affected in their 'network', and who need support/help. And given the prevalence rates of addictions (drugs, alcohol, gambling, etc.) in most communities/countries, it goes without saying that there are millions of carers who are adversely affected and have a range of needs that they need help and support with.

Given the above, it is surprising and unfortunate that there are very few support services or interventions on offer for carers of addicts. Traditionally, addiction treatment services have not been geared up to help carers although there are promising signs that this is changing. There is

growing focus on supporting carers in their own right: the 5-step intervention being one such. In essence, this is 'a brief psychosocial intervention to support family members in their own right who have a close relative with an addiction [3]. It consists of five steps: Step I = Listen, reassure and explore concerns; Step II = Provide relevant, specific and targeted information; Step III = Explore coping responses; Step IV = Discuss social support; and Step V = Discuss and explore further needs. One of the main drawbacks of such structured interventions is the cost and resource implications. This often prevents treatment providers and service commissioners from offering these routinely in their services.

It is in this context that I believe yoga has a crucial role to play. Although far from robust research findings, there is emerging scientific basis for effectiveness of yoga in mental health disorders. Studies so far, in the field of yoga and psychiatric disorders, have shown that yoga results in changes in neurophysiological, neuroimmunological and neuroimaging measures [4]. However there has been very little systematic research exploring the usefulness of yoga for patients suffering from addictive disorders; and there is even less that has been done on the benefits of yoga for those caring for addicts. My views formulated in this editorial are formed by my experience of and feedback from carers who attend my yoga classes.

In the drug and alcohol treatment service where I worked, I offer once weekly yoga classes and it has been running since May 2013. We practice Hatha yoga incorporating four key elements: proper exercise or physical movements (Asana), proper breathing (Pranayama) proper relaxation (Shavasana) and positive thinking and meditation (Dhyana). The class is slow and gentle and welcomes people of all ages and abilities, whether or not they've done yoga before. I take into account people's abilities and always offer variations for everything we do so everybody can feel part of it. The class is promoted by drug and alcohol

support workers. But mostly, it's word of mouth. I've found that in a tight knit community that is what works. We've grown from a class of five when we started, to fourteen at the time of writing.

### Benefits of yoga

The reported benefits of yoga for carers, in my view, fall into two categories: direct and indirect. The former ('direct') includes the immediate and directly perceived benefits of yoga to attendees in areas such as physical health, psychological health, overall well-being, anxiety levels, and ability to cope with stress, relaxation levels, concentration levels, depression and sleep. The latter ('indirect') benefits are those not emerging directly from yoga but these benefits are attained as a result of carers attending this group, and are thus more a by-product of these classes: these include feelings of empowerment, enhanced sense of self-control, and reductions in guilt, shame and anger. And it that, the class serves yet another purpose- that of a feeling of "Sangha" or community, where those going through a shared experience, come together. Research has identified that carers have needs in these following areas: support, contact with other carers, and an empathic, non-judgemental approach [5].

Carers who attend these classes often form their own support network and I have found that they often meet among themselves before and after the sessions, and even outside these classes, to provide support to each other, to share coping tips, to socialise, etc. Although difficult to quantify the benefits reported from these activities seem to be immense.

### Discussion

Some of the key advantages of yoga are that it is easy to provide, it is relatively inexpensive, it can be provided alongside other treatments including medications, and it is well accepted by carers and patients. Plus, it is devoid of side effects and is suitable for most people. In my experience yoga can also be easily incorporated into the structured day care programmes that many addiction treatment services already run, and the set up and running costs of yoga are minimal.

### Conclusion

In conclusion, I argue that carers of addicts often tend to be a forgotten group of vulnerable people. And there is little currently on offer to help this group. From my experience yoga is a relatively inexpensive, easy, user-friendly therapeutic intervention that can easily be incorporated into day care treatment services that can then be offered to carers of addicts. I am not suggesting that yoga is a panacea for all of carers' needs but it is a useful adjunct to existing support or treatment interventions on offer. It has, in my experience, through both direct and indirect benefits, greatly helped them. However, more research needs to be done before firm conclusions can be drawn.

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