Original Article

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Lived Experience of Substance Users Practicing Spiritually-based Meditation: A Qualitative Study

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Abstract

Background: Substance abuse lowers quality of life and impacts individuals, families, and communities. Limited research exists on recovery through Rajyoga Meditation (a spiritually based-meditation) in rehabilitation centers. This study explored the recovery journey of substance users practicing Brahma Kumaris Rajyoga Meditation.

Methods: A qualitative study with a phenomenological approach was conducted among 15 participants who were residing in rehabilitation centers and had attended the Brahmakumaris Rajyoga Meditation Program for one month and were willing to participate. In-depth interviews (IDIs) were conducted from March to June 2025 in Biratnagar metropolitan city, Nepal, after obtaining approval from the Nepal Health Research Council. The interviews were conducted until data saturation was achieved. The interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis.

Results: This study identified peer influence, stressful life events, family conflicts, lack of support, psychological challenges, and behavioral issues as central experiential factors influencing addiction and the decision to seek rehabilitation. Substance users perceived that the center's structured environment provided them with an opportunity to reflect deeply on their lives, enabling them to gain a better understanding of their past, present, and future. After practicing Rajyoga Meditation, they experienced shifts in physical health, emotional stability, cognitive perspectives, and spiritual understanding.

Conclusion: Following Rajyoga Meditation, the substance users perceived positive changes in various aspects of their lives. Spiritually-based meditation, such as Rajyoga, may facilitate the development of coping mechanisms and enhance self-esteem. As an adjunctive component to standard rehabilitation strategies, it could potentially expedite recovery pathways for individuals undergoing long-term addiction treatment.

Keywords: Meditation; Rehabilitation Centers; Spirituality; Substance-Related Disorders

Declarations

Ethics approval and consent to participate: This study was part of a broader project approved by the Nepal Health Research Council (NHRC) (Approval ID: 32_2024), focusing on the "Effectiveness of Brahma Kumaris Rajayoga Meditation the quality of life of the person residing in the drug rehabilitation center". Written informed consent was obtained from all the participants.

Consent for publication: Informed consent was obtained from the patient for the publication of identifying features along with the manuscript.

Availability of data and materials: The full data set supporting this research is available with the corresponding author upon request by the readers.

Competing interest: The authors have no conflict of interest to declare.

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BACKGROUND

Substance abuse among young people is a growing public health concern [1], with over 292 million people using drugs globally in 2022, marking a 20% increase over the past decade [2]. In Nepal, more than 100,000 individuals were identified as current drug users, with 76.2% below the age of 30 [3]. Despite available rehabilitation centers, only a small proportion seek treatment, and relapse rates remain high at 65% [4]. Traditional rehabilitation services in Nepal follow structured approaches including counseling and behavioral therapy. However, approaches like yoga and meditation are increasingly explored due to high relapse rates. There are various yoga and meditation techniques that are applied in addiction prevention. Mindful meditation is well documented in relapse prevention [5].

Brahma Kumaris Rajyoga Meditation (BKRM) is a spiritually-based meditation that emphasizes mental discipline and self-awareness. Emerging evidence shows that this yoga practice may potentially hold therapeutic value in addiction recovery and mental health management [6]. Although various quantitative research exists on substance use in Nepal, however limited qualitative evidence explores meditation's role in its recovery. Therefore, this study explored the lived experiences of substance users practicing BKRM at rehabilitation centers in Biratnagar, focusing on their recovery journey and perceived effects following its practice.

METHODS

Study design: A qualitative study with a phenomenological approach was conducted using in-depth interviews (IDIs). This study adhered to the standard protocol for qualitative studies, utilizing the COREQ (Consolidated Criteria for Reporting Qualitative Research) [7].

Ethical approval and informed consent statements

Ethical approval for the study was obtained from the Nepal Health Research Council (ID:32_2024) and informed written consent was taken from all the participants.

Study participants: We recruited 15 substance users purposively based on the principle of saturation [8] from three rehabilitation centers of Biratnagar Metropolitan City, Nepal. The participants were individuals who had attended a BKRM program, on daily basis (one hour session) at the centers for at least one month, had no severe mental health issues (verified by self-report), were able to respond adequately, and were aged 18 years or older.

Brahma Kumaris Rajyoga Meditation (BKRM)

BKRM was practiced by participants as described by Naragatti S. [9]

Data collection tools and techniques

The study was conducted from March to June 2025. The interview schedule was prepared by the research team members based on previous literatures and consultation with expert. The interview schedule guidelines were pre-tested among a couple of participants who were not included in the final interviews. Interviews were conducted in the local language, Nepali, and some in Hindi, in a private setting, which lasted 20 to 45 minutes. To ensure the trustworthiness of the data, the researcher employed iterative questioning and regular debriefing. The authors cross verified the data with a few participants to ensure accuracy and rigor, and no inconsistencies were found.

Data management and analysis

To ensure anonymity, a unique code was assigned to each participant. Thematic analysis was conducted following the six-step process outlined by Braun and Clarke [10]. The data were summarized, and the codes, sub-themes, and themes were developed. Coding was conducted independently by the primary and secondary authors, who read the transcripts multiple times and developed initial codes separately. The authors then compared and discussed the codes to reach consensus on a common coding framework. Subsequently, the third author reviewed the agreed codes to ensure consistency and coherence in the coding process and theme generation. Additionally, member checking was conducted by sharing the interpreted findings with participants to verify accuracy and resonance with their experiences to ensure credibility, trustworthiness, and transferability of the data.

RESULTS

Background characteristics of the respondents

Participants in this study were all male, aged between 18 and 72 years, with a median age of 29 years. Before entering the rehabilitation center, all had previously used substances, including alcohol, drugs, and other addictive substances **(Table 1).**

Table 1: Background characteristics of the study participants

Participants	Age (yrs)	Occupation	Types of substance abuse	Duration of substance abuse (yrs)	Quarrel in family	Number of times relapse
P1	34	Businessman	Alcohol	10	Yes	9
P2	29	Student	Alcohol	5	Yes	1
P3	23	Labor	Alcohol	8	Yes	1
P4	22	Student	Drugs	2	No	1
P5	23	Student	Drugs	1	No	1
P6	24	Government job	Alcohol	10	Yes	9
P7	29	Foreign country	Alcohol	6	Yes	2
P8	20	Student	Drugs	2	Yes	1
P9	30	Foreign country	Alcohol	6	Yes	2
P10	38	Private job	Alcohol	5	Yes	1
P11	30	Labor	Alcohol	5	Yes	1
P12	34	Unemployed	Alcohol	5	Yes	1
P13	72	School teacher retired	Alcohol	20	Yes	3
P14	24	Student	Drugs	3	No	1
P15	55	Government job	Alcohol	10	Yes	1

The preset broad themes relevant to the purpose of this study were identified as: 1. Life before coming to the rehabilitation centers, 2. Changes after undergoing treatment at the rehabilitation center. 3. Changes after participating in the BKTM program.

1. Life before coming to the rehabilitation center

The narratives showed a complex interplay of personal, familial, and social factors that shaped their journey toward substance use. This theme explores the circumstances and enabling forces that led individuals to substance dependency and highlights the emotional and psychological state of their lives before seeking help.

Pathways to Addiction: Peer Influence and Stressful Life Events

For many participants, substance use began in adolescence or early adulthood, often influenced by peer circles.

"Due to my friend circle, I started drinking few in 15 days, 6 months and later became an addict." P1/34

Such peer pressure, in addition to limited awareness and supervision, created an environment that enabled individuals to try substances and eventually become dependent on them.

Tragedies and life hardships

Several participants mentioned stress as a significant factor, often triggered by life's hardships, such as job loss, family tragedies, or relational breakdowns associated with substance use. A participant described a series of distressing events that pushed him toward alcohol, and explained why he was unable to stop drinking:

I had to face many problems. I incurred loan during marriage (own) which I could not pay. I started drinking alcohol due to this tension. After that my wife went abroad and we quarreled over the phone conversation (hinting bad relationship with wife), my mother died and within a couple of month my brother died too in an accident." P7/29

The cumulative effects of stressful and traumatic events along with an inability to cope up with the resultant stress and anxiety, can pave pathways towards substance abuse as a perceived solution.

Family Conflict and Lack of Support

Family dynamics played a critical role in both the development of addiction and the repeated relapses experienced by some participants. Conflicts at home, lack of emotional support, and constant blame contributed to feelings of helplessness and isolation.

One of the participants shared,

"This is my 9th time at a rehabilitation center. Here, we think we can manage, but we can't. Due to family problems, I was unable to stop using alcohol." P6/24

Another participant shared how his family's mistrust became a trigger: *"Family members tortured me (accusing of drug use) and did not trust me even when I was not using any substance. This is the reason why I started drinking again."* P2/29

These responses revealed that lack of trust and support can act as a facilitator for relapse, even after formal treatment.

Loss of Self and Meaning

The findings indicate that participants experienced a sense of life being beyond their control, marked by unregulated emotions, an absence of purpose, and compromised decision-making. One participant remarked,

"Before coming to rehabilitation, I did not know the importance of life. I did what I wanted to do. I did everything for drugs, even stole from the house. I did not think about (how my life will be) my future. I was only focused on present. I did not care about rest of others when addiction was fulfilled. In fact, I was totally oblivious to the rest of the world." P14/24

This feeling was shared by many, who had lost their sense of direction, driven by addiction, confusion, or rebellion, with rehabilitation seen as the last option when nothing else works.

2. Changes After Undergoing Treatment at the Rehabilitation Center

The participants shared how their time at the rehabilitation center brought positive changes in their lives. They discussed changes in their behavior, emotions, and even spiritual development. Self-Realization and Remorse.

One of the most striking changes reported was the development of self-awareness. Participants reported that they acquired deeper insights into their past behaviors and actions. The environment within the rehabilitation center helped individuals acknowledge their mistakes and develop a desire for change.

"I got the chance to contemplate about my past mistakes here. I learned to keep myself busy with work." P11/30

Adoption of Discipline and Routine

A significant aspect of the rehabilitation experience was the structured living environment at the center. Participants said that having rules, routines, and responsibilities helped them build better daily habits. This change led to improved sleep, enhanced focus, and better time management.

As one participant shared,

"I never thought I would be able to see these changes in my life (indicating after coming to rehabilitation center)…….I learnt to work here, I do not drink anymore; it is just a waste of money and family life, I think this will not happen (drink) in future too. P10/38

This change in routine was often viewed as a significant stepping stone toward long-term recovery, enabling participants to rebuild a sense of control and normalcy in their lives.

Emotional Regulation and Stress Management

Several participants mentioned initial difficulties living in the rehabilitation center, but over time, they developed coping mechanisms to manage stress and anxiety. One participant described the early phase of treatment:

"First time, I was put in the detox(therapy) in the center. I felt like why I am here? I had already been treated here before and why again? Now I don't feel that way anymore." P11/30

However, this feeling was not found among all the participants. Some participants still struggled with internal restlessness. One participant shared;

"I got rid of drugs here at 'sudhar kendra' (rehab center), but my mind would not calm, would not be able to sit calmly, and I would not be able to focus on my work." P5/23

This indicates that while changes in external (physical) behaviors might be evident among the users after treatment in the center, psychological and mental problems might take longer to heal and may require longer-term support beyond detox.

Growth in Moral and Spiritual Awareness

However, beyond physical recovery many participants experienced personal and spiritual growth. The rehabilitation center created a sense of moral awareness and helped participants reconnect with values they had lost during their substance use.

One participant noted,

"Here, I learned the importance of everything the importance of family and learned positive things." P8/20

Similarly, another participant explained; *"After taking classes here, I understood how to make our life happy."* P11/30

These reflections demonstrate how rehabilitation not only addresses addiction but also lays the foundation for a purposeful life and inner transformation.

3. Changes after participating in the BKRM program

After the introduction of the BKRM program, notable changes were observed in multiple dimensions of participants' lives, as reported by the participants.

Changes in physical, mental and emotional well-being

A prominent change observed after the BKRM program among the participants was an improvement in physical well-being. Meditation, combined with the structured routine at the rehabilitation center, contributed to healthier habits, reduced substance dependence, and improved sleep

hygiene. This is how a participant expressed the changes brought in his life,

"Yes, I don't have negative thoughts like I used to have in the past. I don't have any addiction. I am physically changed and better now. It was worse in the past" P14/24

Meditation served as a coping tool for managing stress and cultivating inner peace.

"I was negative in the past (indicating negative thought and perception), Now, I don't feel any negative thoughts when I meditate. My mind no longer wanders everywhere like it used to. It feels like medicine for a sick person." P4/22

Participants also reported improved sleep patterns and greater control over emotional outbursts, such as anger.

"I do have changes in my habits. I don't have anger issues, now (after BKRM program). It has improved compared to past. Now I can sleep well." P12/34

These findings indicated that RM, in combination with rehabilitation care, helped in the development of discipline, routine, and improved self-regulation.

Spiritual Growth and Transformation

Spiritual transformation was a key area of change reported by many participants. Rajyoga Meditation introduced them to concepts of self-awareness, karma, and a relationship with a higher power. Several individuals who were initially skeptical reported a newfound belief in spiritual teachings and practices.

"After the Rajyoga sessions, I got to know myself, I started believing in God. I should not be involved in ill deeds, every act has to accountable (indicating karmic account), I am positive (indicating in own acts and behaviors), let others act in anyway, that is their way." P15/55

The findings indicate that Rajyoga meditation may positively influence spiritual awakening among substance users.

This integration of spiritual practice into daily life, as reported by the participants, suggests that Rajyoga is perceived as a sustained source of strength, extending beyond the treatment setting.

DISCUSSION

This study identified peer influence, stressful life events, and family conflicts as central lived experiences influencing addiction. The primary changes observed included self-realization and remorse among most participants, the adoption of a disciplined lifestyle, improved emotional regulation, stress management, and growth in moral and spiritual awareness. The integration of BKRM contributed positively to participants' in physical health and their mental, emotional well-being, and spiritual growth. Notably, participants expressed a strong commitment to maintaining an addiction-free life following discharge, suggesting that BKRM may support sustained motivation in the speedy recovery of substance users.

The study findings revealed that most of the participants initiated substance use due to peer pressure, which is supported by previous literature, where reports peer pressure has been associated with substance use in both negative and positive contexts [11,12]. Similarly, individual factors, social and economic factors, substance-related factors, and legal and policy factors were the most common factors for substance use reported in the past [13,14]. Financial problems, such as loss of job, were also attributed to substance abuse in this study, which is similar to the study that showed there is a correlation between unemployment and substance use [15].

In the current situation, declining moral values and lack peace, happiness, love, and respect for themselves and others, may predispose individuals to substance use as a coping mechanism. The effects of rehabilitation centers were observed in self-realization and remorse among the participants. Participants became aware of their past mistakes and developed patience over time after completing treatment. Rehabilitation center counsels the individual to change their behavior and plays a vital role in overcoming the problem of addiction [16]. Moreover, participants demonstrated behavioral changes associated with recovery. They recognized the importance of time, daily routine, and positivity in overcoming addiction. Motivation to change is an essential factor for reducing psychological distress among alcohol dependent patients [17]. Supportive environments like love, care and support are also important to overcome the addiction [16].

Our study examined the various changes experienced by participants through BKRM. Physical health and discipline were among the significant changes reported by participants. Similarly, mental well-being was another domain that showed substantial progress from Rajyoga, including peace and relaxation. Participants developed emotional maturity through the lessons learned in the session, including development of coping mechanisms and empathy. These findings are supported by Arora S showed who demonstrated improvement in the quality of life after practicing BKRM [18].

Prior research has shown that Mindfulness-Based Relapse Prevention (MBRP) and Cognitive Behavioral Therapy (CBT) reduce substance use and craving by enhancing self-

regulation and coping strategies [19]. Various randomized controlled trials further support the role of mindfulness meditation in significantly reducing substance use and craving [20 – 22]. However, despite this growing evidence base, mindfulness-oriented interventions remain largely absent from rehabilitation programs in Nepal. Most rehabilitation centers continue to focus on counseling, family support, and 12-step programs, which have demonstrated effectiveness in promoting abstinence [23]. While these approaches provide essential psychosocial support, they may not sufficiently address underlying neurocognitive and emotional deregulation associated with relapse vulnerability.

Emerging literature suggests that yoga may serve as a complementary, holistic intervention in addiction treatment by promoting dopamine homeostasis and supporting long-term regulation of reward pathways implicated in Reward Deficiency Syndrome [24]. Furthermore, a systematic review conducted in Nepal reported a significant role of yoga in reducing substance use and substance-related craving [25]. BKRM has been scientifically proven to offer numerous health benefits, including reducing stress, alleviating pain, enhancing sleep quality, and improving overall mental health [26,27]. Another observed change was the spiritual growth among participants, which developed a sense of inner calmness in them. A systematic review has shown that spiritual meditation may promote addiction recovery as well as improve the psychological and mental health outcomes by reducing depression, anxiety, and stress symptoms [28]. Mindful meditation primarily operates through attention monitoring and non-judgmental acceptance of present moment experiences [29], whereas BKRM helps in developing positivity in life, thereby adding distinct value to the rehabilitation process.

This qualitative study is among the first conducted in rehabilitation centers in Biratnagar, providing insights into the Journey of recovery. This study has some limitations. First, it captured immediate perceptions, rather than long-term outcomes of BKRM. The information provided by the participants may have been influenced by social desirability bias, as they might hide certain details or respond in the ways they believed the researchers expected, as the interviews were conducted inside the rehabilitation centers. Therefore, the findings should be interpreted with caution. Additionally, the interviews were conducted only one month after the meditation practice; a longer duration of intervention might be required to observe more sustained changes. Further studies, especially those using mix-method designs, are required to prove the effectiveness of meditation among substance users and the prevention of relapse in the long run.

CONCLUSION

This study highlights the transformative potential of BKRM in the rehabilitation process of substance users. Participants perceived positive changes in emotional stability, physical health, cognitive awareness, and spiritual growth following spiritually-based BKRM meditation. As an adjunctive component to standard rehabilitation strategies, it could potentially expedite recovery paths for individuals undergoing long-term addiction treatment.

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