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I Feel Whole Today:

Mind and Body in Counselling Psychology Practice

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Submitted in fulfilment of the requirements for the Professional Doctorate in Counselling Psychology at City University London

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THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED FOR DATA PROTECTION/CONFIDENTIALITY REASONS:

p. 163: **Appendix I:** Transcript sample.
pp. 214-238: **Section D:** The clinical client study.

THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED FOR COPYRIGHT REASONS:

pp. 148-149: **Appendix A:** YTFTM 8-Week Course information.
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SECTION A: INTRODUCTION TO THE PORTFOLIO

The following portfolio presents three pieces of work submitted in fulfilment of the requirements for the degree of Professional Doctorate in Counselling Psychology. The portfolio includes a piece of original research, a publishable paper and a clinical client study. Linking these three components are a number of interrelated elements: my interest in 'third-wave' behavioural and contextual therapies, neuroscience, yogic and Buddhist philosophies, and the mind and body in psychological therapy.

Third-wave psychological theory runs throughout the portfolio. Within the research component Yoga Therapy for the Mind (Mason, unpublished), a newly emerging therapy within the third-wave movement, has been investigated. Within the client study the clinical application of Acceptance and Commitment Therapy, another third-wave intervention, has been explored.

Informing the third-wave approach to managing distress is a neuroscientific understanding of the physiological processes underpinning affect dysregulation. Over recent years, neuroscience has begun to illuminate the role of the autonomic nervous system in regulating affect (Berntson & Cacioppo, 2004; Thayer et al., 1996) and the way in which early trauma may negatively impact the development of this system (Schore, 2009). Neuroscientific research has furthermore indicated the potential to positively impact autonomic functioning in order to reduce psychological distress (Benson, 1975; Porges, 2003).

Yogic and Buddhist philosophies have also influenced the third-wave movement. From a theoretical perspective, these philosophies have informed third-wave conceptualisations of human suffering. From a practical perspective, they have provided a number of strategies, such as mindfulness and compassion meditations, for alleviating psychological distress (Kabat-Zinn, 1994; Segal, Williams & Teasdale, 2012; Gilbert, 2009 etc.). Within the research presented in this portfolio, Classical yoga philosophy and Theravadan Buddhist philosophy are particularly relevant and have been explored in greater detail within the Critical Literature Review section of the research component.

Finally, the mind and body have a long history within the field of psychology, despite being largely side-lined from mainstream psychological therapy, from the work of William James (1890) and Pierre Janet (1924) onwards. Throughout the years there have been a variety of body based psychological therapies, such as Reich's 'Vegetotherapy' (1975), Lowen's

'Bioenergetics' (1975) and, more recently, Kurtz's 'Hakomi method' (1990) and Eiden's 'Chiron approach' (Hartley, 2008). Within the research component, as a yoga-based intervention, YTFTM works with the body, from a perspective informed by third-wave theory, neuroscience, and yogic and Buddhist philosophy.

The following introductory section provides an overview of the portfolio, commencing with a summary of my personal interest in the topic and my rationale for its exploration within my doctoral thesis. The research component, publishable paper and client study will then be outlined.

Personal Interest

My curiosity about the mind and body grew from my longstanding interest in yoga and meditation practices, including mindfulness and compassion meditation practices, as personal tools for healing and wellbeing. Through my personal practice, I became increasingly aware of the potential for such practices to affect my mood and heighten my awareness of patterns of thinking, feeling and responding. Facing challenging circumstances, I also realised that my personal practice, guided by a yoga therapist, often exposed me more fully to my distress and in so doing, provided me with an opportunity to learn to manage this with greater compassion and wisdom.

Throughout my doctoral training my curiosity has continued to develop, through both my academic learning and my clinical work. Firstly, I became interested in the influence of yogic and Buddhist philosophies within Western psychological therapy and began integrating third-wave therapies into my client work. I discovered that principles from Mindfulness-Based Cognitive Therapy (Segal, Williams & Teasdale, 2012), Compassion Focused Therapy (Gilbert, 2009) and Acceptance and Commitment Therapy (Hayes, 1994), such as self-soothing and mindful acceptance, offered practical alternatives to the maladaptive coping strategies I was supporting many of my clients in overcoming. Despite the benefits of these principles, I nevertheless felt, particularly with clients such as 'David', discussed within my client study, that a bodily connection was missing.

Secondly, I became interested in the similarities I could see between the yogic and Buddhist concept of *samskaras* and Western concept of *schemas*. Within Buddhist and yogic traditions, samskaras are subconscious mental 'impressions' or habits, formed through past experience, which continue to shape perception of and reactions towards both the internal and external world (Satchidananda, 1978; Easwaran, 1986; Feuerstein, 2008). Within Western

psychological therapy, Jeffrey Young's concept of maladaptive schemas (Schema Therapy; Young, Klosko &Weishaar, 2003) and Ogden's patterns of automatic response to traumatic experience (Sensorimotor Psychotherapy; Ogden, 2006) struck me as comparable ideas. Both models - the former emphasising the psychological and the latter, emphasising the physiological - were similarly informed by neuroscience, attachment and affect-regulatory theory and can be integrated with third-wave therapies.

Rationale – the Need for Holistic Therapies

My rationale for the following work is threefold: Firstly, my conviction that neuroscience can enhance Counselling Psychologists' understanding of the relationship between mind, body, distress and wellbeing. Secondly, my belief in the importance of Counselling Psychologists expanding their understanding of the mind and body in order to become more holistic in their approach. Finally, my sense that Counselling Psychology and yoga therapy provide not only complimentary but compatible approaches to working effectively with clients in distress.

As discussed at length within the research component, neuroscience is increasingly illuminating our understanding of affect-regulatory processes and development. Whilst Counselling Psychologists arguably seek to avoid medical reductionism, I believe that neuroscience may nevertheless hold a significant piece of the jigsaw, in considering a holistic understanding of distress. Furthermore, I believe Counselling Psychology trainees are missing out when they are not offered formal neuroscience teaching within their training, particularly given the increasing impact I anticipate neuroscience will continue to make on the world of mental health in future years. Considering training I found myself facing a choice between Counselling Psychology, Body Psychotherapy and Yoga Therapy. Whilst I still believe the Counselling Psychology route was the right one for me, I now feel the course could be further enhanced by the inclusion of neuroscientific and body-based perspectives, which would further enhance future Counselling Psychologists' capacity to truly work with the 'whole' person.

In many ways, I believe yoga and Counselling Psychology may be compatible as well as complementary approaches. Firstly, both disciplines aim to work holistically, with the 'whole' person. The yogic system, as described within the research component, provides a complete mind and body guide to the path from suffering to liberation; Counselling Psychology distinguishes itself from its Clinical counterpart by claiming to see the 'whole' person. Furthermore, both the yogic tradition and Counselling Psychology, informed by humanistic values, share a belief in the intrinsic goodness and wellness of human beings.

The Research Component

The umbrella yoga therapy organisation, The Minded Institute, has developed a manualised 8-week Yoga Therapy for the Mind course (YTFTM), for the treatment of depression, anxiety and stress. Emerging from the third-wave movement – and heavily influenced by Mindfulness-Based Cognitive Therapy – YTFTM is similarly informed by yogic and Buddhist philosophies and neuroscience, as previously described. As a new intervention, the student experience of undertaking this course was investigated, using a qualitative, Interpretative Phenomenological Analysis methodology. From the analysis four master themes emerged, including: Personal Journey of Change, Ambivalence, the Mind/Body Connection and Group Experience.

The study echoes many of the findings of existing research into mindfulness-based treatments, such as the acquisition of new coping strategies, struggle and overcoming obstacles. However, it also suggests the potential additional benefits of a yoga-based approach, in terms of applied learning and enhanced wellbeing. For Counselling Psychologists, therefore, approaches such as YTFTM may offer additional value to existing third-wave therapies.

The Publishable Paper

The research has next been presented in a publishable format, with the intention to submit to the international journal, *The Counseling Psychologist*. Whilst it is likely that other yoga and complementary therapy journals may have been interested in the research, *The Counseling Psychologist* was selected due to its influence within the field of Counselling Psychology. Furthermore, the journal holds a current interest in the areas of integrative health care and Positive Psychology, to which the current research is relevant. With the aim, therefore, of informing future Counselling Psychology practice and training courses, key elements of the research have been condensed and adapted to meet the criteria for this journal. In providing the research in such a format, I hope to demonstrate my capacity to contribute academically to the field of Counselling Psychology.

The Clinical Client Study

For the client study, I have presented my work across sixteen sessions with ‘David’, an NHS Secondary Care client with a psychiatric diagnosis of schizoaffective disorder. Consistent with the rest of this portfolio, my work with David adopted a third-wave perspective, using Acceptance and Commitment Therapy for Psychosis (ACT-P), involving Buddhist practices, such as mindfulness.

My work with David ostensibly demonstrated a number of benefits of ACT-P. These benefits included a greater engagement in life, useful tools for coping with psychotic experiences and an ability to contemplate a future beyond mental illness. Nevertheless, in spite of David's achievements, the work highlighted some potential limitations of ACT-P and other third-wave therapies. Firstly, the framework was insufficient to conceptualise the extent of the deeply embodied 'deadness' I experienced from David. Secondly, I felt the framework failed to emphasise the central importance of the therapeutic relationship and the significance of genuine, intimate human relating. Thirdly, David's need for meaning-making was at odds with ACT-P theory and therefore required some degree of theoretical pluralism to address effectively. The client study additionally highlights the challenges of balancing these different therapeutic 'ingredients', pragmatically, within the context of time-limited NHS services.

Whilst the client study leaves many questions unanswered, I believe that it reflects my developing identity as a holistic, integrative Counselling Psychologist, at the point of completing my doctoral training.

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PART B: THE RESEARCH COMPONENT

‘I feel really whole today’: Experiences of the Yoga Therapy for the Mind 8-Week Course

Abstract

The current study investigated the experience of the Yoga Therapy for the Mind (YTFTM) 8-week course, a manualised yoga and mindfulness-based intervention, for mild to moderate depression and anxiety. Eight female students from across four YTFTM courses participated in semi-structured interviews exploring their experiences of the course. Interviews were analysed using an Interpretative Phenomenological Analysis, with thirteen subordinate themes emerging and grouping into four super-ordinate themes: Personal Journey of Change, Ambivalence, Mind/Body Connection and Group Experience.

The findings of the study have been interpreted in light of relevant literature from across the fields of psychology, neuroscience and Buddhist and yogic philosophy. The findings echo previous research into comparable mindfulness-based courses, but suggest there may also be additional psychological benefits to the practice of yoga asana. These added benefits include a more holistic and embodied understanding of psychological distress and adaptive coping strategies, as well as enhanced wellbeing.

Recommendations have been made with a view to influencing future courses and Counselling Psychologists interested in developing a more holistic approach to therapy.

CHAPTER 1 - INTRODUCTION

1.1 Context

Following the recent interest in mindfulness-based therapies, yogic postures and breathing techniques are being used by an increasing range of mental health professionals working in the USA and the UK. There has been a rising interest in the efficacy of yogic practices to enhance psychological wellbeing, reflected by a growing body of research in this area. For Counselling Psychologists interested particularly in third-wave behavioural therapies, yoga could potentially offer useful tools for developing affect and attentional regulation, and enhancing cognitive reappraisal of difficult emotional experience. These skills could be taught to clients within the therapy session and could be practiced as part of homework tasks, developing the individual's distress tolerance and capacity to manage anxiety symptoms short and long-term.

Mindfulness-based therapies have emerged as part of the so called 'third wave' behavioural movement. As Hayes (2004) outlines, 'first wave' behaviourism, a reaction against existing psychoanalytic theory, emphasised the need for empirical evidence for clinical interventions. The first wave therefore focused on changing scientifically observable behaviour in order to directly address symptoms, using behaviourist principles such as operant and classical conditioning. The 'second wave' of the late sixties incorporated the contemporary metaphor of the mind as computer, leading to a shift in focus to irrational thinking and 'faulty information processing' and the birth of Cognitive-Behavioural Therapy (CBT). The end of the twentieth and beginning of the twenty-first centuries have seen the emergence of the 'third wave' of behavioural therapies, such as Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams & Teasdale, 2012). In contrast to the previous cognitive-behavioural movement, the focus of these therapies shifted again from changing the content of pathological thinking to changing relationship to thoughts, whilst continuing to promote behavioural change in terms of more adaptive coping.

Emerging from the third wave movement, the umbrella organisation, 'The Minded Institute' (TMI), offers a manualised 'Yoga Therapy for the Mind 8-week course' (YTFTM 8-week course) as a complementary treatment for depression and anxiety. Combining elements of yoga, Mindfulness-Based Cognitive Therapy, psychotherapeutic holding and neuroscience, the YTFTM 8-week course aims to help students manage their own mental health through a range of practices which it suggests may help promote improved short and long-term affect regulation, self-awareness and self-acceptance.

1.2 Overview of Yoga Therapy for The Mind 8-week Course

Designed as a therapeutic treatment for mild to moderate depression, anxiety and stress, the YTFTM 8-week course is organised into eight accumulative weekly themes: weeks one and two focus on affect regulation through breathing practices ('pranayamas') applied during yoga practice; weeks three to five explore emotional health through the body; in weeks six to eight students are invited to investigate the mind, using mindfulness practices to develop awareness of and work with habitual mental patterns.

Each class is structured to begin with an educative introduction into the week's theme, where psychoeducation based upon TMI philosophy is provided. Students are then invited to explore this theme through the physical yoga practice and then through a focused, group activity, designed to highlight the teaching related to that week. Each class then ends with a group discussion, where students are invited to ask questions, share insights and hear one another's experiences of the learning. Students are then invited to continue to practice on this theme over the following week with a recommended homework practice.

The course provides each student with a comprehensive course manual, which includes an overview of the course, summaries of each weekly theme and homework practice, review questions and homework logs for students to complete, additional reading and instructions for each practice and pose, including illustrative photographs. Further information regarding the YTFTM 8-week course can be found in Appendix A.

The TMI teachers referred to throughout this research have undertaken a 350 hour teacher training with TMI and as part of this training have qualified to teach the YTFTM 8-week course.

1.3 Depression and Anxiety – Prevalence and Existing Guidelines

YTFTM aims to target depression, anxiety and stress. In terms of prevalence, The National Health Service reports Mixed Anxiety Depressive Disorder as the most common mental health problem in the UK, affecting 1 in 10 adults in any given year. Generalised Anxiety Disorder is the second most common mental health condition affecting 1 in 20 UK adults and moderate to severe depression, the third, estimated to affect 1 in 40 ("NHS Choice", 2013).

According to the Office of National Statistics (Sweet, 2011) more than 1 in 10 (11%) of adults in England were diagnosed with depression in 2009/10. Between 1991 and 2009 prescriptions in England for antidepressants increased by 334%. In 2010/11 around a fifth of UK adults

(19%) showed indications of depression or anxiety, with a higher prevalence in women and in adults aged between 40 and 59. The National Institute for Health and Care Excellence (NICE, advisory body to the NHS), report the estimated cost of treating depression in 2007 was around £1.7 billion (NICE, 2011).

NICE treatment guidelines for both depression and anxiety (NICE, 2011; 2014) currently recommend Cognitive Behavioural Therapy (CBT) and pharmacological treatment with antidepressants such as SSRIs (Selective Serotonin Reuptake Inhibitors). At present, NICE treatment guidelines for mild to moderate depression include CBT-based self-help or self-help groups, structured group physical activity programmes and computerised CBT. For moderate to severe depression, it recommends CBT plus antidepressants. For the treatment of more moderate anxiety, NICE also recommends 'applied relaxation' a relaxation technique involving tensing and releasing the muscles of the body in a systematic fashion to induce relaxation.

Whilst CBT and pharmacological treatments are known to be effective in the treatment of depression and anxiety, a percentage of individuals do not respond to such treatments and relapse rates may still remain significant. Fisher & Durham (1999) found that six months following CBT for Generalised Anxiety Disorder, overall rates of recovery were around just 40%, with individual CBT and applied relaxation at 50–60%. Fava et al. (2001) identified relapse rates of 23% following CBT for panic disorder at post-treatment intervals of between two and fourteen years. Beck (2005) suggests relapse rates at one year after the termination of treatment may be around 60% for anti-depressant medication and 29.5% for CBT for depression, although identified these rates may be lowered by the combining of treatments. Paykel (2007) similarly identified that whilst CBT fared better than control groups, rates of relapse following CBT for depression were still approximately 10% after 8 months and 49% after two years.

There has consequently been a mounting interest in mindfulness-based approaches to relapse prevention, particularly in the treatment of depression. Mindfulness-based Cognitive Therapy (MBCT) was developed as one such method of relapse prevention (Segal, Williams & Teasdale, 2012), for which there is a growing body of evidence (Teasdale et al., 2000; Ma & Teasdale, 2004; Williams & Kuyken, 2012). NICE now recommend the use of MBCT for people who are currently well but who have experienced three or more episodes of depression (NICE, 2014).

1.4 Aims of this Research

The aims of the current research are as follows:

- To investigate how the TMI 8-week course is experienced by its participants
  How do participants experience the course? Did they experience any changes in themselves or feel any different at the end? Did their experience of their symptoms change in any way during the course?
- To investigate the meanings participants attribute to these experiences
  What sense did the participants make of these experiences? Did they relate any changes to the course and if so or if not, what meanings did they attribute to this?
- To explore participants' experiences in light of existing literature in this area
  How do participants' experiences relate to existing research and psychological theory?

1.5 The Structure of this Report

The Critical Literature Review begins with an overview of the history of the body in psychology and psychotherapy, including contemporary approaches to 'body psychotherapy'. A discussion of current third-wave and mindfulness-based approaches adds further context in which YTFTM can be understood and key Buddhist and yogic ideas about the nature of human suffering are outlined. The neuroscientific literature, from which TMI heavily draws, is critically explored and existing research into yoga and mindfulness-based interventions for clinical populations is evaluated.

The next chapter, Methodology, expands upon the rationale for the research and delineates relevant epistemological and methodological issues, including recruitment, sampling, ethical issues and the process of interview and analysis. The Findings chapter uses illustrative quotes to demonstrate the argument for themes emerging from the processes of analysis and includes a graphic representation of these themes. Themes are then explored in light of relevant existing literature within the Discussion and recommendations are made for future practice and research.

Reflexivity is considered an essential and integral part of good quality qualitative research (Henwood & Pidgeon, 1992; Elliott et al., 1999; Yardley, 2000). Willig (2001) defined reflexivity as "reflecting upon the ways in which our own values, experiences, interests, beliefs,

political commitments, wider aims in life and social identities have shaped the research" (p. 10). Elliott et al. (1999) argued that qualitative researchers are not only unable to completely 'bracket off' their own perspectives – as will be discussed further, within the Methodology section – but that their existing values and experiences may, in fact, better enable them to understand and represent their participants' experiences.

According to Elliott, rather than seeking objectivity, authors should "own their own perspective", explicitly specifying "the theoretical orientations and personal anticipations" (p. 221) so as to consider the impact of these assumptions on the research. Furthermore, through detailing these assumptions, the reader is better positioned to understand and interpret the research data for themselves, considering alternative interpretations in light of the researcher's disclosures. For this reason, a reflexivity section has been included, at the end of this and each subsequent chapter, in order to make explicit the personal assumptions which have played a role in shaping each element of this research. As reflexivity is an inherently personal process, the first person has been adopted within these sections. Within the current reflexivity section, I shall begin by briefly outlining my personal relationship to the topic of research.

1.6 Reflexivity - Personal Relationship with Topic

The idea for this research was motivated by my own experience of yoga therapy, as an adjunct to talking therapy. I therefore came to the research with my own my own assumptions about the therapeutic potential of yoga-based interventions. On a basic level, I firstly assumed that others would find yoga therapy beneficial and that there was, therefore, value in researching the topic. Secondly, I held the assumption that the mind and body were inextricably linked, regarding a healthy body as an important element in psychological health and wellbeing. Furthermore, my own experiences of yoga and mindfulness meditation, led me to expect certain practices would be experienced as calming or soothing, lifting or challenging.

Undertaking the TMI teacher training as part of my preparation for research further developed these assumptions, as I experienced the YTFTM 8-week course first hand and learned more about its philosophy and psychoeducation. At times I found my experiences of the YTFTM course challenging, as in contrast to my previous experiences of yoga, I found that the course directed me to look far more at my mind and mental habits. I therefore wondered if others might have similar experiences of the course, with similar difficulties, such as long standing postures or extended periods of mindfulness meditation.

CHAPTER 2 – CRITICAL LITERATURE REVIEW

2.1 Introduction

Yoga, psychology and the body are vast topics. The following critical literature review aims to cover the most relevant literature, within the fields of psychology, psychotherapy, yogic and Buddhist philosophy and neuroscience, to the current topic. It aims, not to be exhaustive, but to provide a sufficient context in which to understand the rationale for this research and the YTFTM course under investigation.

The section begins by placing the topic of psychology and the body in its historical context, arguing that the body was present in psychology, right from the conception of the discipline. It outlines the pioneering work of Janet, Freud, Breur and Reich, and considers the enduring influence of this work on later developments in body psychotherapy and contemporary psychological therapy.

The section then continues with an exploration of the origins of Western interest in Eastern philosophy, preparing the way for the emergence of modern Western Buddhism and the clinical use of Buddhist practices, such as compassion and mindfulness meditations, in contemporary mental health care. Yogic perspectives on mental health are considered, as a context for understanding the therapeutic use of yoga in promoting psychological wellbeing.

Neuroscientific mechanisms, potentially underlying the yoga practices, thought to promote psychological wellbeing, are outlined and existing evidence for yoga-based and mindfulness-based clinical interventions is evaluated.

2.2 Psychology, Psychotherapy and the Body: An Overview

2.2.1 The Body in Early Psychological Theory

> *"The study of nervous and mental disorders… will more and more demand a much more thorough physiology and medicine… Should treatments of this kind still be included under the head of psychotherapy? It seems to me that they should…"*
>
> Pierre Janet (1924, p. 302)

The body as well as the mind were inherent in psychology right from the conception of this discipline. Pierre Janet, one of the founding fathers of psychology, offered this explicit 'mind-body' conceptualisation of psychology and psychotherapy. Alongside him, physician and

psychologist William James (1890), similarly provided an understanding of emotion that was grounded in bodily experience.

Janet came to his conclusions through his work, studying under the neurologist Charcot, with hysterical and neurotic patients, who he reportedly cured by catharsis - a method involving the release of deeply held emotion. This method was adopted by Freud and Breuer and informed later body psychotherapists. Of particular note, are Janet's detailed studies of the distinctive breathing patterns in neurotic patients, including a tendency towards either thoracic breathing (that is, breathing into the upper part of the chest) or 'paradoxical breathing' (where the abdomen is sucked in during inspiration) (Janet, 1929).

Aside from his work on breath, Janet is also accredited with understanding the connection between emotional tensions, vascular constriction and blood pressure; the alleviation of muscular tension in neurosis through massage; a 'gastro-intestinal theory of neurosis'; and the relationship between movement and early trauma (Boadella, 1997). Arguably, Janet saw the emotional, mental and bodily processes as inextricably linked.

Unsurprisingly then, with a background in neurology, Freud's psychoanalytic theory has been described as 'intrinsically body-centred'; a theory of bodily instincts and drives (Staunton, 2002). Freud, himself, declared that the ego is 'first and foremost a bodily ego' (Freud, 1923). In his earlier works, '*Studies on Hysteria*', (1895) Freud described pinching, pressing and kneading the legs of a hysterical patient, and in a letter to Wilhelm Fliess in the same year outlined how he would 'look for sensitive areas, press on them and thus provoke fits of shaking' (Staunton, 2002).

Freud and Breuer's work on hysteria led them to develop an understanding of 'hysterical conversion' in the mind and body that Breuer likened to a weakness in electrical circuit (Breuer, 1895). According to Breuer, when tension in the system becomes excessively high, the circuit may break at its weakest point in the insulation or there may become a short circuit. Similarly, the mind and body are a circuit whereby intense emotion that is repressed and unable to be experienced consciously must find an alternative route to 'discharge' via the weakest point in the 'circuit'. Areas of bodily weakness then present with somatic symptoms of the hysterical conversion – Breuer gave the example of vomiting in response to a feeling of uncleanliness, or spasming in the throat in response to moral anxieties in the famous case of 'Anna O' (Breuer & Freud, 1895).

2.2.2 Reich and the development of Body Psychotherapy

Further developments to this theory were made by Reich (1975), through his very concrete understanding of emotional repression. In contrast to Breuer and Freud, however, Reich developed an interest in *how* emotions are repressed rather than *why* or *what* as Freud's model sought to explain (Totton 2002). According to Reich, as children we are forced by society, through our parents, to inhibit our full, instinctual and emotional expression. As children, parents and society teach us to do this through inhibiting the full and natural flow of breath, reducing our energies and emotional intensity, and by tensing our muscles to inhibit emotional and instinctive responses. Over time these repetitive defensive strategies accumulate to form chronic muscular tensions, dammed up psychic energies are literally repressed within the muscle tissue.

As a result of his diverging and, at times, controversial interests, Reich's expulsion from the psychoanalytic society in 1934 allowed him the intellectual space to break from what had by that point become a 'talking cure' (Staunton, 2002). With this freedom, Reich went on to develop a variety of body-based techniques as a means of dismantling his patients' muscular tensions, or 'character armour', as he called it. These techniques included helping patients to find their way to a full, natural breathing rhythm as well as direct manipulation of muscular tension ('vegetotherapy') whilst working simultaneously with resistances, transferences and associations. Whilst Reich pioneered a radically different approach to his psychoanalytic contemporaries, his expulsion from the psychoanalytic society and his controversial demise into insanity and imprisonment have led to the enduring 'outlaw position' of body psychotherapy (Eiden 2002).

Student and analysand of Reich, Alexander Lowen, developed his therapeutic 'bioenergetics' based on Reich's characterological and energetic principles. Like Reich, Lowen deployed the breath to restore wellbeing but placed greater emphasis on 'bioenergetic exercises' - for example holding and releasing physical postures such as the 'arch' or the 'bow' - designed to discharge and ground repressed energies in the mind and body. Interestingly, Lowen mentioned yoga as a key influence in developing the idea of these physical postures but developed his own system in line with his bioenergetic theory. Lowen didn't expound on his esoteric influences, however, his ideas about the holding and release of bodily energies closely parallel the yogic system of thought described later in this discussion. Lowen's lesser known colleague, Pierrakos (1990), described these influences in his own work far more explicitly. A

central premise in Lowen's approach is 'you *are* your body' and 'mind, body and spirit are connected' (Lowen 1975).

In his development of Gestalt psychology during the 1940s and 50s, Fritz Perls also adopted Reichian ideas in his emphasis on 'psychosomatic language' and here-and-now felt experience (Smith, 1975). Within the humanistic/person-centred movement of the 60s and 70s the body was adopted as a vehicle for 'focusing' in Gendlin's work on the 'felt sense', a technique of teaching clients to focus on a kind of somatic intuition as a means of gaining insight within therapy (Gendlin, 1978). Whilst therapists during this era worked with the body, as body psychotherapist, Eiden (2002) discussed, the concept of working with transferences and counter-transferences, was for a time, largely abandoned.

2.2.3 Contemporary Body Psychotherapy

Since the 1960s and 70s, as Eiden (2002) explained, there has been a movement within the field of body psychotherapy, back towards psychodynamic concepts of 'holding', containment, transference and counter-transferences (or 'somatic resonance').

Inspired by Reich and Lowen's original ideas, a number of contemporary branches of body psychotherapy emerged through the remainder of the twentieth century – most notably, in the UK, Boadella's 'Biosynthesis' (1987) and Eiden's 'Chiron approach' (Hartley, 2008), Kurtz's 'Hakomi method' (1990), in the US, and Boyesen's 'Biodynamic psychology' (1980), in Europe.

Courtenay Young (2006) summarises contemporary body psychotherapists as generally sharing a common understanding of the body as:

- "a source of information about the client's state of being—both in visible body language, and in creating an emotional atmosphere
- the repository of emotions and memories: there is a significant body of research to indicate that memories are also ''held'' in the body (i.e. somatically)
- an entry point for change, bypassing potential intellectual resistance to change, avoiding transferential projections, and softening the character armour
- a vehicle for psychological intervention, whereby attention paid to body awareness can benefit the client considerably
- significant as the mind and no different from it
- a source of somatic counter-transference"

(Young, 2006, p. 24).

2.2.4 Re-emergence of the Body within Mainstream, Contemporary Psychology

Whilst body psychotherapy has generally been side-lined within the mainstream psychological community, there has been a renewed interest in the body within recent approaches to the treatment of post-traumatic stress disorder (PTSD). Inheriting Reichian concepts of the way in which psychological traumas may be held within the body, Van der Kolk (1999), Rothschild (2000) and Ogden (2006), integrate advances in the field of neuroscience and advocate body work as integral to working with traumatic experience.

Janet's interest in the role of breath in mental illness has, similarly, percolated down through the years, (re)emerging into the mainstream as a recognised treatment for anxiety disorders, including trauma, from the 1980s to present day (Meuret et al., 2003). Breathing training, or breathing retraining, has been incorporated within psychological treatment packages, predominantly into Cognitive-Behavioural Therapy (Craske, Barlow & Meadows, 2000; Telch et al., 1993; Zuercher-White, 1998). Also within the CBT movement, breathing training has been provided as a treatment *in and of itself* for panic disorders (Clark, Salkovskis & Chalkley, 1985). Within trauma work, psychiatrists Gerbarg & Brown (2004, 2005) work extensively with breath retraining.

2.2.5 Summary

A review of the literature reveals a long history of the body in psychology right from its central position at the conception of the discipline. Freud's development of psychoanalysis as a talking cure, Reich's expulsion from the psychoanalytic society and later controversies resulted in a side-lining of body-based approaches within psychology. Nevertheless, there has been a constant thread through the work of Lowen and other body psychotherapists.

In contemporary psychology, the body and breath emerge through some approaches to trauma and anxiety disorders within CBT and within third-wave cognitive approaches teaching self-soothing skills. It is within the context of the third-wave that YTFTM has evolved and this movement will now be explored in further detail in the following section.

2.3 East meets West: Mindfulness and the Third-Wave

There is a long history of Western scholarly interest in Eastern philosophy and spirituality, dating back to the expansion of Colonial empires into Asia (McMahan, 2008). The nineteenth century influential German philosopher, Arthur Schopenhauer was greatly inspired by the

Vedic texts, The Upanishads, first translated into Latin and other European languages around this time (Clarke, 1997).

Towards the end of the nineteenth century, in New York, Helena Blavatsky's Theosophical Society, continued to import Eastern religious philosophy to the West, paving the way for modern Western Buddhism (McMahan, 2008) and many of the New Age ideas popular in the 1960s (Drury, 2004), such as Huxley's seminal work, *"The Perennial Philosophy"* (Huxley, 1945). Within psychology, these ideas are clearly apparent within the work of Alan Watts (1961) and Carl Gustav Jung (Jung, 1978), who both wrote extensively on Eastern religion and philosophy, informing many of the ideas of the emerging Transpersonal Psychology movement (Scotton et al., 2008).

Towards the end of the twentieth and start of the twenty-first centuries, there has been a rising interest in 'mindfulness' based approaches to psychological therapy, informed by Buddhist philosophy and mindfulness meditation practices. Mindfulness – defined as, "paying attention in a particular way: on purpose, in the present moment and non-judgementally" (Kabat-Zinn, 1994, pg 4) – was first adapted into a manualised format in Jon Kabat-Zinn's pioneering Mindfulness-Based Stress Reduction program (MBSR, Kabat-Zinn, 1979), for the management of psychological distress caused by chronic pain. MBSR, incorporating mindful breathing, movement and 'body scan' techniques, has since been shown to be effective in the treatment of stress, anxiety, panic, post-traumatic stress and sleep difficulties ("Stress Reduction", 2014).

Since MBSR, interest in the clinical applications of Buddhist philosophy and mindfulness has expanded within so-called third-wave cognitivist or contextual movement. Emerging from this movement have been a plethora of approaches, including Mindfulness-Based Cognitive Therapy (MBCT - Segal, Williams & Teasdale 2002), Dialectic Behaviour Therapy (DBT – Linehan, 1993), Compassion-Focused Therapy (CFT – Gilbert, 2009) and Acceptance and Commitment Therapy (ACT - Hayes, 2003).

A common aim of these third-wave therapies has been to help clients change their relationship to distress, through mindful, non-judgemental acceptance of internal experiences. Third-wave therapies simultaneously seek to provide clients with a range of coping strategies, to increase distress tolerance and the capacity to self-soothe (Gilbert, 2009; Linehan, 1993; Hayes, 2003 etc).

Compassion-Focused Therapy (CFT) (Gilbert, 2009; Neff, 2011), influenced by Buddhist philosophy, attachment theory and recent advances in neuroscience, emphasises the capacity to self-soothe, that is, to respond with warmth and kindness to one's own suffering. CFT trains clients in a variety of techniques to reduce distress and facilitate an experience of inner warmth and safety, for example 'soothing-rhythm breath', visualisation exercises and compassionate reframing of negative automatic thoughts or beliefs.

Evolving within the context of the third-wave movement, YTFTM similarly aims to each clients to tolerate distress and self-soothe (or 'self-regulate'), using mindfulness and yoga practices (Mason, unpublished work). It incorporates aspects of MBCT and CFT into an approach that regards the body and mind as a single system and thus aims to work with both these aspects using yoga as its primary tool.

Within the cognitive-behavioural movement as a whole, there is an interest in 'manualised' programmes, of which YTFTM course is one such example (MBCT being another). Manual-based approaches to psychological therapies have been regarded by some as a breakthrough (Wilson, 1996). Lending themselves well to empirical research they have great potential to satisfy health care policy demands for 'evidence-based' and ideally brief treatments (Barlow 1996; Eifert, 1997). Eifert et al. (1997), reviewing the evidence for manual-based approaches, conclude that whilst structured protocols keep therapists 'on-track' there is a need for flexibility and tailoring to individual case needs.

Having reviewed the psychological literature, the next section will now explore Buddhist and Yogic perspectives on the nature of human suffering and its alleviation.

2.4 Yoga and the Mind: Buddhist and Yogic Perspectives

2.4.1 Eastern Origins of Yoga and Buddhism

"Yogas cit, p.ta-vṛtti-nirodhah

– yoga is experienced in that mind which has ceased to identify itself with its vacillating waves of perception."

Patanjali circa 300AD (translation by Stiles, 2001, p.6)

This seminal verse from Patanjali's Yoga Sutras can be interpreted as suggesting that yoga stills the fluctuations of the mind, arguably one of the chief aims of psychological therapies, seeking to alleviate emotional distress. The following section aims to provide a context to

understanding the reputed therapeutic benefits of yoga and Buddhist practice, which form the basis of TMI's underlying philosophy.

To talk of *the* Buddhist or *the* Yogic tradition, however, would be misleading. Yoga is an umbrella term for a diverse range of traditions and practices, generally believed to have derived from the Vedic traditions of the Indus Valley, at India's cultural and spiritual conception, and can be found within Hinduism, Buddhism and Jainism (Feurerstein, 1998). As yoga has been imported to the West it has continued to evolve into a wide variety of different styles, adapted to suit a Western audience, including 'Ashtanga', 'Iyengar', 'Sivananda', 'Vinyasa' 'Kundalini' and 'Kripalu' to name just a few (Stiles, 2000).

From a Buddhist perspective, as Buddhism spread from Nepal and India, it divided roughly into two main branches, the 'Mahayana' tradition – emphasising mindfulness and compassion - and the 'Theravada' tradition – emphasising spiritual insight - from both of which a plethora of further schools blossomed and evolved (Tserting, 2008). A commentary on the diverse schools and traditions of yoga and Buddhism is beyond the scope of this discussion. Philosophically however, TMI draws from a variety of these different schools of thought.

As Buddhist teacher, Geshi Tsering (2010) explains, at the heart of Buddhist philosophy lies the central teaching that suffering is inevitable. Human suffering is the natural consequence of attachment or aversion to positive and negative experiences, due to human ignorance of the true nature of reality. The cessation of suffering is possible through the following of Buddhist teachings, known as the 'Noble Eightfold Path', a set of eight principles involving the cultivation of wisdom, ethical conduct and concentration. Whilst Buddhist traditions vary in the application of these teachings, in general they share the central understanding that experience, for better or for worse, is shaped by the mind and that the path away from suffering therefore involves understanding and training the mind.

Yoga, meaning to 'yoke' or 'bind', similarly recognises the role of the mind in the origin of human suffering. According to the Indian spiritual master, Satchidananda (1990), the second verse of the 'Patanjali Yoga Sutras' states that the practice of yoga stills the fluctuations of the mind, offering a comparable path from ignorance and suffering towards liberation and self-transcendence, known as the 'Eight Limbs of Classical Yoga'. As with the 'Noble Eightfold Path' in Buddhism, ethical conduct ('yamas' and 'niyamas'), inward focus/concentration ('pratyahara'/'dharana') and meditation (dhyana) are prescribed. However, Patanjali's 'Eight

Limbs of Yoga' additionally involve the practice of physical postures ('asanas') and breathing practices ('pranayamas') (see Appendix B for further details).

2.4.2 Yoga in the West

As yoga has been imported to the West, the physical aspect, yoga asana, has been heavily emphasised. Whilst breathing practices, inward focus, concentration and meditation may be incorporated, the moral and spiritual aspects of Patanjali's Eight Limbs may sometimes be overlooked, particularly as yoga is increasingly taught in gyms and sports centres (Stiles, 2000).

Exploring the more spiritual aspects of yoga in Western classes, Smith et al. (2011) found that only those attending classes incorporating yoga philosophy showed a significant decrease in morning salivary cortisol levels – a physiological measure of stress – and anxiety related symptoms. Smith compared a 'questionnaire only' control group, an 'exercise only' yoga group and an 'integrated yoga' group. The two yoga groups included the same physical practices; the only difference was the inclusion of yogic philosophical teachings which participants were invited to meditate on throughout the practice. Smith concluded that the inclusion of an ethical or spiritual component in yoga classes may provide important additional benefits.

In terms of these additional benefits, published international yoga teacher, Donna Farhi (2008) discusses how yogic ideas, for example cultivating balance, equanimity and self-compassion, can be explored and practiced physically through the body on the yoga mat. Within both the yogic and Buddhist traditions is the concept '*samskaras*'. Arguably similar the Western psychological concept of '*schemas'* (Cole & Cole, 1996; Young, 2003), samskaras are subconscious mental 'impressions' or habits, formed through past experience, which continue to shape perception of and reactions towards both the internal and external world (Satchidananda, 1978; Easwaran, 1986; Feuerstein, 2008).

According to authors such as Farhi, Boudette (2006) and Douglass (2011), therefore, yoga can be used as a means of identifying and working with unhelpful mental habits, or samskaras, such as the tendency to pull away from or push through discomfort. As Boudette describes, yoga can become a 'metaphor for life', 'an experimental laboratory' for developing self-awareness and practicing valuable skills for coping with a mental health problem, such as an eating disorder. Students can explore the chain of physical, mental and emotional reactions in response to a stressor and experiment with new ways of responding.

The YTFTM course similarly invites participants to explore and experiment with ideas from yoga philosophy. Each class involves a weekly theme, taught at the start and returned to throughout the practice as participants are invited to investigate how it relates to them. Themes include 'finding space', 'grounding', 'noticing where the mind is' and 'finding the pleasant', amongst others, and are integrated into the week's daily homework practice in order to encourage consolidation.

2.4.3 The Therapeutic Use of Yoga

The use of yoga therapeutically in modern times can be traced back to the 1920s to Swami Kuvalyananda (1963), who sought to understand the scientific basis for yogic processes he observed. In more recent years there has been a growing interest in the therapeutic use of yoga for mental health conditions and a number of yoga therapy courses and systems have been developed with a focus on conditions such as depression, anxiety and post-traumatic stress ('LifeForce Yoga' Weintraub, 2004; 'Centre for Integrative Yoga Therapeutics' Forbes, 2011; 'Yoga Therapy for the Mind' Mason, 2011 (unpublished)). These approaches follow in Kuvalyananda's footsteps, seeking to provide a scientific rationale for their purported benefits, increasingly based upon recent advances in the field of neuroscience which will be discussed in greater depth later in this dissertation.

2012 saw the UK's first three-day conference exploring 'the role of yoga in emotional regulation', endorsed by the British Association for Counselling and Psychotherapy (BACP) and bringing together international figures in neuroscience, psychotherapy, yoga therapy, yoga research and psychology. In its article about the conference, '*Therapy Today*' magazine concluded, "*These studies are attracting worldwide attention and reflect a new development that crosses psychology, psychotherapy and physiology disciplines – to offer a therapy that can combine a caring, interpersonal relationship with the teaching of self-regulating practices; one that purposefully enhances neuroplasticity and enables the individual to continue the work outside the therapy room*" (Ryan, 2012, p. 17).

2.4.4 Summary

Yoga, at least philosophically, therefore offers a holistic approach for working systematically with the body and the mind, in order to promote psychological health and wellbeing. The yoga mat may also offer a place to explore unhelpful habits and experiment with fresh possibility. The following section now explores, from the perspective of neuroscience, some of the possible underlying physiological mechanisms of change in yoga and meditation.

2.5 A Neuroscience Perspective: Mechanisms of Change

In addition to its philosophical underpinnings, TMI's work has been largely informed by recent developments in the expanding field of neuroscience. TMI draws on this body of research to provide a theoretical framework and scientific rationale for many of its practices. Of particular significance is the neuroscientific understanding of the autonomic nervous system, thought to be implicated in emotional regulation and dysregulation. The following section outlines the key neuropsychological processes relevant to TMI's work.

2.5.1 Autonomic Imbalance

Research suggests that emotional dysregulation can be understood, at least in part, as a symptom of autonomic imbalance (Berntson & Cacioppo, 2004; Mussgay & Ruddel, 2004; Thayer et al., 1996, etc). The autonomic – or involuntary –nervous system (ANS) is comprised of two branches: the sympathetic branch (SNS) associated with the stress or 'fight or flight' response and the parasympathetic branch (PSNS) associated with the relaxation 'rest and digest' response. Dominance of the SNS and decreased PSNS activity are generally accepted as typical patterns associated with emotional dysregulation (Berntson & Cacioppo, 2004).

TMI divides emotional regulation into 'short-term' and 'long-term' regulation. Although these two aspects are related, short-term regulation refers to the ability calm down after emotionally activating events; long-term regulation refers to a more general shift in the ANS away from sympathetic dominance, facilitating a much easier shift into parasympathetic dominance and therefore enhancing short-term regulation.

2.5.2 Short-term Regulation

The YTFTM course aims to teach skills for short-term emotional regulation, often referred to in third-wave literature as 'self-soothing'. This primary component of the course has its roots in the work of Benson (1975), the grandfather of mind/body medicine. Benson advocated the use of transcendental meditation as a means to triggering a 'relaxation response' to combat the 'stress response' and stress related illness.

More recently, Porges (2003) put forward the idea that the main parasympathetic nerve, the 'vagus' nerve not only mediates this relaxation response, but that up to 80% of its messages may in fact be 'afferent' - that is, messages from the body back to the brain. What this suggests is the potential for the body to influence autonomic functioning. Jerath (2006), looking specifically at yogic breathing ('pranayama'), suggests a neurological mechanism by which

voluntary, slow, deep breathing may 'reset' the autonomic nervous system by activating receptor cells in the lungs called 'slow adapting stretch receptors' (SARs). These SARs send afferent messages via the vagus nerve to the hypothalamus inducing the relaxation response (a shift from SNS to PSNS dominance). Put simply, these authors are suggesting that yoga practice offers short-term emotional regulation by reducing the stress response and shifting into relaxation response.

In a clinical research review, Fields (2011) concludes that the positive benefits of yoga are likely to be 'mediated by increased vagal activity and decreased cortisol' (stress hormone), supporting the idea of autonomic regulation. Amongst others, Fields cites Bowman (1997) who found that yoga significantly increased vagal activity compared with aerobic exercise, suggesting therapeutic benefits of yoga are not simply due to increased physical activity. Reviewing 35 studies into the impact of yoga on stress and anxiety, Li (2012) concluded that yoga, as an adjunct to pharmacologic treatment, may improve stress and anxiety symptoms. They also stated, however, that current evidence lacks robust, randomised control trialling.

2.5.3 Longer-term Regulation

TMI proposes that beyond short-term self-regulation, YTFTM could additionally offer clients longer term autonomic and emotional regulation via a number of mechanisms.

Heart rate variability (HRV) – the variation in heart rate between inhale and exhale – is recognised as a reliable measure of 'autonomic flexibility', that is, the ability of the ANS to move flexibly between stress and relaxation response (Porges, 2007; Berntson & Cacioppo, 2004). According to this model, low HRV is indicative of sympathetic 'stress response' dominance, resulting in a vicious cycle of heightened stress and anxiety with all its associated physical, emotional and mental characteristics. Within the YTFTM course, physically demanding practices are alternated with periods of relaxation, with the aim of 'lifting and lowering the nervous system' to increase HRV, thus promoting autonomic flexibility.

There is a growing body of research exploring the impact of yoga 'asana', breathing and relaxation techniques on HRV with some positive results (Papp, 2013; Telles, 2006, 2011). Telles (2006), for example, demonstrated an increase in HRV in a cyclical practice of physical yoga and meditation, identifying predominant SNS activation during physical yoga practice and predominant PSNS activation during periods of meditation. In a randomised control trial, Cheema (2011) found that ten weeks of yoga improved HRV in sedentary office staff, reducing stress and promoting autonomic balance. Other researchers, such as Niranjan et al. (2009)

however, have found that yoga had no significant impact on HRV. Further research is required to draw further conclusions about the potential for yoga to improve HRV.

A further factor involved in long-term regulatory process may be the brain's major inhibitory neurotransmitter, 'GABA' (gamma-aminobutyric acid), which is often lower in mood and anxiety disorders (Streeter, 2010). Streeter et al. (2012) proposed that decreased parasympathetic and 'GABAergic' activity may be corrected by the practice of yoga. This means that yoga may play a role in inducing the 'relaxation response' and inhibiting 'stress response' systems in the brain.

In a review paper, Kinser, Goehler & Taylor (2012) suggest that yoga may impact on depression by influencing a number of structures in the brain connected to the 'Executive Homeostatic Network', that is, the substrate for conscious and wilful self-regulation. In particular, Kinser outlines the prefrontal cortex (PFC), associated with conscious reasoning, with its capacity to initiate 'top down' processes, influencing lower brain regions associated with the body's homeostatic control such as the hypothalamus. Connecting with the PFC is the anterior cingulate cortex (ACC) associated with the capacity to direct attention (Taylor et al., 2010) and the dorsolateral prefrontal cortex (DLPFC) associated with sustained attention and the maintenance of mood state in relation to goal setting and accomplishment. In their discussion of these brain structures, Kinser, Goehler & Taylor explore both the evidence for their involvement in depression as well as their potential to be influenced through yoga. The authors conclude that "*Techniques learned in yoga may help an individual change perception and appraisal of a stressor, altering his or her affective and physiological reactions to the situation*."

In support of the 'long-term regulation' argument, Yoshihara (2011) found evidence that long-term yoga practitioners may have better mental health. Compared with healthy controls, long-term yoga practitioners scored significantly lower on measures of mental disturbance, tension, anxiety, anger-hostility and fatigue. Urine stress hormone levels were also lower in long-term yoga practitioners, although this result was not statistically significant. The difficulty with studies into the long-term effects of yoga practice, however, is that although comparison with a control group is possible, randomisation is not. This means there is no way to tell if more relaxed people take up yoga (and more stressed people do not) and therefore if yoga is the causal factor in these findings.

2.5.4 Mindfulness and Long-term Emotional Regulation

Aside from the physical practices of yoga asana and pranayama, the YTFTM course is essentially also a mindfulness practice. The course integrates mindfulness of the breath, body sensations and the mind through its weekly teachings and practices, training students to be in the present moment, even with difficult experience.

According to Hölzel (2011) possible cognitive benefits of mindfulness include emotional regulation and attentional regulation. Emotional regulation through mindfulness is thought to occur as a result of cognitive reappraisal and exposure to (and thereby extinction of) difficult emotions. Attentional regulation means that the mind is trained to focus on present moment experience, breaking cyclical and ruminative thought patterns common in depression and anxiety disorders, disconnecting from painful thoughts and memories.

Hölzel offers a neurological framework for understanding these mechanisms in the brain, suggesting changes in a number of regions, including the anterior cingulate cortex (involved in attentional regulation), insula and temporo-parietal junction (involved in body awareness) and default mode network structures (involved in self-referential thought).

The field of neuroscience is offering researchers and psychologists a new framework for understanding the potential therapeutic benefits of yoga. In the next section, the evidence for yoga and mindfulness as clinical interventions with mental health populations will be reviewed.

2.6 Existing evidence for Yoga and Mindfulness-based Clinical Interventions

2.6.1Yoga and Meditation for Depression and Anxiety: Quantitative Evidence from Clinical Populations

Existing research has suggested that yoga may be an effective treatment for several mental health conditions - including depression, anxiety and PTSD – however, studies have often been limited by methodological inadequacies, such as small sample sizes, lack of comparison control groups and blinding of assessors, attrition rates and inadequate reporting of methodological detail (Cabral, Meyer, & Ames, 2011; Kirkwood et al., 2005; Pilkington et al., 2005; Mehta & Sharma, 2010). Until recently, as a newly emerging field within psychological science, quantitative yoga research has lacked rigorous testing against randomised controls (RCTs), the golden standard for determining clinical effectiveness.

A major complication in yoga research is the lack of common practice. Yoga is an umbrella term, incorporating a range of different schools/traditions in the West (Iyenga, Ashtanga, Hatha, Sivananda, Kundalini, Bikram and so forth) as well as a vast number of diverse practices, including hundreds of different postures and their variants, breathing and meditation techniques. This means that generalising results from any one yoga study is highly problematic, made worse by the lack of concrete details provided in the methodology of many of these studies (*which* postures did participants hold, *how* were they held, for how long and in what sequence?). The advantage of researching the TMI course is that, at present, it is the only manualised and therefore standardised yoga therapy course with a specific focus on mental health.

Whilst the field is clearly in need of further research, some RCTs exist. In a study investigating the impact of yoga on depression and anxiety in 65 'yoga naïve' Iranian women, Javnbakht, Kenari & Ghasemi (2009) compared a twice weekly 90 minute 'Ashtanga' yoga class, to a wait list control. After two months the yoga group showed significant reduction in perceived levels of anxiety. Aside from somewhat limited measures of depression and anxiety, despite being an RCT, the study demonstrates that yoga may be better than doing nothing. Future research should consider comparing yoga against evidence-based interventions for depression and anxiety, such as MBCT or MBSR (discussed previously), for more informative results.

A recent paper by Kinser et al (2013) set a new standard for research in this area, investigating the efficacy and acceptability of a manualised yoga intervention for women diagnosed with Major Depressive Disorder (MDD). The mixed methods study, consisting of a randomised control trial and semi-structured exit interviews, compared the 8-week yoga intervention with an 8-week 'attention control' (involving an educational 'Health and Wellness Program') using 27 'yoga-naïve' participants.

Both groups were matched for length, duration, class size and as far as possible, overlapping content within course materials and, in contrast to many earlier studies in the field, details of each program are outlined in the paper. In-depth screening and baseline study measures were completed with clearly stated inclusion/exclusion criteria before participants were randomly assigned using computerised number generation.

Kinser found, firstly, that both groups decreased significantly in depression scores (mean score reducing from "moderately severe" to "minimal" depression) and secondly that the yoga group showed a greater reduction in rumination. The qualitative 'feasibility' aspect of the study

revealed that all of the women who participated in the yoga enjoyed the classes and felt the yoga had played an effective role in reducing their symptoms. Furthermore, as time went by they became increasingly motivated having experienced 'felt' benefits from the yoga such as 'feelings of physical and mental wellness'.

A further strength of the study was exit interviews for drop-outs which revealed 'scheduling conflicts' as the primary reason for drop out. Kinser also suggests that the ease of recruitment for the study indicates the acceptability of yoga as an intervention for women with MDD and that anhedonia was therefore potentially less of a barrier to volunteering than the authors had anticipated. Interestingly as well, Kinser was able to recruit a racially and ethnically diverse group, reflecting the local demographic, suggesting a potentially multi-racial/ethnic appeal of this kind of treatment.

Despite its strengths however, the study only used female participants and a relatively small sample. Furthermore, it is possible that those *already* seeking to make a positive change in their lives volunteered, resulting in a sampling bias. Additionally there was a relatively high drop-out rate in the control and no long-term follow up has as yet been conducted.

In terms of the YTFTM course, under investigation in the current study, an unpublished pilot by Ugargol et al in 2012 investigated the effects of the course on mild depression and anxiety in adults. Results indicated an improvement in both depression and anxiety symptoms, wellbeing, resilience and mindfulness. The authors recommended future research replicate this investigation with a larger sample size and against an active control.

With regards to mindfulness research, in an empirical review of mindfulness training as a clinical intervention, Baer (2003) concluded that, whilst many studies were also often limited by methodological flaws, mindfulness-based interventions may be effective in the treatment of a variety of mental health problems. Baer lists a number of methodological inadequacies, reflecting those highlighted within the yoga research, including lack of randomised control groups and small sample sizes.

Reviewing only RCTs, Toneatto & Nguyen (2007) reviewed 15 controlled studies, testing the impact of Mindfulness-Based Stress Reduction (MBSR) on clinical depression and anxiety. The authors reported that MBSR had no reliable effect on depression and anxiety. A more recent meta-analytic study by Hoffman et al. (2010), however, investigated the effect of mindfulness-based treatments on anxiety and depression. Analysing 39 studies, the authors concluded that mindfulness-based therapy is a 'promising treatment' for anxiety and depression

in clinical populations, although the research included non-controlled as well as controlled studies.

Despite some limitations and inconsistencies, there appears to be a growing body of quantitative research suggesting the potential efficacy of yoga and mindfulness-based treatments for clinical populations. It is important that future studies seek to address the methodological issues highlighted within existing literature, ensuring appropriate randomisation, blind assessment, adequate sample sizes and adequate methodological detail in published reports.

2.6.2 The Yoga Experience: Qualitative Yoga Research

Aside from Kinser's mixed methods study, very little qualitative research has been published, looking at the *experience* of yoga with clinical populations. Nevertheless, a small number of studies exist, exploring the experience of yoga more generally. Atkinson & Permuth-Levine (2009) ran a series of six focus groups with a total of 50 participants, exploring the perceived benefits, barriers and cues to action of yoga practice. Participants were divided into three levels of yoga experience with two groups for each level which included 1) never practiced, 2) practiced less than one year and 3) practiced more than one year.

Along with an extensive list of perceived physical benefits, psycho-social benefits included an opportunity to socialise/'camaraderie', inspiration for a mindful approach to life, increased open-mindedness, more relaxed personality, reduced stress, greater self-acceptance, allowance of 'protected time'/greater ability to focus on oneself.

Interestingly, Atkinson & Permuth-Levine also identified a number of perceived barriers to practice. These included: general time restraints, length of class/travel; cost of equipment/classes; negative preconceptions about yoga, such as female dominance, self-consciousness, appropriate level of physical challenge, negative experience of the teacher and negative health effects such as joint/knee pain and fear of this worsening. If yoga were to be adopted by the psychological community, clearly it would be worth considering these barriers carefully. A strength of the study was the attempts made by the authors at balancing male and female participants within each focus group and inclusion of participants from different ethnic/racial backgrounds.

A mixed methods study by Uebelacker (2010) similarly identified a combination of physical, emotional and social benefits alongside comparable barriers including time, location and

parking. Ueberlacker's participants also highlighted the importance of teacher qualities in yoga experience, with desirable qualities including compassionate, accommodating, understanding and 'down-to-earth'. Furthermore, participants expressed a balance between meditative and physical practices as optimal and generally demonstrated a preference against the inclusion of 'too much' yoga philosophy.

Complimenting these findings, although not strictly qualitative, a recent study by Quilty et al. (2013) surveyed 604 yoga students enrolling on a 4-week yoga course, in the USA. Just under half completed the end-point survey which explored students' perceptions about yoga, motivators and barriers to practice, identifying the primary barrier to practice was time. In terms of perceptions of yoga, 92% reported seeing it as primarily as a form of exercise, 72% identified it as a 'spiritual practice' and 50% saw it as a way to manage long-term health conditions. In terms of motivators 73% reported taking up yoga as a form of stress management.

A small number of unpublished dissertations exploring the 'lived experience' of yoga have been identified. One study exploring the integration of short-term dynamic therapy and **yoga** in the treatment of generalized anxiety disorder and depression identified 'groundedness in bodily-experienced affect' as a key component (Miller, 2005). Another study into the experience of adolescent females practicing yoga identified key themes such as 'increased sense of self', 'increased self-care practices', 'improved self-esteem and body image', and 'a greater ability to regulate emotions'. Specifically the study concludes that girls who reported struggling with mental health difficulties such as depression, self-harm and attentional deficits reported better coping skills for their symptoms and even cessation of symptoms in some cases (Forzani, 2009).

Despite these positive findings, however, it is important to note that the majority of participants in the studies discussed here were female and either white British or white American. That's not to say that men and non-white British/Americans were not included in the studies but that they were the minority and the details of their experiences were unavailable. It is possible that men, or participants from particular ethnic groups, may have had different experiences from their white female fellow participants. In particular those from different religious groups may well report different attitudes towards yogic philosophy included within some of the classes – Smith et al. (2011) discuss the possibility that yogic philosophy could create dissonance for those from Judeo-Christian traditions, for example.

Further insight into mindfulness-based treatments can also be found in the qualitative MBCT literature. A number of studies have been conducted exploring the experience of MBCT with clinical populations, including Mason & Hargreaves (2001) Finucane & Mercer (2006); Allen et al. (2009), Williams et al. (2011) and Hertenstein et al. (2012). Key themes reoccurring throughout each of these studies seem to be: motivating factors and experiences, the acquisition of coping strategies, improved symptom management, negative experiences/struggle and the need for modification and a variety of practices. A further benefit, identified within these studies, was the therapeutic experience of the group itself, which participants typically experienced as normalising and supportive.

These initial qualitative findings appear to support the quantitative data, as well as TMI's suggestion that yoga and mindfulness may be effective therapeutic interventions for depression and anxiety in clinical populations. However, further research into the experience of yoga as a treatment for depression and anxiety, could provide weight to the argument for using yoga as a clinical tool, as well as insight into any specific benefits.

2.6.3 Summary

The body has a long history in psychology despite being largely side-lined by the mainstream since Reich's break from the psychoanalytic community. Despite this, various schools of body psychotherapy, with roots in the work of Janet and Reich, have evolved over the last half a century. These schools emphasise the importance of breath and bodily tension in the development and maintenance of psychological disease. They seek to restore wellbeing through working directly with the body and often integrate psychotherapeutic holding and somatic resonance (transference/counter-transference) in this process.

The third-wave of contextual therapies shifts the focus of therapy from changing thoughts and feelings themselves to changing the client's relationship with them. Inspired by Buddhist philosophy, which understands the untrained mind as the source of human suffering, the third-wave cognitivist movement seeks to develop clients' emotional resilience and distress tolerance on the one hand and promotes 'self-soothing' on the other.

Research into the therapeutic use of yoga and mindfulness-based therapies for clinical populations is developing but indicates great potential. The field of neuroscience is beginning to offer a medical framework for understanding yoga's therapeutic benefits, in particular in terms of the potential for yoga to balance the nervous system shorter term through 'self-soothing' and longer term through improving 'autonomic flexibility'.

The qualitative research points towards a combination of potential benefits for participants with mental health difficulties including physical, emotional and social. Generally yoga is seen as an acceptable form of intervention by these samples despite certain barriers around practicalities such as time. Participants (in both clinical and non-clinical populations) report experiencing a change in outlook and relationship to self, including increased open-mindedness, self-acceptance, sense of self, self-esteem, resilience and mindfulness.

In this context, the body, through the therapeutic use of yoga and mindfulness, may offer psychologists a new way to promote distress tolerance, self-soothing and wellbeing. It may also offer psychologists a chance to capitalise further on transferential and counter-transferential processes, particularly in the area of trauma work or to stimulate enquiry and experiential learning.

Many of TMI's suggestions appear to be supported by both neuroscientific and yoga research to date. As a standardised, manualised and mental-health focused approach, its YTFTM course offers a convenient opportunity for further psychological research in this area.

2.7 Reflexivity - Theoretical Assumptions

In the following reflexivity section, I will explore my theoretical impact on the research. Building on my existing knowledge of Buddhism, yoga and psychology, my TMI training provided me with an extensive theoretical framework for understanding the YTFTM course, outlined within this Literature Review section. A further area of significant theoretical influence was the third-wave teaching, offered on my doctoral training, which, on the one hand, enabled me to better contextualise the YTFTM course, but on the other, continued to feed the assumptions I held about the topic of research.

Also relevant was the impact of my upbringing, close to the town of Glastonbury, known for its 'New Age' ethos. Surprisingly, despite sparking my initial interest in this topic, this ultimately led me to become increasingly sceptical, needing 'scientific evidence' before I could engage with anything I deemed to be 'alternative'. I was also keen to maintain my own scientific credibility, in order to distinguish myself from the vast body of New Age literature, often lacking in critical thinking. One particular area of concern for me, was the term 'energies' which was frequently coined within the body psychotherapy literature and which seemed to me to lack robustness as a concept. For this reason, then, TMI's psychoeducation and neuroscience strongly appealed to my need for 'evidence'.

Nevertheless, it is important to bear in mind that, in comparison to other yoga courses, the YTFYM course is unique in terms of the extent of its neuroscientific and third-wave influences – Heather Mason is undertaking a Masters in neuroscience and is a trained MBCT facilitator, as well as a qualified yoga teacher – and the inclusion of literature on these topics is therefore relevant to this research.

CHAPTER 3 - METHODOLOGY

3.1 Introduction

The following section starts by providing a rationale for the methodology, Interpretative Phenomenological Analysis (IPA), selected for the current study. It then sets out several areas contributing to the study's philosophical underpinnings, discussing the resolution of seemingly dichotomous epistemological positions. The aim, nature and limitations of IPA are then explored.

Next, each aspect of the research method is described, including recruitment, sampling, interview and analytic processes. Relevant ethical considerations are also discussed. Efforts have been made to provide transparency in the detailing of each of these elements and materials – including recruitment information, interview schedules, transcripts and various documents used within the process of analysis – have been appended.

3.2 Rationale for Methodology and Relevance to Counselling Psychology

The study involves a qualitative design using IPA to explore participants' experiences of the YTFTM 8-week course and the meanings participants attribute to these experiences.

Initially, a mixed methods design was considered. It was thought that the combination of a randomised control trial (RCT), the gold standard in the current drive for 'evidence-based' clinical research, combined with a qualitative focus-group interview, would build well on existing research. However, within the confines of a professional doctorate with further demands aside from research, this was a challenging design to undertake, particularly given the participant numbers required for meaningful quantitative analysis.

Furthermore, from a Counselling Psychology perspective, quantitative evidence is already accumulating whereas little has been done to explore the experience of yoga therapy for mental health. Other qualitative methodologies such as grounded theory, narrative and discourse approaches were considered but lacked the focus on *experience* offered by IPA. As the first qualitative investigation of YTFTM, it seemed premature to be constructing the sort of model grounded theory might have offered, which would have removed analysis from the participant's experiences; similarly narrative and discourse analysis too lacked the emphasis on what the participants' *experience* of doing the course was *like*.

A thematic approach was considered, offering the chance to qualitatively explore different aspects of the course but by itself risked simply producing a shopping list of themes without the richer exploration IPA could provide. IPA allowed the research to remain close to the participants' experiences of the course and the meaning they made of these experiences, which at the early stages of qualitative research in this area is an important first step. It also offered the opportunity to explore how these experiences relate to some of the suggestions made by TMI as well as existing literature in this area in the final level of analysis and discussion.

As the first qualitative investigation of the YTFTM course, it seemed important to explore as many different aspects of the course as possible. A slightly more thematic approach to the interview schedule was therefore adopted to ensure a more thorough coverage, directing participants towards specific relevant topics, rather than allowing them to choose their own focus of discussion. These topics included participants' experiences of the homework practices, any physical or emotional changes and the perceived impact of the course on the difficulties participants were experiencing prior to enrolment on the course (see Appendix C). It was hoped that such an approach could therefore help further illuminate psychological understanding of the therapeutic use of yoga, providing insight into any global and/or specific benefits from particular practices that could be integrated into psychological practice.

Although potentially relevant to other divisions of applied psychology, such as clinical, health or occupational, of particular relevance to Counselling Psychology is YTFTM's emphasis on facilitating wellbeing as opposed to focusing on pathology or sickness, an ethos claimed by Woolfe and Strawbridge (2003) to be at the heart of Counselling Psychology.

A further area of relevance to Counselling Psychology is the way in which yoga may be utilised to facilitate self-exploration. As discussed within the literature review, yoga may offer a form

of experiential learning as students are guided towards mindful self-awareness and encouraged to explore habitual patterns of self-relating on the yoga mat.

Finally, Counselling Psychology claims to see the 'whole person': as discussed within the Literature Review, the body, as well as the mind, is an integral part of this whole and is, therefore, worthy of exploration within the field of Counselling Psychology.

3.3 Epistemological Issues

In his exposition on research paradigms and philosophy of science, Ponterotto (2005) states that the scientific 'quest for knowledge' is underpinned "by beliefs or assumptions regarding ontology (the nature of reality and being), epistemology (the study of knowledge, the acquisition of knowledge, and the relationship between the knower [research participant] and would-be knower [the researcher])…and methodology (the process and procedures of research)" (Ponterotto, 2005, p. 127). This section aims to set out the ontological, epistemological and methodological assumptions underpinning the present study, demonstrating how this sits in relation to existing literature.

There were many elements to considering the philosophical positioning of this current research study. Like Counselling Psychology, with its scientist/practitioner dichotomy, TMI positions itself with a foot in two seemingly contradictory camps. The YTFTM course aims to offer both change in relation to symptoms and at the same time symptom reduction. On the one hand, heavily influenced by MBCT (Mindfulness Based Cognitive Therapy), its philosophy is largely underpinned by third-wave and contextual psychology. On the other, many of its practices are informed by neuroscience and therefore a medical perspective.

3.3.1 The Medical Perspective: A Positivist Paradigm

TMI's assertions towards evidence-based practices in terms of symptom reduction, for example self-regulatory practices, are largely based on evidence from quantitative research (see Literature Review section). This perspective has so far dominated research in the area of yoga and mental health. Often these studies have sought to test hypotheses grounded within the medical model, for example seeking to measure and explain physiologically observable changes occurring in the body during and after yoga practice. Other studies have sought to

quantify changes in mood during/after yoga through the use of self-report measures in order to provide further empirical evidence.

These quantitative methodologies are grounded within the realist positivist paradigm. They have their roots in the Cartesian division of 'subject/object', seeking to understand what is happening inside a person's head or mind (Langdridge, 2007). Positivism begins with the realist ontological assumption that there is an objective truth which is objectively knowable (Ponterotto, 2005). From this position, positivism then makes the epistemological assumption that this objective truth is available to us and can be empirically measured and/or tested (Langdridge, 2007).

3.3.2 The Third-Wave Perspective: A Contexualist Paradigm

Jaeger and Rosnow (1988) discuss the implications of contextualism for psychological enquiry. In contrast with the ontological realism of the positivist paradigm, which suggests that reality exists in determinable order, contexualism sees reality as constantly changing and indeterminable. Ultimate truth is regarded as an unrealisable ideal, placing contextualism within a relativist ontology. Epistemologically, therefore, knowledge of truth, as far as it is able to be known, may only hold meaning within its specified context. This means no single method of enquiry will ever be sufficient for understanding the complexity of human action, with the implication that methodological pluralism is necessary and all acquired knowledge is incomplete.

TMI could therefore be regarded as holding two conflicting ontological positions: on the one hand, a contextualist, third-wave position and on the other a positivist, medical position. Counselling Psychologists seek to resolve a similar dichotomy, in terms of the scientist/practitioner model, arguing from William James' pragmatic point of view that 'truth' is what is useful to believe (James, 1948). Similarly, within the current socio-political climate, which emphasises evidence accrued through positivist methodologies, there is 'cash value' – to use James' term – in TMI holding this position, *in addition to* its contextualist position.

3.3.3 The Phenomenological Perspective: A Constructivist Paradigm

The present study also assumes a critical realist (post-positivist) paradigm. As Langdridge (2007) explains, phenomenology starts from the *ontological* position that although 'reality' is

assumed, it can only ever be imperfectly known. Phenomenology divides the world not into 'subject/object', as in the positivist paradigm, but into the *experiencer* and the *experienced* ('noema/noesis'). Epistemologically, therefore, its aim is to understand a person's subjective, 'lived' experience and the sense they make of that experience, rather than a direct, objective 'truth' about the world. This means that methodologically, phenomenology does not seek to explore that which is experienced but the experience itself, as constructed by the individual/s.

3.3.4 Interpretative Phenomenological Analysis

Jonathan Smith developed IPA as a methodology aiming to "…*explore in detail how participants are making sense of their personal and social world … the main currency for an IPA study is the meanings particular experiences, events, states hold for participants*" (Smith & Osborn, 2003, p. 53). The following section explores the way Smith's IPA has been informed by phenomenology, hermeneutics and later existential developments.

According to Langdridge (2007), Edmund Husserl, the founding father of phenomenology, sought to identify the 'essence' of an experience through a process of 'phenomenological reduction'. Classic Husserlian approaches to analysis, for example descriptive phenomenology, assume that researchers are able to 'bracket off' their own assumptive worldview, often referred to as the 'natural attitude'. The ideal outcome of descriptive phenomenological analysis would therefore be the distilled and pure 'essence' of an experience, untainted by the researcher's 'natural attitude'.

Langdridge contrasts this purist Husserlian viewpoint with interpretative approaches to phenomenological analysis, bearing the influence of later existentialists such as Heidegger. Interpretative approaches assume that it is never possible to completely bracket off the natural attitude to assume a 'god's eye view' of the experience. They assume some level of interpretation is always involved and that this interpretation will always be grounded in the researcher's own historically and culturally determined 'natural attitudes', which can never be completely set aside. What is important here is an awareness of the 'natural attitude' and critical reflexivity of the way in which the researcher influences interpretation. This will be discussed further within the Reflexivity sections.

Interpretative approaches to phenomenology fall within the constructivist school of thought, regarding the individual as actively involved in their meaning-making and the construction of

what is known to them. According to Willig (2013), Smith was influenced by his understanding of hermeneutics, that is, the 'art of interpretation' that originated in the reading and interpretation of texts such as religious texts or classical literature. Sometimes referred to as the 'double hermeneutic' (Willig, 2013; Langdridge, 2007), IPA involves the researcher's interpretation of a person's interpretation of their experience and therefore two connected processes of meaning-making. The researcher and participant are therefore seen as co-constructors of knowledge; the researcher is always implicated in the construction of knowledge.

According to Langdridge (2007), the hermeneutic philosopher, Ricoeur, described two approaches to understanding the meaning of experience: empathic interpretation ('demythologising') and suspicious interpretation ('demystifying'). According to Willig (unpublished), phenomenological approaches to analysis are generally more empathic, meaning that they remain close to participants' account of their experience to preserve the quality of the experience and its meaning. This is particularly the case in more descriptive approaches to phenomenological analysis.

In *interpretative* phenomenological analysis, however, the final stage of analysis may involve a return to the literature on the topic under investigation and a discussion of how the participants' experiences relate to and can be understood by this literature. This move arguably takes the researcher further from the experience itself towards a greater degree of 'suspicion' compared with a descriptive phenomenological position. Willig, however, finally argues that meaningful, satisfactory understanding necessitates both 'empathic' and 'suspicious' viewpoints, quoting Ricoeur's argument for a "dialectic of understanding and interpretation" (Ricoeur, 1996, p. 153 – 154).

3.4 Limitations of IPA

Willig (2008) suggests a number of limitations with IPA as a methodology. Firstly, she questions the assumption that language, via the spoken interview process or written accounts used in IPA, is an appropriate tool for capturing experience. Willig argues that language could be regarded as constructing rather than describing experience since the same experience could be described in many different ways. Arguably, therefore, IPA may actually reveal more about the way an individual *talks about* their experience than the experience itself. Furthermore, Willig suggests that pre-cognitive, 'unmediated' aspects of experience may be particularly

important ‘precisely because they are inarticulate and unfocused’, untainted by cognition (Willig, 2008 pp 69).

Secondly, Willig questions the suitability of participants’ accounts and the participants’ capacity to articulate the rich subtleties and nuances of their experiences with suitable clarity. Both these limitations challenge the assumption made in this study that participants would be able to articulate embodied experience of yoga practices within the course and that language can adequately capture and convey such experience. To illustrate this issue one participant commented, “I don’t know *how* I feel about it a lot of the time…which was all part of it…being in the present moment”. Indeed, some models of yoga and mindfulness (e.g. Segal, Williams & Teasedale, 2012; Park, Dunn & Barnard, 2011, 2012) suggest a shift from ‘analytic’ to ‘experiential thinking’, actively encouraging pre-cognitive experiencing.

In answer to these issues concerning IPA’s dependence on the use of language, all methodologies are ultimately accepted as imperfect and IPA is no exception. The alternative methodologies considered for this research are similarly limited by a dependence upon the use of language but were also less suitable to investigating the research question, as discussed previously. Quantitative methodologies may offer the opportunity to directly investigate neurological or physiological changes but, at present, cannot be meaningfully translated into direct, subjective, first-hand experiences.

Finally, Willig argues that description does not allow for explanation and so limits our understanding of experience. In answer to this challenge it is hoped that existing literature may, to some degree, shed an explanatory light on the findings presented in the Findings section. Furthermore, once experiences of yoga therapy have been investigated more thoroughly future research could then focus on explanation, perhaps progressing to grounded theory, for example.

3.5 Recruitment Process

At the time of the research, the researcher was aware of four TMI teachers running the YTFTM course. These teachers were known to the researcher professionally, through the TMI training course and were already aware of the research, through informal conversations during this training. The teachers were therefore approached by email, asking if they would consider recruitment through their courses for the study. Three teachers agreed to recruitment and were sent copies of the Participant Information and Consent form (see Appendix D), which they

forwarded to their students the week before the final session of their courses, with a brief explanatory email (see Appendix E). Several students responded to their teachers' emails, expressing their interest.

The researcher was then introduced, by the teachers, to the YTFTM students at the end of the final sessions of each course. The researcher explained her role, as trainee Counselling Psychologist, researcher and TMI teacher, and the aims and method of the study, emphasising the importance of hearing a range of different experiences of the course. Further students then approached the researcher, volunteering to participate and their contact details were taken, along with potential days and times for interview, within the following ten days. These participants were then contacted within 24 hours to arrange a place and time for interview.

Existing volunteers, who had already responded to the teachers' emails, were interviewed immediately at the yoga centres and, in the case of one participant, in a private area of a nearby outdoor space. For those participants interviewed at a later date, arrangements were made to meet at local libraries, yoga centres or, at the request of one participant, in a private room at her place of work. All participants were interviewed within ten days of their course ending.

At the point of interview, participants were encouraged to read and ask any further queries about the Participant Information and Consent form, prior to signing. The researcher reiterated the participants' right to withdrawal and confidentiality, making explicit that information would not be shared with the TMI teachers but that the final version of the thesis would be publically available at the City University Library. She also highlighted that anonymised quotes may be used to illustrate the findings of the study in the final thesis. At the end of each interview participants were thanked for their time, encouraged to ask any further questions and were provided with a Debrief Information form (see Appendix F).

Whilst the preferred method of recruitment would have been a more direct approach (as opposed to via the teachers) to avoid unnecessary bias, teachers felt that the introduction of the researcher at the end of the final session could be experienced as invasive without prior notification. It was therefore agreed that teachers would email their students (for teacher's emails see Appendix E) with the Participant Information and Consent forms the week prior to the final session, preparing them for the researchers' visit.

3.6 Sampling

The self-selected sample included 8 students who had recently completed the YTFTM 8-week course. These participants were obtained across four different YTFTM courses involving three different teachers. One course was run outside of London, one in central London and two in the outskirts of London. In total, eleven students volunteered to participate but two were unable to attend interview at mutually convenient times. One student volunteered but did not respond to subsequent contact attempts and thus was not interviewed.

According to Langdridge (2007), typically IPA studies tend to be idiographic. This means aiming to recruit a homogenous sample, i.e. a group of people who share the experience being studied without variance across other demographic characteristics. In such a situation the researcher would therefore not seek to generalise beyond this particular group with this shared experience under investigation in this study.

In the present study, it was not possible to interview eight participants from one course meaning that participants do not share an experience of the *exact same* course. That said, the course is heavily manualised and teachers are trained with scripts for each of the practices, which must be adhered to. Changes may not be made to any course advertising itself as a 'Minded Institute, Yoga Therapy for the Mind 8-week course'. This standardisation is designed to minimise differences between each different course experience, although each teacher will inevitably have their own characteristics and rapport with the class. This means, therefore, that the assumption can be made that the sample shared a close enough experience across the three courses to be viewed as homogenous.

The major inclusion criterion for selection was completion of the YTFTM 8-week course. Exclusion criteria for enrolment on any YTFTM 8-course include a diagnosis of PTSD, psychosis or schizophrenia and any suicide/self-harm risk. It is TMI protocol for each potential student to undertake a telephone screening interview prior to enrolment and if the teacher is still in any doubt as to the suitability of the course, consent to participate is sought from the potential student's GP. Students who had missed more than one week of the course were excluded.

Due to the very small pool of potential participants for the study, extra care has been taken to protect the participants' anonymity. For this reason, any potentially identifiable information

has been excluded from this thesis and a general narrative description of participant demographics is provided. Teachers have been referred to using pseudonyms throughout.

The sample were all female, aged between 27 and 62 years of age (mean age of 46 years) and all except one participant identified themselves as 'White British'. Six participants reported recent experiences of mental health difficulties, including depression, anxiety and stress; one reported past experience of such difficulties. Two participant had enrolled on the course with the aim of finding ways of coping with changing family circumstances. Seven out of the eight participants had some previous experience of yoga and or meditation. Two participants had a background in body-based therapies, one was retired and the remainder worked in the financial, security and IT sectors.

3.7 Ethical Considerations

Research was conducted in accordance with British Psychological Society ethics and received ethical approval from City University London (see Appendix G for the signed University Ethics Release form). All participants gave informed consent to participate, that is, participants were fully informed about the study and no deception was involved. Participants were informed about their right to withdraw at any point during the interview period. Emergency contacts for next of kin and GP were obtained prior to interview.

During and after interviews participants were monitored closely for signs of distress. The interview subject generally did not appear to elicit strong negative emotional reactions, although on a couple of occasions participants referenced external events which had impacted on them. At these brief moments participants were offered reassurance and given the time they needed to continue.

Following interview participants were immediately debriefed and provided with a 'Debrief Information form' which included information about counselling services such as Samaritans should they later require support. Participants were informed that a copy of the completed thesis would be made publicly available in the City University library and potentially online once published.

Personal information, including emergency contact details and interview tapes were stored on an encrypted external hard drive as were transcripts and all further data. Any identifying

information (names, places, organisations etc.) were changed in transcripts to preserve confidentiality. Paper copies of consent forms were scanned and stored in a separate folder on the encrypted hard drive.

3.8 Interview Processes

A pilot interview was initially considered, however, due to the small pool from which participants were recruited and the limited time frame, the decision was made to start the study without a pilot. Furthermore, the first interview provided a rich source of data, despite the researchers' relative inexperience at this point in the research.

A semi-structured interview was conducted with each participant, lasting on average forty-five minutes. The interview schedule, (see Appendix C), aimed to include questions relating to both the participants' experiences and the meanings they ascribe to these experiences. As previously discussed, questions were also designed to ensure a broad coverage of different aspects of the course, rather than simply allowing participants to choose a specific area of focus. As a semi-structured interview, attempts were made to strike a balance between allowing fluidity and flexibility versus consistency and coverage of research questions (Langdridge, 2007; Smith, 2007). The interview schedule was intended to follow a fairly logical order and to 'funnel' the items with more general questions at the start and more specific or more sensitive questions towards the end (Langdridge, 2007; Smith 2007). Ideas for additional prompts were added after each question as suggested by Smith (2007).

3.9 Analysis

Smith (2007) states that his approach to IPA is not a prescriptive methodology and that qualitative analysis is a personal process. Subtle differences arise between different authors and the approach to analysis taken in the present account reflects an amalgamation of the keys points and suggestions made by several different authors (most notably, Willig, 2012; Smith, 2007 and Langdridge, 2007).

The interviews were taped and transcribed by the researcher in order to enhance the researcher's immersion in the data. As suggested by Smith (2007) attention was paid to accurately capturing details such as false starts, pauses and laughter but prosodic features were not included.

Each interview underwent the same process of analysis. Tapes were listened to in detail during the transcription phase and the resultant transcripts were read a number of times. Next, informal notes were taken on the left side of the transcript, involving as Smith (2007) suggests, a 'free textual analysis' style of approach. Notes, at this stage, included a mixture of summaries, associations, queries, connections and interpretations, and informed the writing of a rough, descriptive 'holistic impression', as suggested by Willig (2012) to facilitate the researcher's developing overall impression of the participant and their experience (see Appendix H for an example).

Next, close attention was paid to each line of the text. The aim was to capture the meaning of each line, crystallising its 'essential quality' in first-order themes annotated on the right hand-side of the transcript (Smith, 2007; Willig, 2012; Langdridge, 2007; see Appendix I for an example of an annotated transcript). These annotations were then referred back to in subsequent readings, at times re-worked with a more interpretative focus where felt appropriate. Where these more interpretative themes were added, care was taken to refer back to the text as a whole, using the holistic impressions as a guide in order to check their validity.

First-order themes were next listed separately in a fresh document (see Appendix J), with line numbers for reference. Links were sought between first-order themes which were then grouped together thematically, theoretically or analytically. This grouping process involved a trial-and-error approach; ordering and reordering, continually referring back to the transcript and holistic impressions to check the validity of these emerging second-order themes (see Appendix K). Once second-order themes were established for one transcript the process was repeated for the others. Attempts were made to bracket assumptions informed by previous transcripts in order to remain as open as possible to the fresh and unique meaning of each experience. A time period of at least a week between the analyses of each transcript enabled a fresher reading each time.

Finally, second-order themes for each transcript were brought together in one document (see Appendix L). At this point the aim was to assimilate the data, identifying over-arching super-ordinate (or master) themes between the participants' experiences. As before, this involved an iterative process of working and re-working, consultation with the research supervisor and colleagues, as well as continual referral back to the texts and first-order themes. Colour coding was used to identify recurrent master themes, first through intuition and then through more systematic approaches; tables were constructed and reworked (see Appendix M and N). The

relative weighting of each newly emerging theme (both master and sub-ordinate) was assessed through referral back to holistic impressions, consideration of each interview as a whole and counting of lines and the number of references. This was a lengthy process due to the number of themes identified in the second stage of analysis and great care was taken to ensuring their meaning was reflected as accurately as possible in the final model.

3.10 Summary

This section began by providing a rationale for the selection of IPA within the current study. It explored the study's philosophical underpinnings and considered the limitations of the research methodology. Recruitment, sampling, interview and analytic processes have been described and relevant materials appended with the aim of providing transparency. The ethical considerations of the study were also discussed.

3.11 Reflexivity – The Process of Research

The following reflexivity section explores my relationship with the research process, from the planning stage through to the completion of analysis. I have endeavoured to be as transparent as possible, in order for my reader to understand the impact I have ultimately had on my findings. Excerpts from my reflexive journal have been incorporated to aid this process.

3.11.1 Reflections on Planning Stage

With my initial preference towards quantitative methodologies, I had read the existing literature and, at first, felt strongly about conducting a randomised control trial, free from the methodological flaws so common in previous yoga research. It was with reluctance that I accepted, pragmatically, that I would be unable to conduct a study of this scale, within the constraints of my DPsych course. Nevertheless, given the novelty of the YTFTM approach, a qualitative investigation into the way in which the course might be experienced by its students seemed like a potentially valuable contribution to this developing field of research. However, in opting to conduct a qualitative study, it was important to me that I be as rigorous as possible.

Undoubtedly my more directive, thematic approach to the interview questions influenced the resulting data. For example questions on homework and reasons why changes may not have been experienced perhaps led participants to consider the challenges and limitations of the course more than might otherwise have been the case, resulting in the theme Ambivalence,

discussed within the next chapter. Additionally, questions leading participants to consider future benefits or applications of their learning (such as questions 8 to 10) potentially fed into the theme of the Personal Journey of Change, also discussed within the following chapter.

3.11.2 Reflections on Data Collection

Having disclosed my relationship with TMI - through the teachers' emails and my Participant Information and Consent forms - I was very aware of the potential influence this could have on the participants' responses, perhaps making them more self-conscious about sharing details of their experiences. On meeting the participants for the first time I therefore aimed to emphasise my role as Counselling Psychology doctoral student and researcher and to downplay my role as TMI teacher/therapist. Nevertheless, my presence still undoubtedly influenced the participants - something that was particularly apparent in Valerie's interview, as she shares her conviction that health care professionals, such as myself, "are becoming more enlightened", in using yoga and mindfulness-based interventions. At times, both Dorothy and Valerie became visible anxious in recounting aspects of the neuroscientific psychoeducation and I found myself reassuring Valerie that the interview was "not a test".

Initially, furthermore, I struggled with the role of researcher, as opposed to therapist. I frequently found myself summarising and reflecting back to my first participant, which on the one hand facilitated her ability to talk more freely, but on the other allowed her to digress from my questions. As I progressed through my interviews, however, I became more confident in the role of researcher and this became less of an issue as time went on.

Another issue within some of my earlier interviews was my tendency to interpret my participants' responses from the perspective of my theoretical assumptions. For example:

P51 It's like it doesn't matter, they're doing what they do and I've come to experience what they're doing and it doesn't matter if it's good or bad…

T52 So a greater equanimity…?

On this occasion I was able to catch myself and attempted to rectify the problem by offering the participant the opportunity to reframe the comment using her own language. Unfortunately however, the participant accepted my language and restates her point within the context of my world view rather than constructing her own:

P52 Yes, if you like, a greater equanimity…

T53 Is that not, is that the word you would use? That sort of…

P53 Well, yes, yes I probably would, yes, yes, just to be able to sit there and I got back that evening and thought, I've had a lovely time, rather than worrying about whether you enjoy something or not, it doesn't matter if it's good or bad…

Due to the more thematic approach I was taking, however, this tended to influence things on a micro rather than global level, as the interviews typically explored a number of different aspects of the course, such as homework, the classes, changes observed and so forth.

Arguably, there were also times when my participant found my summaries helpful in crystallising her meaning, which frequently she seemed to forget in her digressions. After a lengthy description of what appeared to be experiences of childhood somatisation the participant ends by saying:

P591 …so that's going back to those body pains, isn't it, they were symptoms of emotional pent-upness, you know, um, does that make any sense?

Attempting to check my understanding and clarify her meaning for both of us, I respond with:

T56 Yeah that does [make sense to me], it's like a physical manifestation of pain and distress.

Although I didn't express it in the way the participant did, I noticed that in making this summary the participant appeared to relax and seemed to feel understood, enabling her to continue to expand on this point further.

Whilst conducting this first interview, I often felt confused by the participant's digressions, however, I was surprised to find that during analysis the transcript appeared much richer that I had initially realised. After this experience I gave myself greater permission to let go in subsequent interviews and to 'be' in the participants' worlds with curiosity as they described their experiences, without worrying so much about the content.

As I progressed through my interviews, I became aware of the need to bracket my evolving assumptions. During the first three to four interviews I noticed certain themes starting to recur, such as 'a sense of perspective', 'empowerment' and 'better coping', which I would catch

myself listening out for in later interviews. I was aware that in so doing, I risked closing myself off to hearing what was new or different in these later participants' experiences.

One way in which I attempted to combat this problem was using my own mindfulness skills. Prior to each of the later interviews I used mindfulness meditation to become more aware of what was already in my mind to facilitate bracketing this off and to focus my attention. This strategy seemed to help me cultivate a sense of openness which I believe benefited the work.

Another factor that helped was my awareness of differences between later participants: one participant, a complete novice, brought a sense of shock and disbelief I hadn't previously considered; another spoke resentfully about her disappointments with the course; another compared her experiences of completing the course on two different occasions and so forth. I found myself genuinely intrigued by these different experiences and wanting to know more.

Reading these later transcripts, I am clearly more open to following my participants as can be seen by a far greater flexibility in the way I use my interview schedule and my eagerness to explore the details of unique aspects of their experiences. Increasingly, in later interviews I found myself saying, '…can you tell me a bit more about that…?' or 'I'm curious about what you've just said, can you tell me more?' or words to that effect.

3.11.3 Reflections on the Process of Analysis

At the point of analysis, my research journal became an even more valuable working document, offering me a space to explore different possibilities as I began to realise the degree of flexibility with which I had to play within the 'IPA' methodology.

One particular area that I considered at length, was how to best summarise and distil each unit of meaning as I went through the transcripts. I quickly became very aware of the potential to unwittingly read the transcripts through the lens of my TMI training:

I have still noticed myself unwittingly circling certain words that I know are YTFTM themes and things I think are important such as 'mind playing games' which I know is a reference to the analogy of the mind being 'like an untrained puppy' in the mindfulness teaching. I've stopped doing this now, or I do it in a different colour…

In order to work with this issue, I highlighted in red words and phrases that seemed to explicitly relate to TMI teachings, bracketing them off, before attempting to return to the transcript with a fresh eye. Furthermore, I decided to compensate by attending as carefully as possible to each and every detail, at least in my first-order codes. Even so, I frequently felt challenged to find the most appropriate summary statement for each unit of meaning as I found meaning could so often be summarised in so many different ways, each with a subtly different emphasis:

…a summary in its very nature is reductive process and therefore automatically means losing much of the subtleties and nuances in every unit of data – 'You do the chanting very loudly [laughs], you know and it's like, yes, well, it's helping me express myself again'. On one level this sentence could be summarised as 'provides justification for chanting practice', or 'chanting facilitates self-expression' but considering the laugh in the sentence it could be read as 'anxiety about chanting loudly'. Each of these summaries fails to capture the full meaning of the sentence and ultimately loses some of its original meaning. I feel I really struggle to capture the full meaning accurately in each line.

Ultimately, I therefore elicited an outside perspective through peer and research supervision. On the whole, it was felt that my summaries acutely captured my participants' meaning, but interestingly, that I had perhaps erred too much on the side of caution and had not been interpretative enough. In response to this feedback, I went back through my codes a third time and gave myself permission to become more interpretative, for example, using codes such as 'mindful self-awareness' or 'self-soothing' which previously I might have avoided.

Whilst I felt satisfied with both the quality of data and level of rigour within the first stage of analysis, having been so detail-conscious, I found myself with a long list of codes that were difficult to manage systematically. With such an extensive list, it was quicker for me to simply record the code and line numbers rather than the content of the line, which, with hindsight, made it harder for readers to follow this part of the process and to evaluate the second order codes into which they were subsequently organised.

Once I had compiled a second-order list of themes things felt clearer. Furthermore I was pleasantly surprised to find that I maintained a high level of recollection for each item of data and its relationship to the original transcripts, which was a useful benefit both of having transcribed the interviews myself and of having undertaken so many readings.

However, my research supervisor felt that my second-order themes were potentially too 'thematic' for IPA, challenging me again to become more interpretative in my thinking. We had a productive supervision, playing with ideas and exploring themes from different angles, at the end of which I felt able to approach my themes with greater freedom and with a greater emphasis on *experience*.

Consequently I changed some of the second-order themes to reflect the data from a more experiential perspective. For example, what later became the subordinate theme '*Enhanced coping*' started off as the second-order themes '*Informal practice*', '*Self-help*' or '*Short-term gains*' across different participants. Following this input, I felt the term 'enhanced coping' was far more descriptive of an experience than 'short-term gains', for example, but simultaneously seemed to accurately reflect the essence of what participants were telling me when I went back to the original data.

As with previous stages of interview and analysis, I was again wary of organising the data through the lens of my own knowledge and assumptions, but felt encouraged when my thought processes stood up to questioning from my supervisor. A further test was returning to the transcripts a final time and examining how each theme fitted the data in its original context, colour coding each sentence and making final amendments to my results table in preparation for writing my 'Findings' section. There are a number of places in the transcripts where colours overlap, either because I felt that the sentence could fit in more than one overlapping theme, or because I decided the meaning was more accurately represented in a different theme to the one I might initially have chosen.

CHAPTER 4 – FINDINGS

4.1 Introduction

Through the analysis of the interview data, four master themes have been identified and organised into thirteen subordinate themes, summarised in Figure 1. Master themes included: Personal Journey of Change, Ambivalence, Mind/Body Connection and Group Experience.

Master theme	**Subordinate theme**
Personal Journey of Change	The broader journey Change in relation to self Enhanced coping Enhanced wellbeing
Ambivalence	Resistance and barriers to practice Inconsistent and limited effects Cognitive dissonance Resolution
Mind/Body Connection	Intellectual understanding Holistic experience Curiosity and openness
Group experience	Safety and vulnerability Social and emotional support

Fig. 1 Summary table of themes

The following section aims to outline these identified themes, defining their meaning and illustrating them through examples of quotes taken from the original transcripts. The section ends with a graphic representation of the themes, aiming to roughly demonstrate their relative weight and relationship. A further exploration of how these results relate to previous research and existing literature follows in the 'Discussion' section.

4.2 Theme 1: Personal Journey of Change

> *"I was going to learn something new towards helping myself on this journey of healing and changing"*

The participants' accounts were deeply imbued with a sense of personal change on a number of levels. Often participants reported their participation in the course reflected an attempt at 'self-help', prompted by adverse circumstances - such as work-related stress or family difficulties – or the need to manage the relapse of long-term emotional difficulties. The participants often experienced changes in the way they related to themselves and their suffering, in their ability to cope emotionally and in their sense of wellbeing more generally, across the eight weeks.

For most, the experience of a 'Personal Journey of Change' strongly represented a 'Broader Life Journey', for example family changes, work-related difficulties or mental health problems, prompting a shift in focus to self-development. For most participants, this experience was often closely related to a 'Change in Relation to Self', as a need for self-development, self-compassion or self-soothing was identified and then responded to in some form.

Through the experience of the course, more directly, participants generally expressed a journey towards 'Enhanced Coping'; learning across the eight weeks to apply 'tools' to self-soothe, emotionally regulate and cope more effectively with a range of emotional, situational and interpersonal difficulties. This was not always a straightforward process and often involved a number of challenges, discussed under the superordinate theme 'Ambivalence'.

A final subordinate theme, relating to the participants' 'Journey of Personal Change' was an experience of 'Enhanced Wellbeing' emerging through the classes and across the eight weeks as a whole. A related yet separate subordinate theme to 'Enhanced Coping', participants reported feeling qualitatively 'brighter', 'lighter' or 'better' after practicing yoga in a way they found hard to articulate. Whilst these sub-themes have been discussed under separate sections they were clearly closely related, interacting subthemes under the umbrella of the 'Personal Journey of Change'.

4.2.1 The Broader Journey

On one level the 'Broader Journey' demonstrates the participants' personal context for joining the course. Throughout the interview transcripts, however, the language of journeys is a reoccurring theme, as participants repeatedly used words and phrases, such as "*one of my walks home from that"* (Jane, 29, p. 1), "*I was on an upward trajectory*" (Michelle, 480, p. 16), "*it's a big old world out there"* (Beth, 326 p. 8) and "*move on"* (Beth, 61, p. 2), to give just a few examples.

Interestingly, there was also a sense that the both the weekly and home yoga practices themselves constituted a special sort of 'place' to retreat to, in contrast with 'normal', everyday life. This is apparent in phrases such as "*coming away and having two hours"* (Beth, 220, p. 5)*, "going off to do my Zen moment"* (Dorothy, 613, p17)*, "removing yourself from the world"* (Michelle, 367, p. 13), *"back out into the world; back into reality"* (Valerie, 195 – 196, p. 7), *"the real world"* (Gillian, 322, p. 11) and *"the outside world"* (Michelle, 332, p. 11). Several times, participants expressed a sense that the course "*takes you there*" (Beth, 70 p.2) or "*brings you in here*" (Anna, 213 p. 8), perhaps, taken in context, on a journey into present moment experiencing, discussed later in this chapter.

Furthermore, participants frequently used the language of journeys as a metaphor for the obstacles they faced along the way, for example, "*I was able to step to one side"* (Jane, 335, p.8)*, "back to square one"* (Gillian, 321, p. 11), "*reverse back to where I was*", (Anna, 368, p. 13) and *"I just get lost in all that"* (Anna, 257, p.9).

For some, such as Anna and Beth, the metaphor of a 'journey' was used explicitly in the interview:

"I was gunna learn something new towards helping myself and this journey of healing and changing." Anna (53 – 55, p. 2)

"Start us off a different journey…" Beth (436 – 437, p. 10)

All the participants either directly reported or alluded to broader issues and life events which had led them towards participation in the course. For many it was an attempt at 'self-help'; strengthening their emotional resilience after previous experiences of depression and/or anxiety

in order to avoid relapse. Valerie, Gillian and Anna believed that the course might offer an alternative to medication to regulate mood:

"…I really didn't want to go back on the antidepressants so I thought, well if I can stop it before it gets too bad…that was the end goal" Valerie (10– 12, p. 1)

"I want to try and do everything to avoid going to the doctor and asking to be prescribed medication for it… …it is an element of self-help…" Gillian (571 – 574 p. 19; 608, p. 20)

"I know I have this or at some point I'll have to go on antidepressants and I don't want [to]…" Anna (384 – 385, p. 13)

Interestingly, Jane uses physical metaphors whilst describing the importance to finding new ways of coping, using words such as 'resilience', 'strength' and 'buffeted', almost as if by emotional winds on her journey:

"…it was quite sobering to realise I could still use depression as a strategy for working with awkward things … and one of my walks home from that was my resolve to look a bit deeper into that and build my resilience and build my strength so I wouldn't feel so buffeted." Jane (26 – 31, p. 1)

Michelle and Dorothy, on the other hand, referred to the contribution the course made in their broader journeys, complimenting other life changes, such as leaving stressful jobs and changing family circumstances:

"I left[my job] … so having removed that from my worries … I was on an upwards trajectory anyway." Michelle (477 – 481, p. 16)

"I had them [my children] when I was quite young … and I think I might've missed a gap there somewhere of developing myself and looking after myself properly…" Dorothy (387 – 391, p. 11)

Both Dorothy and Michelle saw personal therapy as part of this journey and Michelle highlighted that both talking therapy and yoga therapy offered partial yet complimentary answers to tackling her difficulties:

"…so through more conventional sort of therapies and talking to psychologists I've understood more about why I began to be more… anxious … [but] it still wasn't helping me deal with this residual after effect [symptoms of anxiety]" Michelle (643 – 648, p. 22)

"So now these are tools to use… from now on but they don't necessarily give me insight into what happened previously and why I got in this present state. This is about 'Right, let's stop this happening again.'" Michelle (673 – 676, p.22)

In Beth's case changing family circumstances provided the broader context for her experience, hoping to find ways to deal with her situation as it continued to unfold after the course had ended:

"…hopefully got some ideas about how to cope mentally as and when things do happen… what we've learned with [teacher] will start us off on a different journey, whatever that may be…" Beth (41 – 42, p. 1, 436 – 437, p. 10)

Compared with the other participants, Beth reported a broader journey which strongly overlapped with the next sub-theme in this group, 'Change in Relation to Self'. The main theme of Beth's 'journey' was, in the midst of changing family circumstances, learning to respond to herself more compassionately, allowing herself permission to use the 'compassion-focused' tools offered by the course.

4.2.2 Change in Relation to Self

Beyond the 'Broader Journey', the majority of participants detailed the way in which the course had directly impacted their relationship with themselves. For some this was an experience of increasing self-nurture and self-compassion; for others it was a shift in their relationship with suffering, often involving processes such as defusion from negative thinking. Interestingly the participants' use of language frequently highlights a shift in perspective, particularly towards internal experience, as throughout the transcripts they use phrases such as 'my mind' instead of 'I'. In both cases participants often alluded to a greater and more compassionate self-awareness.

Several participants described increasingly compassionate responses to their difficulties, for example, as we have seen with Beth, giving herself permission to self-nurture, and with Gillian, simply allowing herself to let go of unrelenting standards:

"…I can allow myself to not think about my situation, I can allow myself to think about nice things and it's ok, I'm not a horrible person for forgetting about it, once in a while…" Beth (334 – 336, p. 8)

"…you suddenly think, 'Do you know what, I've not been kind to myself at all!'…I think I'm just kinder to myself, you know…" Gillian (471 – 472, p. 16; 624, p. 21)

There was a general sense amongst participants that simply attending the course classes felt like a refreshing act of self-compassion, offering themselves the luxury of two hours' time out in an environment which they experienced as 'nourishing':

"…then going home and feeling really, really content and like I'd done something really good and nourishing for myself." Jane (284 – 285, p. 7)

"…just the idea of coming away and having two hours…and take my mind off things..." Beth (220 – 221, p. 5)

For Gillian and Dorothy, home practice also represented a similarly nourishing form of self-compassion and self-care, as demonstrated by Gillian's use of the word 'giving' as opposed to 'having' in the following quotation :

"…you're giving yourself an hour a day, I think that's part of it…" Gillian (25 – 26, p. 1)

"I'm going off and to do my 'Zen' moment…knowing actually that it's a bloomin' good thing to do…" Dorothy (613 – 615, p. 17)

Many participants described an increasing general self-awareness or insight, which, for some, facilitated enhanced self-care as they developed a greater awareness of their own emotional and physical needs. Potentially this enhanced self-awareness may have facilitated better coping and wellbeing reported in the following sections:

"…checking, 'Oh, what's going on in my body right now?'…What am I really wanting…? I was having an evening when I sort of go to the fridge ten times…so becoming much more aware of…just observing myself…then sort of thinking, 'That's interesting, what's that about?'" Jane (91 – 100, p. 3)

Another aspect of 'Change in Relation to Self' was the apparent shift in the way participants related to their suffering, in particular to ruminative or intrusive thoughts, images and feelings. For some there was a sense that they were better able to identify and defuse from ruminative thought processes, in Dorothy's case with greater curiosity and openness. Interestingly, Dorothy uses the physical language of 'flexibility' to describe her internal experience, which will be explored further within the theme 'Mind/Body Connection', later in this chapter:

"It will be interesting to just sit and investigate my mind…it will be a little bit of 'analysing' …then moving on and so there's going to be flexibility…" Dorothy (524 – 529, p.15)

At other times participants reported developing a greater sense of perspective or equanimity towards difficult situations:

"It stops the thoughts being so all overwhelming; it doesn't get bigger and bigger and out of proportion in your head" Valerie (232 – 234, p. 8)

"…[I'm feeling] just a little bit calmer, a little bit more, whatever's going to happen's going to happen…" Beth (38 – 39, p. 1)

Others reported experiencing emotional exposure, learning to stay with difficult experience which ordinarily they might have avoided. Furthermore, the way Anna says 'the' feelings rather than 'my' feelings may again be reflective of her ability to step back and observe, rather than identify with difficult internal experience:

"The course has helped me to stay with the feelings, it makes those memories, feelings, sensations…not so scary" Anna (445 – 447, p. 15)

In Michelle's case, she explicitly describes working with her mind to overcome experiential avoidance. Interestingly, Michelle moves from 'I' into 'my mind', again, suggesting a change in perspective in terms of her capacity to step back and observe internal processes:

"…for a long time I actively would try not to do it [notice unpleasant internal experience] so to force my mind…that part of my mind which hadn't been exercised, so to force it onto things, you know, like looking inward to the body sensations was really hard because…my mind didn't want to do it…" Michelle (442 – 446, p. 15).

It is likely that participants' greater awareness of and attention to personal needs enabled them to apply the 'tools' or self-regulatory practices they had acquired on the course, in so doing, enhancing both coping and wellbeing. As participants' relationships to difficult experiences began to develop, this too is likely to have also impacted on coping and wellbeing, which will be discussed in further detail.

4.2.3 Enhanced Coping

As participants' relationships towards themselves and their suffering began to change, so too did their ability to cope with stressful or painful personal experience, as discussed by the majority of participants. A number of participants described themselves as having acquired 'tools' across the eight weeks to facilitate coping:

"I've got all these tools now and I'm going to make good use of them…" Dorothy (11 – 12, p. 1)

"So now these are tools to use…" Michelle (673, p. 23)

"…it's been just having a new set of tools…" Gillian (514 – 515, p. 17)

"…they [coping strategies] are now in my tool box …" Jane (347, p. 9)

This 'tool box' involved a combination of mindfulness, 'compassion-focused' and affect-regulatory strategies acquired on the course, outside of the physical yoga practice. Every participant was able to describe in some detail an experience of applying these 'tools' to gain relief from symptoms and cope in a variety of different ways. Dorothy vividly recounts her experience of using slow abdominal 'ujjayi' breathing and mindfulness of sensation to work with painful feelings following an instance of bullying at work. Her use of the words 'wow moment' and 'miraculous' highlight her experience of the potency of these strategies:

"We had to focus on that pain… I wanted to cry…wanted to hand my notice in…I did the breath and I curled up on my side and just did the breathing, really, really strongly and it took ten minutes, and when it went it was miraculous, it really felt like a 'wow' moment…" Dorothy (345 – 353, p. 10)

Anna similarly describes how through noticing sensation related to difficult internal experience, the intensity of the experience lessened and became easier to cope with. Anna uses the word 'actually' suggesting this is a strategy she would never normally use. Nevertheless, her description of simply 'looking', without reaction, at a host of unpleasant sounding physical reactions demonstrates a significant change in the way in which she is relating to her internal experiences:

"…I was actually looking at my body, how it reacts, like my muscles would clench and my stomach would hurt and I would feel a bit nauseous…and just looking at that would make that emotion or that feeling or that memory not as powerful…" Anna (347 – 351, p. 12)

Jane and Gillian discuss their experience of 'mindfulness of the mind', a technique involving the observation and labelling of thought processes to reduce or avoid cognitive fusion:

"…it helped me to identify habits and certain thought processes or cycles of thought that I have and by being able to recognise them I think it's easier for me to potentially stop them from becoming the predominant thought…" Gillian (416 – 419, p. 14)

*"…that's where the labelling thing came in and it's like…a few days ago I had a little niggle, a niggly feeling when I woke up and sort of thought 'What's that?...What sort of thought is that? '*Worrying*'! Oh '*worrying*'!' And then there was, 'I'm not sure labelling's going to do any good…oh, '*doubting*'!' And it just took me out of what could've been a pathway into a nice little worry… I just didn't go there… I was almost able to step aside and had a really good day…"* Jane (327 – 335, p. 8)

Beth reported finding relief through using the compassionate-place meditation as she describes her experience here:

"…I found myself smiling, you know, just seeing just the image… it was nice …I wasn't thinking about other things I was just thinking about that and that was ok." Beth (352 – 355, p. 8)

A number of participants experienced the breathing techniques on the course to be particularly beneficial to coping. Valerie and Michelle describe their experience of using ujjayi breathing to manage anxiety and work related stress. The way in which Valerie describes her stress as 'draining' down through her body creates a particularly visceral impression – a description which she accompanied during the interview by closing her eyes with a contented smile:

"You feel like the stress is sort of draining from the top all the way down to the body, to the bottom through your feet…" Valerie (298 – 299, p. 11)

"…I'd have a difficult conversation over the phone…and would get off the phone and realise 'Right, I'm really tense and annoyed about this conversation', so whereas before I would keep going or ignore it…I started doing the breathing." Michelle (165 – 172, p. 6)

Anna highlighted the way in which breathing is always available as a tool for coping, making it the most 'portable' (Dianne, 617, p. 20) tool participants took from the course. Anna's repetition of the phrase 'when I' in this excerpt demonstrates the ubiquitous potential she perceives in this coping strategy. Furthermore, she suggests that this is a strategy that doesn't even require her to 'do' anything, just simply to breathe, emphasising its accessibility:

"…that is amazing, the breathing is with you all the time, wherever you are, you don't have to be on the mat. I definitely take that away with me, in a meeting when I'm feeling anxious, when I'm on a date, when I meet new people, when I'm on the edge of a cliff…you don't have to do anything, don't have to remember, just breathe!" Anna (416 – 424, p. 14)

Interestingly, a couple of participants felt that although the yoga itself lacked the 'portability' of other tools for coping – it was not possible to hold 'Warrior II' pose during a stressful meeting at work, for example – it provided a form of experiential learning that made it easier to learn to *apply* these tools.

Finally, as a result of enhanced coping strategies, some participants reported feeling *"empowered"* (Dorothy 26 – 27, p. 1) and better able to meet the challenges in life:

"…I got the tools to help me through if I get really stressed and the fact I know I've got them makes me feel better in the first place so you don't feel quite so vulnerable…" Valerie (306 – 312, p. 11)

"…hopefully got some ideas about how to cope mentally when things do happen…" Beth (41 – 42, p. 1)

This experience of enhanced coping and empowerment is likely to also have impacted participants' emotional wellbeing explored in the final sub-theme in this section.

4.2.4 Enhanced Wellbeing

'Enhanced Wellbeing' runs through each of the sub-themes in this group. Firstly, a part of the 'Broader Journey' was an emerging sense of emotional wellbeing. Secondly, within 'Change in Relation to Self' a greater sense of wellbeing emerged as participants became more self-compassionate and self-aware, meaning they were more likely to attend to their emotional and physical needs. Thirdly, within 'Enhanced Coping', as participants coped better they experienced less distress and a greater sense of emotional resilience, also positively affecting their sense of wellbeing.

Despite its implicit presence within the other subthemes, there seemed to be significant aspects to 'Enhanced Wellbeing' that justified its representation as an additional subordinate theme. One aspect appeared to be an elusive quality of experience which participants found hard to capture in words, but which nevertheless seemed self-evident to them. At times this seemed to involve a sense of short-term relief following physical practice and relaxation; at other times it reflected a broader sense of internal change, growth and resilience. Another aspect of 'Enhanced Wellbeing' appeared to be a range of more concrete, specific benefits participants attributed to maintaining a regular practice.

In the short-term, as we have seen, the classes themselves were often experienced as deeply 'nourishing' (Jane, see previously). Participants often found it hard to put their experiences of the yoga practice into words, suggesting a shift to a more meditative present moment awareness. Jane's inability to formulate her comments during the group discussion at the end of class illustrates this point:

"…I would literally open my mouth and something would come out, or not!" Jane (282, p. 7)

"…during the class you're just with it…" Dorothy (298, p. 8)

After the class participants reported feeling qualitatively 'better', more 'relaxed':

"…after I was kind of blissed out really…" Jane (225 – 226, p. 6)

"…I felt really relaxed and really chilled at the end of class, oh god I could've stayed there for hours…!" Beth (234 – 235, p. 6)

Gillian and Valerie described a reluctance to leave the calm of the class and make the journey home, which at times was seen as potentially undoing the perceived benefits of the experience:

"…afterwards, emotionally I'm thinking, 'Oh, I've got to go back out into the world, back into reality…" Valerie (195 – 196, p. 7)

"…but you wished you were actually at home because you had to then get in your car and …so you feel you're undoing that." Gillian (333 – 335, p. 11)

Across the course as a whole, participants identified subtle, qualitative changes in their sense of wellbeing within themselves, which often seemed hard for them to articulate or explain. In Anna's case these changes were noticeable to friends unaware of her participation on the course:

"I feel really whole today." Dorothy (569, p. 16)

"My friends noticed a change in me...that my face looks lighter and I look more relaxed!" Anna (266 – 267, p. 9)

Significantly, Beth highlights the difficulty in using a methodology based on language to capture an experience involving a movement away from analytic thought to mindful, present moment experiencing. Nevertheless, Beth and other participants' use of words such as 'brighter' (Beth, 364 p. 9) and 'lighter' (Anna, 267 p. and Dianne, 399 p. 13) is potentially revealing, particularly considering the way in which the metaphor of light is often used in spiritual and religious contexts:

"…I don't know how I feel about it a lot of the time and part of me doesn't want to analyse it because a part of me just wants to get on with feeling a bit brighter… which was all part of it, the present…the being in the present moment…I feel ok, right now… I feel brighter, right now." Beth (362 – 368, p. 9)

Aside from these more general accounts of enhanced wellbeing, participants also reported a number of other specific perceived benefits. These additional benefits included greater physical ease and flexibility (Gillian, Valerie, and Anna), improved concentration (Anna) and improved sleep (Gillian, Michelle) - although Michelle admitted it was hard to isolate particular causes,

having recently left her stressful job. It is likely these perceived benefits added to participants' general sense of wellbeing:

"So that was one of the biggest things I noticed, 'Oooh, I can sleep better!'" Michelle (510 – 511, p. 17)

"…from the physical gains I think you have the flexibility, you have less aches and pains…" Gillian (44 – 45, p. 2)

"…by practicing every day … I just felt I had more energy in my body…I could focus more during the day…" Anna (112 – 116, p. 4)

It is important to highlight that whilst the overwhelming majority of participants described 'Enhanced Wellbeing', Dianne's experience differed dramatically. Dianne had hoped the course would facilitate personal 'transformation' (Dianne, 408, p. 14) and expressed great disappointment with her experiences:

"…I was hoping that at the end of two months I'd be a kind of new person, I don't really feel like I'm a new person…" Dianne (10 – 11, p. 1)

In fact, rather than enhancement, Dianne experienced a deterioration in her emotional wellbeing. Dianne's experiences left her feeling confused and deeply ambivalent towards the course as shall be explored further in the following section, 'Ambivalence'.

4.3 Theme 2: Ambivalence

"…it was just that when you need it the most is when you don't do it…"

In spite of the positive changes and benefits, participants often seemed ambivalent about their experiences. Participants regularly experienced 'Resistance and Barriers to Practice', including making time to practice, personal motivation, physical discomfort and difficulties with specific practices. Furthermore, practices could have 'Inconsistent and Limited Effects', at times even exposing participants more fully to their unhappiness and distress.

In addition to these difficulties, however, participants held often strong beliefs about the importance of practice as consolidation of learning, as essential to benefitting from the course and maintaining an ongoing sense of wellbeing. The conflict between participants' belief in

practice on the one hand, and resistance/barriers to practice on the other, created an uncomfortable sense of 'Cognitive Dissonance'.

Participants then faced the challenge of finding some sort of 'Resolution' to the difficulties they faced through adapting their practice, taking a more pragmatic attitude, using positive self-talk or simply letting go of internal battles. Through so doing they were generally able to resolve their dissonant feelings, managing to maintain some form of practice, or justifying a decision not to do so.

4.3.1 Resistance and Barriers to Practice

Most participants reported experiencing at least some degree of resistance to practice, usually towards practice at home but sometimes also towards the class practice. Sometimes this sense of resistance was more a general lack of motivation, manifesting as procrastination, or boredom, for example. At other times it arose in response to particular problems or barriers the participants faced, such as fitting a practice into an early morning routine, or physical discomfort and pain.

In terms of home practice, resistance most often manifested as procrastination, putting practice off until later and failing to put aside the time to actually do it. At times participants seemed to lack motivation, simply stating that they 'didn't feel like' doing it:

"…doing it at home when there's other things to do…the ironing and the stuff that has to be done… 'I'll do it after that and I'll do it after that,' and then, 'Oh, I can't do it now because I've just eaten'. There's always something." Valerie (88 – 92, p. 4)

"…I've got a lot of things on at the moment, I know it's an excuse, if I wanted to make time for it I would've done, but I didn't." Beth (56 – 57, p. 2)

"…sometimes it's difficult to practice because you don't have the time or you don't feel like it…" Anna (102 – 103, p. 4)

In Gillian's case it seemed as if making the time to practice was a more genuine problem, as pposed to procrastination or lack of motivation. Gillian had previously completed a YTFTM 8-week course during a period of working from home when she had found maintaining a home practice relatively easy. She contrasted this experience with managing her practice this time

around, with a long daily commute to work. YTFTM students are encouraged to practice in the morning, but an early commuter start to the day posed a frustrating barrier to practice:

"…because of having to leave by seven in the morning [and] getting up at six, I found I couldn't accommodate getting up at half past five, I just didn't feel that I was able to do that…" Gillian (63 – 65, p. 3)

Gillian expressed exasperation at the length of practice prescribed by the final weeks of the course, battling with a conflicting desire to do things as recommended by the course whilst feeling this was genuinely impossible to manage in the 'real world':

"…Sometimes you think, 'My gosh, am I back to square one because in the real world, can I fit this in?'…" Gillian (321 – 322, p. 11)

Anna and Michelle identified resistance specifically towards the word 'homework' - used by both the teachers themselves and within the course manual - which seemed to trigger negative childhood associations with homework at school. Michelle's use of the words 'guise' and 'discipline' perhaps suggest a sense of mistrust and almost a harsh quality to her experiences of homework:

"…Oh my…that was never nice! …I remember thinking at school, 'Oh no, homework!'" Anna (74 – 77, p. 3.)

"I find 'homework' in all its guises really difficult … … left to my own devices I'm not very disciplined about homework." Michelle (37, 57 – 58, p. 2)

Michelle and also Beth felt they needed a teacher's direction to guide them through the practice and, without this direction at home, had been unable to initiate a home practice:

"…I like instruction and when I'm being instructed I'm more than happy to do it…" Michelle (55 – 56, p. 2)

"…I feel I need that … direction of a classroom environment, or a teacher environment … [to] take me through [it]…" Beth (78 – 79, p. 2)

For Dianne and Dorothy, another aspect of resistance seemed to be a sense of boredom. As Dianne explained, doing the same poses and the same practice each time became repetitive, something she reported often feeling in classes as well:

"…longer term I think they might get a bit boring, the same one every week…" Dianne (95, p. 4)

"…sometimes you feel, 'Oh, it is a bit boring'…" Dorothy (244, p. 7)

Valerie highlighted the impact of depression on her motivation to practice, expressing frustration - emphasised through her use of the word 'ridiculous' - at the irony that the times when she felt she needed her practice the most were the times she was least likely to actually do it:

"…I found with depression, you do tend to lose interest in things a lot more than when you're feeling up... It was just [that] when you need it the most is when you don't do it. It's ridiculous really, you know that logically." Valerie (76 – 78, p. 3; 99 – 100, p. 4)

A further factor, at times impacting on several of the participant's sense of resistance, both in class and at home, was physical discomfort. Anna, Dianne and Dorothy all reported some difficulty with the physical aspects of the *pranayamas* (breathing practices), finding them awkward or uncomfortable:

"…trying to bring your breath all the way down here is very challenging, it's just annoying." Anna (229 – 231, p. 8)

"…I've got a kind of permanent rhinitis thing going on and so… I can't breathe that well alternative nostril [breathing practice] … I thought 'Oh, this is a pain, [I'm] hardly getting any air in'…" Dianne (135 – 138, p. 5)

"…I even got a slight headache because I was inhaling intensely with the ujjayi breath…" Dorothy (230 – 231, p. 7)

At other times physical discomfort, even pain, resulted from particular postures and areas of pre-existing physical weakness, such as lower back issues:

"…you're putting your head on the ground and it just felt really uncomfortable for me…" Dianne (360 – 361, p.12)

"…I've got a dickey hip now, so some exercises were not as easy as they used to be…" Valerie (140 – 141, p. 5)

"…I have to realise I have this weakness in my lower back so within carrying on with the practice myself, now, I will always do a few more strengthening things there, I haven't worked out what yet." Dorothy (234 – 237, p. 7)

For Beth however, who was new to yoga, this was a general issue around managing to do the practices correctly, often triggering a nagging self-doubt, demonstrated through her repetition of the phrase 'I'm sure I didn't do it right':

"… [I found the yoga] quite hard, I'm sure I didn't do it right, I'm sure that I didn't…I am really unfit…it was really basic yoga…but for me personally some of it was a bit tricky." Beth (45 – 53, p. 2)

Furthermore, as a complete novice to yoga, many of the practices seemed bizarre and initially off-putting to Beth. Twice in the following excerpt Beth uses the phrase 'sort of' suggesting her experience is so unusual that she struggles to capture adequately it in words:

"So there's this lion pose which is sort of growling like a lion…it was completely bizarre to start off with and a lot of it was a bit sort of touchy feely for me…" Beth (26 – 28, p. 1)

In addition to the resistance and barriers reported here, participants also found that the practices themselves did not always provide easy or straightforward answers to their emotional difficulties. The theme of ambivalence continues as I next discuss the way in which practices were often experienced as having inconsistent or limited effects.

4.3.2 Inconsistent and Limited Effects

Participants experienced the benefits of practices as, at times, inconsistent or limited. Some participants observed the way in which their experiences of the classes were affected by the frame of mind in which they had arrived. Several participants expressed ambivalence towards the mindfulness practices and their experiences of emotional exposure, which at the time could

be painful, confusing and even overwhelming. Finally, despite the utility of the various 'tools' participants described themselves as learning on the course, these tools could have inconsistent or limited effects, sometimes leaving participants feeling disappointed.

Although the participants described positive experiences of the classes, both Gillian and Michelle observed that state of mind prior to coming to class would have a direct impact on the quality of class experience. Valerie noted the impact of 'how you are in yourself':

"Your state of mind when you go into the class can determine how you perceive the class, definitely." Gillian (238 – 239, p. 8)

"…what became apparent was everyone had different experiences depending on the day……so I guess none of the classes were awful but some of them would…differ depending on whether the outside world, whether your week had been good or bad." Michelle (318 – 319, p. 11; 330 – 332, p. 11)

An area of unanticipated difficulty for several participants was the often painful experience of emotional exposure. As Michelle explained, through the course's use of mindfulness practices, *"…it really forced you to reengage with your body and then also reengage with your mind."* Michelle (402 – 403, p. 14). Dorothy described sitting with 'intense' emotional pain, in a practice involving mindful noticing of physical sensations within the body during a moment of distress:

…it was so painful in here in my solar plexus, in my heart, it was absolutely intense… we had to focus on that pain…which lasted about five or ten minutes, I wanted to cry…" Dorothy (339 – 347, p. 9)

Anna creates a powerful visual metaphor to demonstrate the painful and overwhelming feelings arose during the silence of the practice of mindfulness. Her use of the words 'immersed' and 'flood' create the impression that she is almost drowning in the experience:

"…the first couple of classes it brought up a lot of difficult emotions for me …I would get myself into these panic attacks and I couldn't breathe… …I was so immersed within the experience I would let all these feelings flood me…" Anna (309 – 311, p. 11)

Gillian noted that this was also a common experience within her group, explaining how a number of her fellow students on the course had expressed ambivalence and confusion towards their experiences of emotional exposure:

"… [some of them were] questioning, 'Do I want this to happen?' because it was bringing things out which they didn't necessarily understand…" Gillian (646 – 648, p. 22)

Gillian described her own sense of mental agitation in response to mindfulness of breathing practices:

"…the practices that are challenging, like the breathing, because then if you're seated in your breathing then it's easy for your mind to become agitated…" Gillian (174 – 177, p. 6)

Anna echoed this, explaining the tendency she felt to get frustrated and angry with her mind, to the point of wanting to 'scream' at it, almost as if it was a naughty child, 'blaming' it for not staying present:

"You just want to scream at some point and say, 'What are you doing?!...'; I still tend to get frustrated and annoyed…it feels like I'm blaming my mind for not being present and I just get lost in all that…" Anna (244 – 245, p. 8; 256 – 257, p. 9)

As previously mentioned, Dianne's primary experience of the course was a difficult journey through emotional exposure. As discussed, Dianne reported feeling worse at the end of the course than she had done at the start. Dianne seemed to feel that the course had given her the space and time to reconnect with herself and in so doing had made her more aware of her own unhappiness:

"…being in the class was sort of giving me too much time to think… it's weird because I shouldn't have been thinking about it, but it kept cropping up… maybe it was giving me a bit of space to think things I didn't want to…" Dianne (371 – 374, p. 13)

"…I [have] become more aware of things and now feel more miserable as a result…" Dianne (426 – 427, p. 14)

Interestingly, however, Dianne seemed to hold on to a hope this was a necessary, if painful, step forward:

"…I'm just wondering if…that might be a necessary step on the way to improvement and if so, that's fine, although I'd rather it was over quickly…" Dianne (430 – 432, p. 14)

Nevertheless, it was clear from Dianne's interview that she was concerned at having invested so much into the course - emphasising 'all' the work and 'all' the effort she had made - and not begun to feel better:

"…so that worries me a bit because I thought 'God, I've done all this work…and I've put all this time into it and if anything I feel worse'…" Dianne (445 – 447, p. 15)

Michelle possibly sheds some light on Dianne's experiences of emotional exposure, describing how, previously, she had developed her own maladaptive coping 'mechanisms', which appeared to be primarily based around experiential avoidance:

"…I have created my own safety mechanisms to deal with them [negative experiences] which has all sort of made them worse and weren't helping…" Michelle (109 – 111, p. 4)

Michelle discussed the challenge of reducing her experiential avoidance and reconnecting with herself through mindfulness of thoughts and sensations, something which felt very unfamiliar. Her repeated use of the word 'force' demonstrates just how challenging finds the practice, whilst her use of physical words like 'exercised' and 'stretched' will be discussed within the Mind/Body Connection theme, later in this chapter:

"…for a long time I actively would try not to do it, so to force my mind…like that part of my mind hadn't been exercised, so to force it onto things…like looking inward to the body sensations was really hard…my mind didn't want to do it...So it wasn't an unpleasant feeling it was just literally… my brain felt stretched and unfamiliar, thinking about having to take notice of what you're thinking about…" Michelle (442 – 449, p. 15)

Furthermore, Michelle, raised that in her experience these new coping strategies only 'worked' in some situations. When problems built up, becoming more complex and overwhelming, she experienced fewer benefits from these strategies and tended to revert back to her maladaptive ones:

"…when I'd exhausted the techniques and it still wasn't working I would revert back to my old sort of safety mechanisms…" Michelle (128 – 129, p. 5)

Dianne also identified that the benefits of practice could be variable, expressing disappointment that her practice did not always have the desired effect when she needed it:

"…I'm up and down with the effects of the actual practicing that I've been doing… …the trouble is…it's not like every day I felt 'Wow, yes!'" Dianne (163 – 164, p. 6; 180 – 181, p. 6)

Valerie felt that in certain situations yoga would be of limited benefit, suggesting that in cases of more severe depression, medication may still be required:

"I seriously think that if you've gone too far then you do need help with medication." Valerie (551 – 552, p. 20)

4.3.3 Cognitive Dissonance

Through the psychoeducation and ongoing encouragement from their teachers, participants generally seemed to believe that practice was important. When the participants were able to overcome their resistance, they often felt that practice had been 'worth it' and that they were able to 'see the difference'. Furthermore, several participants perceived benefits from maintaining *regular* practice, which they believed would be quickly lost if this practice was not maintained.

Beliefs in the importance of practice, however, frequently came into conflict with the difficulties participants faced concerning their resistance and variable experiences, often leading to cognitive dissonance. Participants could, at times, even experience frustration and self-judgement in response to this dissonance.

Although aspects of 'Cognitive Dissonance' overlap with 'Enhanced Wellbeing', explored previously, the added dimensions, relevant to this section, are the participants' perceptions that practicing was *worthwhile* and that *regularity* of practice was particularly important.

As part of the TMI ethos, teachers strongly encourage students to practice regularly at home. Michelle and Anna recount their teachers' emphasis of the importance of a regular yoga practice. Whilst describing her teacher, Michelle's use of the word 'pains' perhaps also betrays how uncomfortable her dissonance makes her feel about her lack of practice:

"…they encourage you to practice, and whether you feel [like] it or not you will see the benefits of practicing…" Anna (404, p. 14)

"… [the teacher] …would be at pains to say, 'We suggest the more you do it [practice] the more you get out of it…" Michelle (83 – 85, p. 3)

Participants clearly seemed to have internalised this message and discussed the way in which they felt home practice provided an important consolidation process:

"…every week has a theme and obviously you practice on that theme so you understand more and you feel more and it takes you more into the experience the more you practice…" Anna (86 – 88, p. 3)

"…because you're doing it [regulation skills] within the practice, within the yoga every day and therefore that was a bit more practice …therefore maybe it stuck a bit better…" Dianne (26 – 28, p. 1)

In spite of their resistance, generally, participants reported a sense that practice was always 'worth' doing, identifying that they could 'see the difference' when they had managed to practice, although Valerie's use of the word 'should' perhaps suggests the way in which she feels a sense of obligation to practice, as opposed to this being something she really wants to do:

"…I've felt better at the end of it, it's always been worth doing, always…" Dorothy (316 – 317, p. 9)

"I found that I wasn't as good as I should have been, basically, because I did feel better when I did it…" Valerie (72 – 73, p. 3)

"I had weeks when I…hardly did any practice, I had weeks when I practiced every day and I could see the difference from practicing every day to not keeping it up… Anna (82 – 85, p. 3)

Generalising, Gillian expressed the positive impact a regular practice seemed to make to her wellbeing:

"…my mental state has always benefitted by doing regular yoga practice so when I was doing it more frequently I felt better in myself mentally and obviously physically…" Gillian (538 – 540, p. 18)

Even Diane, in spite of her ambivalence – and a long daily commute to work - felt it was worthwhile making time to practice in the morning:

"…it is worth getting out [of bed], there's no point lying in for half an hour and then feeling lousy, you might as well get up early and feel good…" Dianne (177 – 179, p. 6)

In addition to this sense of practice being 'worthwhile', participants seemed to also believe that practices were not a quick fix and needed *practicing* for benefits to be optimally experienced, as illustrated by Michelle, and Anna:

"[Ujjayi breath] it calms me down, but obviously it's not something you do for two minutes and it works, it's a long practice…" Anna (18 – 19, p. 1)

"…if you're really, really stressed, what you lack is the control [over your breathing] … you're just too anxious to even have any control over the breath at all and so I suppose that's where it comes in that you have to practice…" Michelle (568 – 573, p. 19)

Even after all her disappointment, Dianne still hoped that through continuing to practice she may experience future benefits, expressing an intention towards ongoing practice:

"…I think I have to give it a chance…it's only actually not quite eight weeks since we started, so I suppose in fairness, if I do it for another six months and then I really don't notice any significant change, then I might stop…" Dianne (516 – 519, p. 17)

Gillian and Anna, furthermore, suggested the idea that unless regular practice is maintained the benefits of the course were likely to recede:

"…the benefits of the course wane because I'm not doing the practice regularly…" Gillian (433, p. 15)

"I am conscious of that fact that if I don't keep practicing then I will reverse back to where I was…I think the only way these changes are going to stay with me is if I carry on…" Anna (366 – 368, p. 13; 375 – 376, p. 13)

Several of the participants who had been unable to manage a home practice – Beth, Gillian and Michelle - described feeling 'bad' about their inability to practice, almost suggesting a sense of guilt that might also be reflective of the sort of relationship Michelle and Anna described towards the word 'homework', as discussed previously.

"…[the] first couple of weeks I felt really bad about it…" Beth (58, p. 2)

"…I sort of felt bad, a little, that I hadn't done it…" Michelle (80 – 81, p. 3)

"…I can be hard on myself…like giving myself a hard time that I wasn't doing the homework…" Gillian (116 – 118, p. 4)

For Gillian, in contrast to her first experience of the course, her reflections on this second experience were permeated with a sense of disappointment and frustration at her inability to practice, her tone of voice frequently betraying her negative feelings towards this issue:

"…because I wasn't able to do the sequences as much… I might feel that I'm still in a period of time where I could feel quite low and depressed…" Gillian (575 – 577, p. 19)

Of all the participants, I had a sense of Gillian most strongly struggling with cognitive dissonance, working actively to find ways of overcoming and resolving these difficulties.

4.3.4 Resolution

Whether participants managed a home practice or not, they all seemed to go through a process of resolution. In so doing, they found different ways of overcoming the difficulties they faced and avoiding or reducing a sense of cognitive dissonance. At times this was through positive

self-talk or reframing the situation; at other times, it was taking a more pragmatic approach, adopting a more flexible attitude or making practical changes to the homework practices.

Participants often seemed to use positive self-talk regarding the perceived benefits of regular practice as motivation, particularly when working with challenging practices such as mindfulness:

"…[By] reminding yourself that it's actually something that you've seen – that you've felt the benefits, just for a short period, it's really good because you feel relaxed into it and you go, 'It's fine, it just takes time.'" Anna (257 – 260, p. 9)

"But sometimes they [practices] would work and that was encouraging..." Michelle (130, p. 5)

Anna, Dianne and Dorothy, in particular, frequently seemed to use positive self-talk as motivation to maintain a morning practice, which usually required an earlier start to the day. These participants seemed to value morning practice as a positive investment in their time, setting them up for a better day:

"...just noticing that [benefits of practice] was encouraging to do it the next day." Anna (118 – 119, p. 4)

"...there's no point in lying in bed for half an hour and then feeling lousy, you might as well get up early and feel good…" Dianne (178 – 179, p. 6)

Another way in which participants resolved some of the difficulties they faced – including how to maintain an ongoing practice - was through adopting a more flexible and pragmatic attitude towards the way in which they did the practices. Sometimes this involved shortening them, at other times it meant giving themselves permission to leave more challenging practices and sometimes it was finding a more viable alternative:

"...you might be tired…and you think 'Well, I'll only do six of the sun salutations'..." Dorothy (318 – 319, p. 9)

"I thought, well there's no point in forcing that so I've been doing everything but the "Warrior" [pose] and again, this is where I might modify it…obviously I need to find an alternative that won't stress that hip…" Dianne (193 – 196, p. 7)

"…I found I wasn't necessarily able to do the physical practices [but] I found that I made sure I would do the meditation or the body scan, so I found the tools I could fit in…" Gillian (16 – 18, p. 1)

For those participants who managed to maintain a regular practice, they also discussed the positive impact of building a morning practice into their daily routine. As Anna put it, like 'brushing your teeth'::

"…I decided to wake up a bit earlier, so that would give me forty five minutes…to practice before I have a shower, get ready, have some breakfast and all that… …for me it's going to be like brushing my teeth." Anna (124 – 127, p. 5; 381 – 382, p. 13)

"…what I tend to do is poses, breathing, shower – just because it fits into my schedule better in the morning – and then the meditative bits…" Dianne (166 – 168, p. 6)

Exploring which aspects of the course had enabled Beth to overcome her resistance and move towards a deeper sense of relaxation, Beth also identified the repetition of the class practice across each week as beneficial. Other participants similarly found the way in which the course repeated the same practice each week was helpful:

"…the repetition…knowing it's going to be the same practice [facilitated relaxation and letting go]." Beth (259 – 260, p. 6)

"…after a few weeks of then knowing the poses weren't changing…that did help." Dianne (92 – 94, p. 3 - 4)

Michelle, Beth and Gillian had all been unable to manage a home practice, as previously discussed. They all seemed to hold beliefs about the importance of home practice and thus had experienced feeling 'bad' about this. However, each of these participants managed to find ways of moving beyond this problem to a greater or lesser degree by reframing the way they saw this difficulty:

"…I just thought, 'Accept I'm not going to be doing it and move on.' Which is what I did." Beth (60 – 61, p. 2)

"…[despite not practicing regularly] there are still some techniques I can tap into if necessary which can help." Gillian (434 – 435, p. 15)

"…at least I've done something in the class and so anything else outside of that is just an added bonus…" Michelle (97 – 100, p. 4)

In Gillian's case, her dissonance was partly alleviated by making her self-judgement a part of her mindfulness practice. Gillian reported using 'mindfulness of thinking' as a strategy to notice the times when she was judging herself for not practicing and consciously practicing self-compassion towards this aspect of her experience:

"…your thoughts are going into certain categories, that is also useful…I can be hard on myself, 'judging myself'…" Gillian (115 – 117, p. 4)

In fact, this became the primary learning Gillian felt she had taken from completing the course a second time, who uses the word 'took' rather than 'got' here, perhaps indicating a greater sense of empowerment. Gillian's use of the words 'beat myself up' and 'dictated' highlight the significance of this learning by demonstrating the power of the negative self-talk she has had to work with through the eight weeks:

"…the second time, my circumstances probably meant that I took different things from it…" Gillian (122 – 124, p. 4 - 5)

"…accepting not to beat myself up about the fact that I haven't been able to…the homework because circumstances dictated." Gillian (620 – 622, p. 21)

Jane, also did not maintain a home practice, however, in contrast to Michelle, Beth and Gillian, Jane did not appear to experience feeling 'bad' about this. Instead Jane discussed the way in which she felt generally that she no longer wanted a formal practice:

"…I'm on a bit of a roll at the moment and am feeling good about what's happening in my life at the moment… so I didn't do it in the structured 'homeworky' way…I took what worked…" Jane (42 – 45, p. 2; 48 – 49, p. 2)

Compared with the other participants, Jane was perhaps in a different place in terms of her 'Broader Life Journey', reporting that she had not suffered with mental health difficulties immediately prior to enrolling on the course. Jane felt that, in the context of her journey, she had reached a point of internalising her practice in a way that was clearly different from the other participants.

Another factor which played a role, both in terms of participants' dissonance but also in helping to overcome it, was an understanding of the mind/body connection which will be discussed in the following section.

4.4 Theme 3: The Mind/Body Connection

"…that's what you realise, that your body can affect your mind and your mind can affect your body and they are completely intertwined…"

As discussed in the previous section, participants seemed to hold beliefs about the efficacy of practices and practicing. To some extent these beliefs appear to have been informed by first-hand experiences; to some extent they seemed to also be informed by teachers' encouragement. This section explores the significant impact of participants' experience of the mind/body connection which played a key role in informing participants' beliefs, potentially shaping their experience of the course. Despite being smaller than the previous two superordinate themes, experience of the Mind/Body Connection had three main aspects, 'Intellectual Understanding', 'Holistic Experience' and 'Curiosity and Openness'.

Participants experienced a high degree of value in the psychoeducation provided at the start of each class, offering an 'Intellectual Understanding' of the Mind/Body Connection. Having a scientific rationale appeared to help them 'buy into' the practices and helped them to justify practicing them outside of class, particularly if practices seemed bizarre or esoteric, such as chanting. It is important to note that this aspect of the Mind/Body Connection appeared to be more intellectual than experiential as such, but is likely to have played an important role in affecting the participants' interpretation of their experiences explored in the rest of the section.

Secondly, there was a sense, from some participants, that the combination of psychoeducation and experiential learning *on the mat* – through the body and mind, in yoga and meditation – had offered them a deeper, more embodied sense of the Mind/Body Connection. This aspect of Mind/Body Connection seems to have been far more experiential, compared with the

‘Intellectual Understanding’, and was something the participants often referred to as being a ‘Holistic Experience’.

Interestingly, throughout the transcripts participants frequently use physical language and metaphor to describe their internal, emotional and mental experience. The impact of this language in the current context is to perhaps convey this sense of connection between mind and body experience. This is apparent in examples such as Michelle’s use of “*stretched*”, “*exercised*” and “*forced*” (442 – 449, p. 15), when discussing her experience of her mind and mental processes within mindfulness practices, echoed by Jane’s use of “*strength*” and “*resilience*” (30, p. 1) referring to her emotional wellbeing. Dorothy talks of mental and emotional “*flexibility*” (529, p. 15) and Beth of “*opening up*” mentally (272, p. 7). Finally, Anna’s analogy of making her morning practice like “*brushing her teeth*” (381 – 382, p. 13) has the effect of placing her yoga practice as a form of mental hygiene, alongside any other form of daily physical hygiene.

As a third subtheme, several participants repeatedly discussed a sense of ‘Curiosity and Interest’ towards their experience of the Mind/Body Connection within themselves and at what they had learned on the course. This seemed to foster a fresh sense of openness and wonder, which, for some, facilitated their ‘Broader Journey of Change’.

4.4.1 Intellectual Understanding

At the start of each class, students on the 8-week course are provided with psychoeducation about the mind and body, informed by medical neuroscience and yogic or Buddhist philosophy. Each week has a different theme and students are encouraged to apply their learning throughout the yoga practice and during a specially selected ‘activity’ at the end, such as chanting or a particular meditation practice.

Participants frequently discussed the way in which psychoeducation fostered belief in practices, often framing their experience using the medical language they had acquired on the course, with frequent references to the ‘parasympathetic and sympathetic nervous system’. Furthermore, it provided a rationale for practices, which from a Western perspective, could initially appear esoteric and bizarre, such as chanting. A further aspect of ‘Intellectual Understanding’ was the way in which participants felt that psychoeducation about the body and mind enabled them to work more effectively with themselves during periods of distress,

impacting on their sense of 'Enhanced Coping', discussed in the first part of the Findings section.

Participants reported valuing having a rationale – scientific or philosophical - for the practices. For Dianne, this appealed to a desire for scientific 'proof' which seemed to help her buy into the practice of chanting; for Dorothy having some sort of a rationale provided her with a justification and enabled her to overcome her self-consciousness. In Michelle's case having a 'physiological fact' seemed to offer her something concrete to hold onto:

"....I like facts…I like proof …" Dianne (326, p. 11)

"…it made good common sense but also it was easy to use because it had that little bit of science behind it, so when… you do the chanting very loudly, you know, it's like 'Yes, well, it's helping me express myself again'" Dorothy (20 – 25, p. 1)

"…because there was a scientific thing behind it, because there was such a physiological fact that if you breathe slower on the outbreath your nervous system is brought down and engages the parasympathetic nervous system…it's easy to understand that as a biological fact…it was a very physiological thing which made perfect sense…" Michelle (560 – 566, p.19)

In addition to this sense of justification was a sense of empowerment, which seemed to arise from the participants' understanding of the body and the mind. Whilst this clearly links with 'Enhanced Coping', there was a distinct emphasis here on the importance of understanding the nervous system from a neurological perspective that enabled participants to harness this knowledge to enhance their emotional regulation. Valerie's use of the word 'fix' here conveys a sense of mechanical simplicity in her new understanding of emotional regulation principles:

"…you don't realise there are things happening, like the parasympathetic nervous system…I didn't realise there were two nervous systems going on… …Understanding what happens to your body definitely helped me because once you're more aware of it happening you can fix it." Valerie (266 – 268, p. 10; 278 – 280, p. 10)

*"…I know when I'm anxious, the sympathetic nervous system is activated and when I'm relaxed it's parasympathetic. I've learned ways to switch between the two easier…*Anna (485 – 487, p. 16)

Gillian highlights the way the YTFTM course suggests specific poses to affect the nervous system, offering further opportunity for emotional-regulation. As discussed previously her use of the word 'induce' holds possible medical connotations, again suggesting the role of the medical model in framing her experience of the practices:

"…things like the seated forward bend…I know that one of the benefits of that posture is to induce relaxation…" Gillian (361 – 362, p.12)

Some of TMI psychoeducation has been influenced by trauma work. Participants are taught to tense and release some of the larger muscle groups in the body as a way of working with the body's natural sympathetic response. Jane describes applying her understanding of this psychoeducation in order to manage negative feelings of irritation:

"…the tensing of the thighs and the buttocks…that's nice…if I get a bit irritated or something I'll just tighten up my [muscles] and realising that it's like allowing the body to do something with the fight and flight…" Jane (108 – 111, p. 3)

Dianne goes further to talk about the TMI idea of long-term emotional regulation, whereby, practices are used to alternate between sympathetic and parasympathetic activation with the aim of improving autonomic nervous system tone:

"…so that was interesting, the juxtaposition of those [practices] that perhaps stressed your body in some way and then those that were relaxing…in a sense I've artificially raised it [the nervous system] in order to practice the coming back down…" Dianne (118 – 121, p. 4)

4.4.2 Holistic Experience

In addition to their 'Intellectual Understanding', participants' experiences often appeared to become more embodied. Participants frequently referred to their experience of the course as 'holistic' in the way it integrated body, breath and mind.

Some participants described the way in which the course gradually built up to working with the mind, starting with the body, followed by the breath. Others described experiences of the way practices brought body, breath and mind together, through so doing, providing them with an embodied understanding of the mind/body connection.

Dorothy and Valerie talked in general terms about the course offering a 'more holistic' experience - Valerie contrasted the course with previous experiences of exercise classes; Dorothy and Michelle (as previously discussed) with psychotherapy:

"...I've tried different sorts of exercise but this is more for the whole of you..." Valerie (189 – 190, p. 7)

"...the course has been more holistic..." Dorothy (203, p. 6)

"...[in contrast to talking therapy] it was bringing the two [mind and body] together because they are already really interconnected..." Michelle (548 – 549, p. 19)

On a superficial level, Dorothy described the way in which the course addressed both physical and mental needs:

"...that is a safe space to sort out my mind and improve my body along with it." Dorothy (490 – 491, p. 14)

On a deeper level, Anna and Michelle reflected on developing their increasing awareness of the mind/body connection through just the eight. The way Anna punctuates body, mind, feelings and emotions each with the word 'and' demonstrates her previous perception of their separateness before expressing her new belief that they are in fact interconnected:

"...it helped me to see that body and mind and feelings and emotions are all connected and that they all work together, they're not separate..." (Anna 283 – 285, p. 10)

"...that's what you realise as well, that absolutely you know your body can affect your mind and your mind can affect your body and they are completely intertwined." Michelle (552 – 553, p. 19)

Several participants described the way in which the course built up, beginning with working with the body and the breath before moving onto working with the mind. Participants seemed to have experienced this as supportive, suggesting a feeling of 'readiness' to work with the mind through meditation as the course moved towards this aspect of practice. Interestingly, Anna moves to using gesture part way through this excerpt, maybe to indicate a more embodied

sense of her internal experience. Michelle again uses physical metaphor when referring to a 'comfortable handle' on working with her internal experience:

"…the course is designed to take you there…so you start with breathing and learn about breathing and then you go into body sensations and…slowly grounds you and brings you here [pointing at her body] and then you look at your mind, but you're already ready to look at your mind…" Anna (209 – 214, p. 7)

"…it was really nice to do in that order [focus on the body and then mind] because your body is far less complicated than your mind so if you get a more comfortable handle on body sensations and feelings that then the mind is [easier to work with]…" Michelle (403 – 407, p. 14)

Exploring this more closely with the participants, Valerie, Michelle and Anna offered examples of their embodied experience of the Mind/Body Connection during the course:

"…because it's [yoga poses] done in combination with the breath you feel like you're all in it, it's like the whole of you…the body and the mind together…" Valerie (434 – 436, p. 16)

"...you learn how your body reacts to your thoughts because you feel the sensations in your body…" Anna (289 – 290, p. 10)

For Valerie, this was an experience of the way in which the mind quietened when focused on the breath during ujjayi breathing. Her use of the phrase 'chatter, chatter, chatter, all over the place' illustrates the power of the technique in managing her mental processes:

"...with the ujjayi I found it made me concentrate more on my breathing…so that stopped my mind from chatter, chatter, chatter all over the place!" Valerie (52 – 55, p. 2)

Michelle described the way in which the practice of 'dirga breath' (or yogic three-part breathing, involving bringing the awareness of the breath to different areas of the lungs) brought body, breath and mind together. As discussed in the theme of the Personal Journey of Change, the way she describes the practice as 'bringing you back to the present moment', again, highlights a sense of this journey – a journey back to the now, through the body:

"…[there was a] kind of staged in breath using different parts of your body, so the first part breathing in from your stomach, second part from the lungs, third part from the throat and then a long, long breath out so I found that very helpful because that again engages your body…so that brings you back to the present moment…" Michelle (587 – 594, p. 20)

Anna described the intense body sensations she became aware of as bodily responses to difficult memories arising during meditation:

"…I was looking at my body and how it reacts [to memory], like my muscles would clench and my stomach would hurt and I would feel a bit nauseous and heat in my body [was] coming out..." Anna (347 – 350, p. 12)

During the classes and daily homework practices students are encouraged to apply the tools they are taught. The yoga mat is used as a microcosm of life, to provide a training ground for the mind and body to cope better in distressing situations. On one week, for example, students are taught to use ujjayi breathing to lower the stress response to challenging poses held over a long duration; on another week, labelling thoughts is used to facilitate defusion from negative reactions to the same postures. Anna, Michelle and Dianne both seemed to find this holistic aspect of the course played a significant role in helping to consolidate their learning. Dianne contrasted the YTFTM course to her previous experience of the MBCT course, feeling that the application of learning in physical practice had supported her learning process, making it easier to apply – she uses the word 'step' in contrast with 'jump' to illustrate this difference in applicability:

"…it was sticking a bit more…because you're doing it within the practice, within the yoga every day… …which means it's easier to then assimilate…because with the other you were just sitting down doing something in the meditation and then to try to step out of that and do it in your normal life seemed a bigger jump than stepping away from what you'd done in the yoga." Dianne (26 – 27, p. 1; 39 – 42, p. 2)

"…you practice on that theme so you understand it more and you feel it more and it takes you more into the experience…" Anna (86 – 87, p. 3)

"…having the yoga attached to it made it much more tangible, easier to measure, easier to concentrate on because you were doing the two things at once, you weren't just sitting there working on your mind…" Michelle (530 – 533, p. 18)

4.4.3 Curiosity and Openness

In response to both their intellectual and embodied learning, participants reported experiencing curiosity, interest, fascination and even a sense of awe. It seemed as if the course opened them up to fresh, new possibility, which was often exciting. It is possible that this new found curiosity also impacted on the participants' 'Change in Relation to Self', changing their relationship to their symptoms.

It is important to recognise that 'Curiosity and Openness' was not a theme reflected through every participant and was most clearly evident in Jane, Beth and Anna's interviews. Dianne, Dorothy and Valerie also described feelings of curiosity and interest but Gillian and Michelle did not refer explicitly to this sub-theme. In Gillian's case, however, completing the course for the second time, curiosity and openness may have been present in her first experience of the course but from the interview she gave this cannot be known.

One facet of curiosity was the participants' sense of anticipation. On one level this was an excited curiosity towards what was coming next on the course, Dorothy's use of the word 'gripped', emphasising her excitement:

"…I was gripped to know what the next instalment was…" Dorothy (464, p. 13)

Dorothy and Anna both also expressed curiosity about the Level 2 YTFTM course run by TMI and Beth expressed that she 'couldn't wait' to practice what she had learned at her regular yoga classes. The way in which Anna shares her internal monologue gives a sense of immediate intensity to her curiosity:

"…you think, 'Wow, there's another level, I wonder what's going on that level!"' Anna (524 – 526, p. 18)

"…I wanted to do it again, I couldn't wait to put some of what I've learned into what I do on Fridays now…" Beth (451 – 452, p. 11)

Several participants expressed curiosity and excitement about learning, both on an intellectual and experiential level using the word 'new' to describe the novelty of their experience. For Dianne this was particularly the case with the activity section of the class where students are taught a different practice each week, such as meditation or chanting. In Beth's case the whole practice of yoga was new and exciting, particularly once she had overcome her initial resistance:

"…I liked learning a different, a totally new thing…" Dianne (253 – 254, p. 9)

"…it's a completely new experience for me…the whole thing was a new experience…" Beth (3 – 4, p. 1 10 – 11, p. 1)

Often participants expressed a sense of awe, fascination and amazement in their experience of the course. From some, such as Jane, Valerie and Anna, this was in relation to the body; for Beth, who was new to yoga, there was a general sense of amazement at the yoga practices. As with Anna previously, Jane's use of internal monologue conveys an immediate intensity to her wonder, emphasised further by her repetition of the expression 'Wow!':

"It's kind of like a reminder that I'm alive, which is amazing and it's just extraordinary… …it's like 'Wow!', I'm in this body at the moment and it has capability…I'm still at that 'Wow!' stage, you know." Jane (237 – 238; 247 – 248; 259 – 260, p. 6 - 7)

"…it's quite fascinating, isn't it…" Valerie (488, p. 17)

"…the breathing…that is amazing!" Anna (414, 416, p. 14)

"…[it] opened my eyes to the…stuff out there I never even, didn't know existed, I mean ujjayi breath! What's that all about?!" Beth (438 – 440, p. 10)

This sense of increased openness, wanting to know more, was a strong theme for Beth and Anna who both came away with a genuine desire to continue their 'exploration' and learning. In Beth's case this was all the more powerful, having started from a much more doubtful and resistant position:

"…it's awoken a genuine interest in yoga for me, I just want to know more and learn more about yoga now… …it's just like its opened my mind…" Anna (406 – 408, p. 14; 449 – 450, p. 15)

"…the biggest change is that I want to explore this whole business further…maybe that this course has sort of opened me up… I was always sort of judgemental, very closed to anything like this, 'Oh it's all ridiculous?' and I really don't feel like that now… I can't wait!" Beth (270 – 275, p. 7)

4.5 Theme 4: Group Experience

"…you're not the only one, you're not the odd one out…"

Beyond all the other themes, participants seemed keen to share their experiences of being in the group across the eight weeks. A common experience at the start appeared to be a certain self-consciousness and nervous anticipation of becoming vulnerable in the group, something which eased as the course progressed, aided by the boundaries held by TMI teachers. These experiences are discussed in the first subordinate theme, 'Safety and Vulnerability'.

As the course went on, the experience of being in the group seemed to develop a value of its own outside of the content of the course, in terms of 'Social and Emotional Support'. Participants reported experiencing a sense of feeling held by the group, their experiences normalised and their perspectives broadened.

4.5.1 Safety and Vulnerability

A common experience for participants, particularly at the start of the course, was a feeling of nervousness and apprehension. This feeling seemed to relate to a certain self-consciousness and anticipation of becoming vulnerable within the group. For most, these feelings passed as the course progressed, facilitated by the boundaries created by the teachers.

At the beginning, participants frequently reported feeling nervous. There seemed to be a sense of uneasy anticipation about who they would meet and how they might be expected to open up, in Anna and Beth's cases potentially allowing themselves to become vulnerable in the group. Anna seemed to find it hard to finish her sentences as she spoke about this aspect of her experience, suggesting that even thinking about it brought back her initial sense of anxiety:

"The first session you're not sure who you're going to meet and you're a bit nervous…" Dorothy (210 – 211, p. 6)

"I think it was the same with everyone because people didn't know what to expect…you could see that everyone was a bit…[anxious]!...I get very anxious when I have to [open up], it was a place where sooner or later you would have to open up, so initially it made me a bit..!" Anna (48 – 49; 56 – 58, p. 2)

"…I did feel quite vulnerable talking about certain things… I was sort of worried I would get emotional…" Beth (195 – 196, p. 5)

For some, such as Valerie, Dorothy and Beth, this was an experience of self-consciousness in the physical practice or group discussions. Beth reported comparing herself with the other students in the class, her use of the word 'girls' perhaps giving away a sense of the youthfulness of the other members of the class, against which she is comparing herself:

"…[at] the start I was really self-conscious… …some of the girls in there [had been] doing a lot of yoga so they were really looking good…" Beth (13 – 14, p. 1; 46 – 47, p. 2)

Notably, for some, this experience of self-consciousness extended beyond the classroom to the home environment. Valerie reports wondering what others might think in response to her chanting - her self-consciousness emphasised by the phrase 'what the hell' - and Beth paints an almost comic visual image of her experience of embarrassment at 'failing around' at home:

"My neighbour wonders what the hell is going on…" Valerie (383, p. 14)

"…I felt more self-conscious doing things at home than I did here [at the yoga centre] because I just thought, 'I'm flailing around in my living room, not knowing if I'm doing it right…" Beth (75 – 76, p. 2)

Dianne experienced what seemed to be a strong sense of resistance towards group displays of vulnerability or emotion, an attitude that appeared to remain throughout the duration of the course. Her use of the phrase 'burst into tears and stuff' has an almost dismissive air to it, perhaps demonstrating her level of discomfort with the thought of displays of emotion within the group:

"...[the teacher] said it was fine for everyone to burst into tears and stuff but really there wasn't a lot of that, thank God!...it's not really something I wanted to do…" Dianne (375 – 380, p. 13)

It is important to note that neither Jane nor Gillian explicitly reported experiences of nervousness, self-consciousness and resistance to vulnerability. Gillian suggested that the group size and location might have been a part of this, although it is possible that also having already completed the course before, she may have had a greater sense of what to expect:

"...I did feel very much that I could just be worrying about me and I personally wasn't too worried about what other people were thinking or doing. Potentially if it had been a larger group and a larger venue then you might feel a bit more intimidated…" Gillian (133 – 139, p. 5)

As time went by for most participants, initial anxieties and worries seem to have dissipated as Valerie described:

"...but it did get easier as the weeks went on and you get to know people…" Valerie (120 – 121, p. 5)

A part of this appears to have been the safety participants experienced through the boundaries created by TMI teachers, something that is explicitly part of teacher training. Teachers are taught to create safety through, for example explicitly stating that students are never obliged to share and that they should not comment on one another's shared experiences – something both Gillian and Anna highlighted:

" ...one of the girls on the course was quite happy to share but nobody felt obliged to do that…" Gillian (650 – 652, p. 22)

"...I remember [the teacher] saying all the time, I'd appreciate if you don't make any comments on anyone else, just speak about your own experience and I thought that was great…" Anna (64 – 66, p. 3)

"...I've really respected her as a teacher and as a person because she knows boundaries for herself and boundaries is something I've had a problem with…" Dorothy (651 – 653, p. 18)

Anna and Jane described their experiences of the class as in fact being very 'respectful':

"It was very respectful…I got the feeling that everyone spoke with authenticity, with integrity…" Jane (446 – 448, p. 11)

"…there was a lot of respect for each other's feelings and it offered a safe space in a way…" Anna (29 – 30, p. 1 - 2)

In addition, Beth and Dorothy described experiences of working with their self-consciousness. In Dorothy's case she was able to work with this, identifying the way in which experiences of workplace bullying were 'seeping in' to her experiences of other women in the class. A part of Dorothy's 'journey' eventually became identifying and working with these mental processes through the practice. Beth's use of the word 'stage' implies a sense of progression in terms of her ability to feel safe within the group:

"…it seeped in and I remember I did 'analyse' that bit in my head and realised that is what was going on and so although I felt it, I didn't act on it because I knew deep down it probably wasn't something within this class at all…" Dorothy (184 – 188, p. 5 - 6)

"…I kind of thought, it doesn't matter what I look like, it doesn't matter what anyone else is doing or is or isn't getting out of it, what's important is I'm enjoying it and hopefully going to get some benefit out of it, but as I say, it took me a few weeks to get to that stage…" Beth (18 – 22, p. 1)

4.5.2 Social and Emotional Support

Once participants had overcome their initial reactions to the group they seemed to experience it as an integral part of the course. Through the group, a nurturing, caring environment seemed to develop, with a sense of togetherness and common purpose, which the participants often seemed to experience as normalising and de-stigmatising. Furthermore, through the group discussions participants developed a greater awareness of different kinds of experiences, which may have facilitated their developing sense of openness (discussed previously).

Generally, in spite of the initial reservations and insecurities, it seemed as though the group environment was experienced as a kind, nurturing or welcoming place in which to be:

"…it is quite a nurturing environment…" Gillian (131, p. 5)

"…I could've cried because it was like, 'Oooh, so nice people'…" Dorothy (681 – 682, p. 19)

Both Anna and Jane commented that they looked forward to seeing friends in the group and Michelle simply stated that it had felt good to be part of a group once again, having finished school and university. Michelle and Anna both described a sense of not being alone and in contrast to the way Beth uses the word 'girls' there's perhaps a sense of kindred spirit or sisterhood in Anna's use of the word here:

"…it was a pleasure to [be] going and seeing the girls…" Anna (4, p. 1)

"…what I got out of it, I realise now, is actually I really enjoyed being part of a group again…" Michelle (208 – 209)

"…finding out you're not alone…" Michelle (261, p. 9)

"…you feel that you're not alone in this…" Anna (44 – 45, p. 2)

Michelle elaborated at length on her experience of group unity which formed through the synchrony of practice each week. Her use of words such as 'unison', 'connected' and 'harmony' all demonstrate the power she experiences in being a part of the group:

"…seeing the same people come each week, being in unison together doing all the positions…even though maybe your minds aren't connected… you're doing all the same thing with the same breath and its being part of that – it's a very human, fantastic sort of harmony…" Michelle (212 – 217, p. 7 - 8)

For Dianne, Beth and Anna, as well as Michelle, this unity was a sense of common purpose, of shared intentions and of 'being in the same boat' together.

"…we were all in a similarish boat in that we needed some help." Beth (189 – 190, p. 5)

"…everyone, obviously was there for the same sort of reason…" Valerie (110 – 111, p. 4)

"…it seemed like we were all on the same, well I guess we all had slightly different reasons for being there but nonetheless…we all know that we needed to improve something or work with something…" Dianne (655 – 659, p. 22)

Through this shared sense of struggle, several participants felt as if their difficulties had become more normalised and expressed feeling like they were no longer the 'odd one out' or different in some way. Dianne described in detail a sense of relief that other people with 'similar difficulties' to her own seemed like 'normal', 'decent' people, her use of the word 'actually' perhaps emphasising her sense of surprise or relief at this discovery:

"…the other people in the class all had their own issues so you didn't feel like you were the odd one out…" Valerie (108 – 110, p. 4)

"…you're not the only one, you're not the odd one out." Anna (45 – 46, p. 2)

"…it helps you identify…you're not the only person that goes through certain things or experiences, certain sorts of feelings or situations…" Gillian (156 – 158, p. 6)

"…we all seemed to be fairly normal people…it's nice to see the full range of these people trying to deal with similar but different things…all these people having challenges, not just one…you kind of think, 'Well what are other people like that suffer from stress or anxiety or whatever?' …and we all seemed like quite nice, decent people, actually!" Dianne (672 – 681, p. 22)

Furthermore, in sharing experiences of the course in group discussion, participants described developing an awareness of each individual's struggles and perspectives. Michelle, Gillian and Dianne all described an awareness of the plethora of experiences within the group, something Michelle and Dianne appeared to find enriching:

"…I could see that people were having different reactions to things…" Gillian (652 – 654, p. 22)

"…[it was] interesting that people have different challenges.." Dianne (671 – 672, p. 22)

"…it was always interesting to see, 'Oh that person's got something completely different out of it, I don't identify with that at all', or sometimes someone would say something and you

would think, 'It's exactly that, that was exactly how I was feeling'…" Michelle (257 – 260, p. 9)

Michelle extended this idea to seeing different students struggle with different physical challenges on the course as well:

"…some people found it more difficult to bend sideways or forwards or some people couldn't do shoulder stands, some people couldn't balance, it was different for everyone…" Michelle (294 – 297, p. 10)

For Valerie and Beth the group was experienced as offering warmth and holding in difficult times – Beth's use of the words 'cuddle' and 'cuddling' offers a sense of the warmth she experienced:

"…they were just really sweet and [the teacher] gave me a cuddle and …I felt someone else cuddling me from the other side and they were all really kind and everything…" Beth (209 – 212, p. 5)

"…you felt like you were being hugged by the class…so it was a really nice feeling…" Valerie (122 – 124, p. 5)

Finally, participants generally seemed to experience their teachers as having offered valuable support and holding throughout the course, many keen to express their gratitude:

"…she's done a marvellous job…" Dorothy (650, p. 18)

"…I happen to adore [teacher], I think she's brilliant…" Jane (192, p. 5)

…[the teacher] is always there if you need help… …she's a very good teacher" Valerie (515 – 516; 521, p. 18)

"…I trusted [the teacher]…" Beth (231, p. 6)

"…I thought [the teacher] was very good, thought she was a very good teacher, she always seemed to have the right turn of phrase…" Dianne (763 – 765, p. 25)

4.6 Summary – A Graphic Representation of Themes

The four master themes and thirteen subordinate themes, described within the Findings section, have been represented graphically below (Figure 2) using an overlapping sets model. Miles & Huberman (1984) argue the importance of 'spatially compressed, organised display models' in improving qualitative data analysis (Miles & Huberman, 1984; pp 25). By allowing the simultaneous consideration of different themes in a way that would be challenging to demonstrate through even concise narrative description, display models facilitate better cross-checking and validation of data. Miles & Huberman suggest a number of alternatives for the graphic representation of data, including, for example, 'conceptually clustered matrices'.

The clustering of conceptually related themes initially seemed appropriate for data representation in the current study. Through the final stages of data analysis, however, the relationships between themes seemed as significant as the content itself. An overlapping sets model was adopted in order to emphasise the close relationships between themes, better preserving the meaning implicit within these relationships.

It is important to highlight that this choice does not reflect the adoption of an explanatory model (such as in grounded theory). Rather, it reflects the acknowledgement that different aspects of the participants' experiences were interconnected as opposed to linear and that the complexity of their meaning is therefore best represented more holistically.

Experience of the YTFTM 8-week course

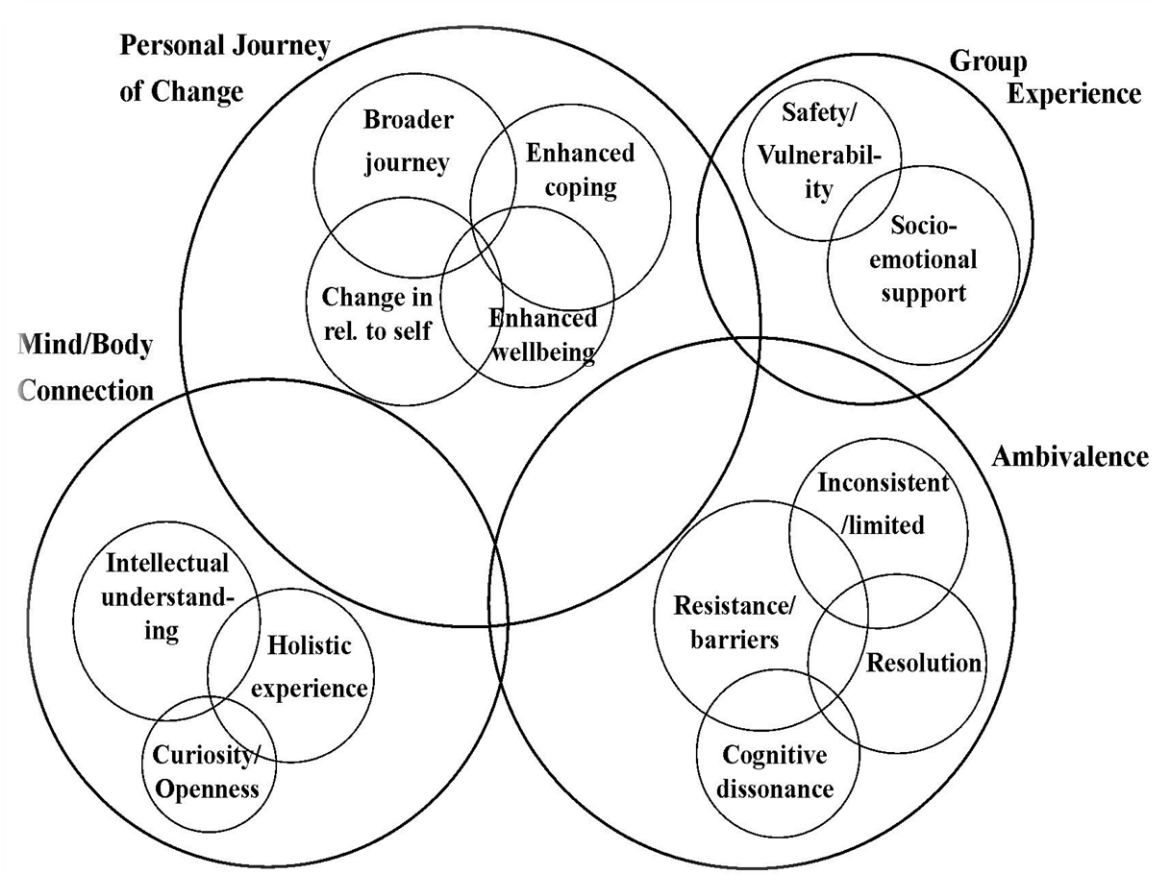

Fig. 2 Graphic representation of themes

4.7 Reflexivity – Findings

The process of writing the current chapter challenged me to continue to refine my thinking, identifying when themes lacked cohesion or failed to stand up to argument. One example of this was when I was writing about a previous subordinate theme, '*Sense of Emotional Resilience'.* As I began organising my quotes in order to construct my argument, I began to identify two related but clearly distinct themes. This lead me to realise that the data would be better represented as two different subordinate themes: '*Enhanced Coping*' and '*Emotional Wellbeing*'.

Through the writing process, not only did themes divide but other themes converged as they failed to stand up to argument. Within the master theme '*Group Experience*' it became clear that '*Vulnerability*', 'S*ocial anxiety*' and 'S*afety*' were much more closely related than I had

previously realised and could be more accurately represented together as '*Safety and Vulnerability*'. The same could be said for '*Normalising Experience*' and '*Socio-Emotional Support*' which also merged together as one subordinate theme, through the writing process.

In previous chapters, I have discussed the personal experiences and theoretical assumptions, which, despite my attempts to bracket them, will still inevitably affect the research. However, one area that is difficult to separate out is what is my influence and what is TMI's influence, particularly since my assumptions have been, at least in part, informed by my TMI training. This was most apparent considering the themes of '*Enhanced Coping*' and '*Intellectual Understanding*', which clearly related to the theory outlined in the Critical Literature Review.

Nevertheless, there were also several surprises in the emerging data. My repeated, thorough trawls through the transcripts meant that I picked up a number of unanticipated details, many of which did not fit with my expectations or experiences. One example is the heavy emphasis participants placed on their journeys and the degree of contextual information that they offered. Another example was the powerful impact the group itself had for many participants, which I had neither experienced, nor anticipated, naïve to the MBCT literature at the point of analysis. Whilst I had anticipated that participants would find aspects of the course challenging, I had not expected the degree of dissonance and internal struggle, they often experienced as a result of these difficulties. Furthermore, I had expected participants to talk in far greater detail about the classes and the yoga practices themselves and was surprised when this did not emerge, possibly because participants found these experiences hard to put into words.

Another relevant issue for reflection is the impact of my socio-cultural and economic background. Like most of my participants, I am a White British, educated, middle-class woman, with prior yoga experience and an interest in the topic of yoga for mental health. Also, like my participants I have, in the past, experienced my own journey from distress to wellbeing and have, more recently, experienced the YTFTM course. Furthermore, my training at TMI provided me with an in-depth understanding of the research and theory informing the YTFTM course. This means that not only am I therefore likely to have had, in many ways, a similar experience to my participants but I am also likely *to have made sense of this experience it in a similar way*.

One major difference from my participants, however, is that I undertook the TMI training and the YTFTM course primary to inform my research and clinical practice and was not

experiencing distress prior to or during the course. Furthermore, each week of the YTFTM course delivered through the TMI training, was taught as part of a monthly weekend module, which resulted in a more diluted YTFTM experience than would have been the case for the participants. Nonetheless, I believe my training provided me with a far greater insight into the participants' experiences than would otherwise have been the case.

CHAPTER 5 - DISCUSSION

5.1 Introduction

The present study explored eight women's experiences of the YTFTM 8-week course. Through an interpretative phenomenological analysis of these eight interviews, four master themes were identified: Personal Journey of Change, Ambivalence, Mind/Body Connection and the Group Experience. The following discussion section will be divided into six main sections, roughly corresponding to these four master themes – with the larger first theme, broken into two parts – and then an additional broader implications section.

The first section begins with a more general exploration of therapeutic journeys, from the perspective of the journey metaphor within psychological therapy**,** and considers the way in which this narrative might be harnessed for affect in future courses. The section then focuses in greater detail on the stages of change, in light of the trans-theoretical model of behavioural change, considering the implications in supporting future students to successfully navigate these different parts of the process.

The second section, then, explores in greater depth, the journey of change across the course, focusing on the specific coping strategies which participants found useful. Specifically, ujjayi breathing and mindfulness strategies will be discussed, as tools which participants found particularly beneficial in managing their distress. Both strategies will be explored in light of existing literature, within the fields of psychology, neuroscience and yogic and Buddhist philosophy and the implications for Counselling Psychology practice will be discussed.

The third section will explore the challenges faced by participants on the course, including their resistance, barriers to practicing and dissonance. In this section, psychological literature on resistance in therapy and the factors effecting behavioural change will be used to shed light on

some of the ways in which the course might better support future students in overcoming these difficulties.

The next section discusses the therapeutic value of the group and considers the additional contributions Counselling Psychologists might bring to future courses, in terms of facilitating the interpersonal learning which can occur in therapeutic groups. It furthermore, considers the training implications for teachers, enabling them to embody the sorts of qualities they aim to teach.

Section five explores the added value that yoga may offer specifically to Counselling Psychology, in terms of a more embodied, experiential learning. It considers the way in which yoga may provide an opportunity to experiment and to play and, in so doing, to instil a sense of curiosity and exploration. The fifth section also discusses the additional potential for yoga to enhance wellbeing, in a way that is possibly beyond the scope of talking therapy alone.

The discussion ends with an exploration of the broader implications for Counselling Psychology, including the investigation of yoga therapy for different clinical populations, such as trauma. The implications for future training are also considered.

5.2 The Therapeutic Journey

In the following sub-section, the broader aspects of the Therapeutic Journey will be firstly explored from the perspective of the journey metaphor in therapy, considering the way in which the participants' tendency to conceptualise their experiences as a journey might be harnessed for further therapeutic effect. Secondly, the Therapeutic Journey will be discussed in light of Prochaska's Trans-Theoretical Model of behavioural change (Prochaska & DiClemente, 1982; Prochaska & Velicer, 1997), which offers psychologists a useful framework for conceptualising the different stages of the participants' journey, offering insight into the way in which future students might be supported to successfully navigating some of these stages.

Participants frequently described their experiences in terms of a journey; a journey from past experiences of distress, through to a new, empowered sense of enduring emotional resilience. Often participants had battled for some time with symptoms of depression and anxiety, struggling to cope with difficulties at work or challenging life events, before reaching a turning point, prompting enrolment on the course. Within the eight weeks of the course, as shall be discussed in further detail in the next subsection, participants' relationship towards distress slowly began to change, as they experienced personal insight and acquired new coping strategies. At the point of interview, most participants reported a fresh sense of wellbeing and

belief in their new emotional 'tool kits', expressing the importance of these coping strategies in avoiding future relapses.

5.2.1 Journeys in Therapy

The metaphor of a journey in therapy is not a new one and can be found in literature across modalities. From a Cognitive-Behavioural perspective, Leahy (2003) has, for example, frequently utilized evocative language such as "roadblocks", "obstacles" and "impasses" to frame the challenges of therapeutic change. From a third-wave perspective, Hayes (1999; 2009) has recommended metaphors such as "passengers on a bus journey" and "demons on a boat" to help clients conceptualise therapeutic change. Contemporary humanistic theorists, Mearns and Thorne (2000) have described clients as often undertaking a "perilous journey" in therapy.

From an analytic perspective, heavily influenced by Jung's concept of the archetypal 'hero', Joseph Campbell (1949) details the 'Hero's Journey'. Drawing on diverse, global mythologies, Campbell potentially offers a potent metaphor for the way in which human beings face and find meaning in suffering, in a journey towards healing and wholeness. The participants' accounts in many ways echo the Hero's Journey - from the situations that led them to the course; the challenges and obstacles they faced over the eight weeks; to the acquisition of new tools for life. At interview, participants were often keen to describe the next stage of their journey, moving to the next chapter in life, with a fresh sense of freedom and hope for the future.

This propensity to frame the experience of the course as a journey could potentially be capitalised on in the future. At the start of the course, for example, stories evoking a sense of the Hero's Journey could be shared with students, preparing them for the journey ahead, instilling a sense of adventure, courage and tenacity. These stories could be returned to, to provide inspiration and motivation to overcome obstacles, as the course progresses. At the end of the course, students could be explicitly invited to reflect on their own journey so far and the way in which they might continue the journey into the future, through group discussion, journaling and quiet contemplation or meditation.

As Campbell describes, the yogic and Buddhist traditions offer a rich wealth of such stories and metaphors, such as the Bhagavad Gita, part of the Hindu epic, the Mahabharata, and stories from the life of the Buddha. Following the adventures of Prince Arjuna, facing an epic battle, Bhagavad Gita has been understood by some, such as the eminent spiritual teacher, Eknath Easwaran (2007), as an allegory of the internal struggle faced by any human being seeking to

overcome suffering. Such stories could provide inspiration and reassurance to students, fostering a sense of their own heroic journeys, to hold on to both during and following the course.

As discussed within the literature review section, Smith et al. (2011) identified additional mental health benefits when spiritual/ethical teaching was included in yoga classes, suggesting that such an approach may, indeed, be beneficial. However, as the authors identify, since the research was conducted with undergraduate students in the south-eastern United States, further research is necessary to investigate the way in which the inclusion of such stories is experienced by more diverse populations, particularly living in the UK.

Whilst YTFTM students are currently self-selecting – with some existing interest in and openness towards yoga practice – if this approach were to be introduced into health care settings, such as the NHS, further research would need to be conducted to explore the impact on these stories on different audiences. This research could, for example, investigate the experience of spiritual teachings in yoga classes, for male participants, participants across the age range and from different socio-cultural backgrounds. Of particular interest, may be the experience of people from different religious backgrounds, for whom yogic or Buddhist stories may cause internal conflict.

5.2.2 Stages of the Journey

The participants' journey of change, moving from old, unhelpful ways of coping to new, more adaptive strategies, can also be understood from the perspective of Prochaska's trans-theoretical model of behavioural change. Seeking to describe the process of change in psychotherapy (Prochaska & DiClemente, 1982) and in health behaviour change (Prochaska & Velicer, 1997), the TTM outlines six key stages: pre-contemplation, contemplation, preparation, action, maintenance and termination (see Appendix O further details).

From this perspective, therefore, the participants' journey of change could be seen as having progressed through these six stages. Starting with 'pre-contemplation', participants were initially unaware of unhelpful coping strategies, such as experiential avoidance, as can be seen in Michelle and Dianne's cases, or ruminative patterns of worry and self-blame, as can be seen in Dorothy and Gillian cases. Moving to the 'contemplation' stage, there was a realisation that change was needed, for example, Jane's realisation that she could still 'use depression' as a maladaptive method of coping and a general sense amongst participants that they would 'need to go on medication' if they didn't find a way of managing their difficulties more effectively.

At the point of enrolling on the course, participants might be seen as being in the 'preparation' stage, which for some involved change on multiple levels, for example, for Dorothy, Anna and Michelle, simultaneously planning a career change or a period of self-development. Participating in the course, where participants described learning new, more adaptive methods of coping, such as the ujjayi breathing and mindfulness practices, discussed in detail later in this chapter, might be regarded as the 'action' action stage.

At the point of interview, participants faced the final two stages of the process of behavioural change, that is, 'maintenance' of practices and ultimately, 'termination' of old, unhelpful habits of coping. As discussed within the theme of Ambivalence, the participants all described a number of different barriers to maintaining practice, such as procrastination, finding time, resistance as well as physical challenges with certain postures. Gillian, for example, described in detail the challenges of maintaining practice alongside a long commute and busy working day. Participants, such as Anna and Dianne, discussed ways of facilitating their maintenance, for example making yoga practice a part of their morning routine, 'like brushing my teeth'. There was also a sense, again, linking with the theme of Ambivalence, that due to the limitations of practices, there were times when old, less helpful habits might be returned to, as Michelle and Beth both described, contemplating times when situations became too much to manage.

Applied to the YTFTM course, the TTM has several implications for future courses. Firstly, it highlights the importance of the screening process to identify students who are ready to engage in the intervention and get the most from it. Particularly if the course were to be adopted within mainstream health care settings, such as NHS services, where classes would be funded, it might be helpful to screen for those who may not be ready to progress to the action stage. In such cases, motivational interviewing, an evidence-based approach developed by clinical psychologists, Miller and Rollnick (1991), might be deployed, to address ambivalence and prepare clients for change.

A further implication of the TTM, is the issue of maintaining progress after the course has ended, that is, the importance of supporting students through the stages of maintenance and termination. Currently, students are provided with some suggested practices and information regarding teachers' classes and further courses. One way to further enhance the ending of courses might be to offer a more extended, interactive discussion around these issues. As will be discussed later in this chapter, the learning theorist Kolb (2005) highlights the importance

of the opportunity to reflect on and conceptualise experience. In offering a more extended reflective discussion at the end of the course, participants might benefit from the opportunity to consolidate their learning before leaving.

As part of this discussion, students could be encouraged to reflect on their home practice across the eight weeks and to consider what they would most like to take with them and continue. Young (2003) recommends the use of flashcards as a means of supporting clients to remember and apply new adaptive coping strategies acquired within the therapy session. YTFTM students could similarly be supported to develop their own flashcards to take home, outlining key ideas and practices they have found helpful on the course, providing useful consolidation of learning.

A final area of consideration, as suggested by Langdon et al. (2011), might be the provision on ongoing drop-in classes. In a grounded-theory study of mindfulness practice, following Mindfulness-Based Cognitive Therapy, the authors identified the importance of providing ongoing subjective norms and the opportunity for further consolidation, where specific difficulties might be addressed, confidence built and motivation maintained.

Further research, perhaps in the form of a qualitative follow-up interview, several weeks after the end of the course, could explore with students what might be beneficial to help them maintain their practice. This investigation could therefore provide useful guidance for future practice, in terms of supporting students to avoid future relapse.

5.2.3 Summary

In this section, The Therapeutic Journey, participants' experiences of the YTFTM course have been discussed from the perspective of the journey metaphor in therapy and from the perspective of Prochaska's theory of behavioural change. The discussion has identified four key areas to consider in future practice: Firstly, the possibility of harnessing students' tendency to conceptualise the course as a journey and to utilize metaphors – perhaps even from yogic or Buddhist mythology – to inspire a sense of adventure, perseverance, empowerment and positive personal narrative. Secondly, student readiness should be considered and ambivalence addressed through the pre-course screening process. Thirdly, students may require considerable support to maintain their coping strategies in order to avoid relapse, such support may, for example, consist of extended group discussion, time for personal reflection and the use of personalised flashcards. Finally, the provision of ongoing drop-in classes may play an important role in offering longer term support to maintain behavioural changes.

Whilst the personal journey of change was a broad one – commencing, in some cases, months, if not years before the course and continuing into the future – participants also discussed a journey across the eight weeks. An integral part of this aspect of the journey was the acquisition of new coping strategies and changes in the way in which participants related to themselves. These aspects of the journey will now be explored in the following subsection.

5.3 Specific Coping Strategies

The journey, through the course itself, involved two significant elements: the acquisition of new coping strategies or 'tools' and change in the way in which participants related to themselves. Notably, different participants adopted different tools, however, two practices stood out as particularly powerful for participants: ujjayi breathing and mindfulness. In the following section these two practices will, firstly, be placed within the broader perspective of third-wave therapies. Ujjayi breathing will then be contrasted with existing breath work within Counselling Psychology practice and the mindfulness practices, similarly considered in light of existing practice. The implications for future Counselling Psychology practice will then be considered in relation to these discussions.

Emotional regulation and mindful acceptance of internal experience are currently very much at the heart of contemporary third-wave and contextual therapies. Linehan's Dialectic Behaviour Therapy (DBT) (1993), Gilbert's Compassion-Focused Therapy (CFT) (2009) and Hayes' Acceptance and Commitment Therapy (ACT) (2006), as discussed in the literature review section, are three such examples. Within DBT and CFT slow, abdominal breathing and 'soothing-rhythm breath' are offered as existing strategies for emotional regulation within Counselling Psychology. Similarly, mindfulness strategies are taught within each of these therapies in order to develop acceptance of and openness towards present moment internal experience.

Whilst the methodology of the current study is not sufficient to draw conclusions regarding the *processes* of change, often, it seemed as if these two elements may have been complimentary. Dorothy and Anna, for example, both described using ujjayi breathing to regulate emotion during mindfulness practices**.** As with these third-wave therapies, therefore, it is possible these processes may operate synergistically. Future research could use grounded theory to explore this relationship further and begin to develop a theory for the change process across the eight weeks of the course.

5.3.1 Utility of Ujjayi Breathing

In terms of the specific coping strategies participants described as beneficial, generally each participant came away with something different; the only consistent 'tool' was ujjayi breathing, frequently described by participants as "portable". This portability potentially makes ujjayi a strategy easily adopted by Counselling Psychologists, who already teach mindfulness of breathing (a breathing based meditation practice) and slow abdominal breathing (an emotional regulation strategy) in individual client work.

Previous MBCT literature has already identified the utility of the '3 minute breathing space', a three minute mindfulness practice, focusing on the sensation of the breath in the nostrils or abdomen (Hertenstein et al., 2012; Allen et al., 2009; Finucane and Mercer, 2006; Mason & Hargreaves, 2001). Unlike ujjayi, however, the 3 minute breathing space does not involve any conscious manipulation of the breath and is not designed as a relaxation strategy per se, but as a way of redirecting conscious attention from ruminative or analytic thinking to present moment experience (Williams & Penman, 2011). However, as with ujjayi in the current study, the simplicity of the practice – taking three minutes to stop and step back from distressing experience – seems to make it practical and portable.

As discussed within the literature review section, research indicates the potential for slow, abdominal breathing to increase parasympathetic 'relaxation' response, with a number of causal mechanisms proposed (Jerath, 2006; Field, 2011). In addition to slowing and lowering the breath, however, ujjayi also involves a slight contraction of the glottis muscles, creating a noise in the throat, said to sound like the ocean (ujjayi breathing is sometimes referred to as 'ocean breath' for this reason).

From a yogic perspective, according to the classic Hatha Yoga manual, The Hatha Yoga Pradipika, "In English, ujjayi is known as the 'psychic breath' because of its effect on the mind…" (Muktibodhananda, 1993, p. 240). The text goes on to suggest that ujjayi promotes the internal focusing of attention and "…is especially recommended for people who have insomnia and mental tension." (p. 242). The Pradipika describes the way in which the contraction of the throat, in ujjayi, also slows the breathing, giving the practitioner greater control to direct the breath, filling the lungs to their full capacity and emptying completely. Furthermore, according to the Belgium yoga scholar, Lysebeth (2007), the combination of both the sensation and sound of ujjayi has the effect of focusing the mind completely away from other mental activity.

There is, however, surprisingly little research investigating the specific effects of ujjayi breathing in isolation of other practices. In 1991, Telles and Desiraju identified a significant increase in oxygen consumption from ujjayi breathing compared with baseline rates. Since lower oxygen consumption through hyperventilation, leading to increased carbon dioxide (hypocapnia) is commonly associated with stress, anxiety and panic (Ley, 1985; Salkovskis, 1988; Holt & Andrews, 1989), it is possible that ujjayi breathing may address this imbalance, instilling a sense of calm.

To test this hypothesis, Heather Mason and colleagues investigated the effect of ujjayi breathing in beginner practitioners, using various physiological markers, including oxygen saturation. Whilst ujjayi demonstrated increases in oxygen saturation, Mason was unable to identify a significant difference between ujjayi and slow breathing (Mason et al., 2013). Mason, however, suggests that the effects of ujjayi may become more apparent in response to anxious over-breathing and recommends further investigation.

Since the experience of ujjayi breathing was not explored in detail with participants in the current study, further research would be useful to investigate the experience and impact of this technique, perhaps in contrast to existing techniques within Counselling Psychology. Qualitative research could investigate the subjective experience of this practice, particularly with novice students, who may struggle with managing the constriction of the glottis and could find the practice unusual. From the perspective of Counselling Psychologists interested in adopting ujjayi breathing as an alternative to abdominal breathing, it would also be important to investigate how this intervention is experienced outside of the setting of a yoga class.

5.3.2 Mindfulness Practices

A second reoccurring theme was the utility of mindfulness practices in changing relationship to distress. Participants identified that through mindfulness practices they moved from a position of avoidance, to mindful acceptance of internal experiences and compassionate self-responding. Similar experiences are apparent within qualitative explorations of MBCT courses (Mason & Hargreaves, 2001; Finucane & Mercer, 2006; Allen et al. 2009; Williams et al., 2011) and existing yoga research (Prakash, 2009; Tul, Unruh & Dick, 2011).

However, whilst mindfulness was clearly a reoccurring theme, different participants preferred different mindfulness practices. Some participants, for example, preferred to use mindfulness of the body, noticing how the body responded to strong emotion, whilst others preferred mindfulness of the mind, noticing and observing particular mental habits. Similarly, within

MBCT literature, Mason and Hargreaves (2001) noted that, "…*participants differed greatly in their degree of success with different skills*" (p. 205). Williams et al. (2011) identified that participants appreciated the variety of practices with which they had been provided.

From the perspective of both future courses and Counselling Psychologists, using mindfulness practices within individual therapy, these findings highlight the importance of offering choice and encouraging students/clients to experiment with different strategies, before identifying which work best for them. It may also be worth considering that as practitioners, we may have our own experience of practices and it is important to remain open to the possibility that different people experience each coping strategy differently. This divergence of experience highlights the need for further research to investigate what works for whom and why, in order to help Counselling Psychologists tailor interventions more effectively.

As discussed within the theme of Ambivalence, some participants struggled with emotional exposure during the mindfulness practices, becoming more aware of an underlying layer of distress, which previously they had avoided. There is ongoing debate, within the literature, about the relationship between mindfulness and compassion. For some, such as Germer (2009), mindfulness tends to focus more on raw *experience*, arguing that compassion must be added in order to tolerate and then soothe difficult experience. Others, however, argue that human beings are essentially compassionate and compassion is inherent within the process of mindfulness. Kumar (2003), for example, argues that mindfulness and compassion work synergistically and are closely entwined within the Buddhist literature. Kabat-Zinn (1994), however, acknowledges a 'poverty' of compassion in contemporary Western culture, manifesting as deep feelings of self-loathing and inadequacy and recommends the use of Loving Kindness or compassion meditation to rectify this.

The implication, for future courses and for Counselling Psychologists, is to be aware of the way in which Western populations may not automatically respond with self-compassion to distress triggered through emotional exposure in mindfulness. Whilst the final week of the course focuses on compassion, students may benefit from the inclusion of compassion-focused techniques earlier in the course, as suggested by Anna. At the point of introducing mindfulness, it might be helpful for teachers to model a compassionate response to such difficulties, perhaps drawing from the compassion literature. Neff (2011), for example recommends clients repeat to themselves compassionate statements, such as "*I am so sorry you have to go through this, dear*", whilst offering themselves warmth and kindness.

One important aspect of the participants' journey across the eight weeks, which, notably, has not yet been explored, is the experience of enhanced wellbeing. Whilst this experience was often related to a sense of enhanced coping and self-efficacy, the more ineffable aspects lent themselves more to discussion within the section, the Added Value of Yoga and so shall be later explored within the context of this section.

5.3.3 Summary

The current section has explored the participants' journey across the eight weeks of the course, characterised largely by enhanced coping and change in relation to internal experience. It has focused on two specific strategies participants acquired on the course, ujjayi breathing and mindfulness. A key implication for both future courses and Counselling Psychologists is the importance of continuing to offer variety, inviting participants to use what works for them, emphasising that this will often be different for each individual.

From the perspective of Counselling Psychology, ujjayi breathing may offer a useful strategy for emotional regulation, however, further research is required to understand its impact. In teaching mindfulness strategies, future courses, as well as Counselling Psychologists, should consider modelling compassion as part of the teaching processes. In so doing, students/clients who may not naturally response with kindness to emotional distress may feel better supported in managing any distress through emotional exposure.

5.4Ambivalence and Resistance within the Therapeutic Process

In the theme of ambivalence, participants described experiencing resistance, a lack of motivation, procrastination and even boredom in relation to home practice and sometimes even towards the classes themselves. There were a plethora of barriers to practice, including time, physical discomfort and self-doubt and participants frequently experienced an uncomfortable tension between their beliefs about practice and their actual practice behaviours. Moreover, when participants did practice, results could be limited or even, at times, seemly adverse.

In the first part of the discussion section, the issue of readiness for therapeutic intervention in the Personal Journey of Change, was explored in light of the Trans-Theoretical Model of behavioural change. However, as participants in the present study expressed, even after moving into the action stage and partaking in the course, a number of challenges and obstacles still needed to be faced and resolved. For this reason, the following section will explore, in further depth, the issue of ambivalence encountered by participants, during the eight weeks of the course itself.

Firstly, the issue of resistance will be briefly explored from the broader perspective of resistance in therapy generally, considering contributions of psychodynamic and cognitive theory. Next, the interaction between the participants' beliefs and barriers to practice will be discussed from the perspective of the Health Belief Model (Hochbaum, Rosenstock and Kegeles, 1952) incorporating Bandura's work on the role of self-efficacy. Finally Festiger's theory of cognitive dissonance (Festinger, 1957) underlines the importance of providing individual support to address specific difficulties. The implications for the development of future courses have been discussed throughout this section; the implications for Counselling Psychologists, wishing to utilize yoga and meditation practices, within psychological therapy, are explored at the end of the section.

5.4.1 Resistance in Therapy

First of all, client resistance in therapy is a broad topic, encountered across different therapeutic modalities. The concept of resistance originated within Freud's psychoanalytic framework (Freud, 1904) and, according to Beutler et al. (2001), can be understood as *"an inherent, unconscious striving to avoid thoughts and feelings that cause discomfort"* (Beutler et al., 2001, P. 431). Beutler suggests the term implies *"the refusal to cooperate or change and is a form of active opposition to the therapist's influence"* (p. 432) and that the effectiveness of therapy is correlated to the absence of resistance.

Reviewing 35 studies across a range of therapeutic modalities, Beutler proposes a direct relationship between the directiveness or non-directiveness of a therapeutic intervention and the level of 'trait' resistance in clients in predicting therapeutic outcomes. Clients low in trait resistance fair better in more directive approaches, such as cognitive-behavioural therapies, and clients high in trait resistance fair worse. The converse relationship was observed for non-directive therapies, such as psychodynamic or relational approaches. The implications, in terms of the present study, point to the importance of providing potential students with sufficient information to make an informed choice to participate and, as before, undertaking a thorough screening interview to assess the suitability of this sort of intervention for each individual.

From a cognitive-behavioural perspective, Leahy (2012) proposes that in order to overcome resistance in therapy, the therapist must first understand the client's view and *what he/she would be potentially giving up* in order to abandon their current position. Leahy goes on to suggest the importance of validating the client's experience of this dilemma and the emotional intensity involved in effecting life changes. In the current study, several participants expressed

how challenging it was to let go of old, avoidant strategies of coping and to 'be with' strong emotion. Students, such as these, would potentially benefit from ongoing validation of these difficulties within group discussions and possibly through the provision on additional one-to-one support.

Leahy, furthermore, suggests the role of negative personal schemas in creating resistance to change, restricting behaviour to patterns consistent with the client's core sense of identity. For clients who believe on a fundamental level, for example, that they are powerless, worthless or undeserving of happiness, these personal schemas are likely to prevent clients practicing skills they have acquired in therapy. In such cases, the implications for future courses may be beyond what could reasonably be addressed in an 8-week yoga-based intervention and it may be appropriate for teachers to discuss with students referral on to relevant therapeutic services, where individual therapy might be used to address personal schemas.

If YTFTM courses were to be run within health care services, such as NHS primary care services, personal therapy and participation on the course may provide complementary processes, working synergistically, as suggested by Michelle and Dorothy.

5.4.2 Specific Factors affecting Change

In addition to these more general issues, participants also reported a number of specific barriers to using practices. Consistent with MBCT research these barriers included: physical difficulties and finding/making the time to practice (William et al., 2011; Atkinson & Permuth-Levine, 2009); the ability to practice without the support of the group/teacher (Finucane & Mercer, 2006; Allen et al., 2009; Williams et al., 2011); mind wandering and restlessness (Mason & Hargreaves, 2001) and irritation, agitation, and other unpleasant experiences associated with meditation and body scans, which were often regarded by the participants as 'difficult' practices (Finucane & Mercer, 2006; Hertenstein et al., 2012).

The Health Belief Model (HBM), developed by social psychologists working for the US Public Health Service (Hochbaum, Rosenstock & Kegels, 1952), puts forward a number of distinct factors predicting engagement with health-related behaviours. According to the model, these factors include the perceived severity of a health problem or its perceived consequences and cues to action - such as an increase in symptoms, discussed within the theme, 'Broader Life Journey'. The HBM eventually incorporated Bandura's seminal work on self-efficacy (Bandura 1977), which proposed that the adoption and maintenance of a coping behaviour is

dependent upon the degree to which an individual believes they are able to use this coping behaviour effectively.

In the context of the HBM, therefore, those participants whose perceptions of benefits (such as improved coping and wellbeing, enhanced through psychoeducation) exceeded their perceived barriers (e.g. time availability, difficulties with practices) and with higher levels of self-efficacy, with regards to the practices, would be more likely to maintain practice. Conversely, those with perceptions of fewer or more limited benefits, with low self-efficacy and greater barrier perception would be less likely to maintain practice.

The model therefore highlights the importance of supporting students to explicitly think through ways of tackling personal barriers to practice, during the eight week course. One reoccurring barrier experienced by every participant in the current study was making time to practice. One way to address this issue might be to build in an activity at the end of the first session, encouraging students to consider their own schedule and time restraints and to share ideas about how they might best manage a daily practice. These issues could be followed up at the start or end of the second session and further difficulties addressed.

A further barrier to practice, for some, was the challenge of practicing without the teacher's verbal instructions. To address this issue, whilst meditation CDs are already provided, future courses might consider developing these audio resources further. For example, CDs could include verbal instructions for asana practices, guiding students through the entire home practice. Drawing again from learning theory, Fleming's "VARK" model (Fleming, 1995) suggests that different learners may have different preferences or 'styles' of learning. Fleming recommends providing Visual, Auditory, Read/written and Kinaesthetic options in order to meet the needs of these different learning styles. In addition to pictures already included in the course manual, therefore, home practice DVDs could be provided, to be used in a similar way to workout videos, guiding more visual learners through their home practice. Alternatively, these resources could be provided via the TMI website, accessed by individual student logins. A further use of technology could be for students to film one another practicing as a digital aide-memoire to take home.

Considering the HBM alongside Beutler's contributions in terms of trait resistance, a further implication may be to take a more flexible and creative approach to the way in which homework is framed for students. In a qualitative study investigating MBCT, Williams et al. (2011) reported the way in which participants appreciated flexibility in the way in which

practices were offered, particular when it came to considering time constraints, whilst practicing at home.

Rather than prescribing a set practice each week, therefore, future courses – and also Counselling Psychologists working in this way – could suggest a range of possible options from which students may choose. Instead of one forty minute practice, students could be offered a shorter twenty minute version or simply a ten minute breathing or meditation practice, which could be included in any audio/visual materials, as previously discussed. In offering greater choice and flexibility, students who may be higher in trait resistance, with a high perception of barriers may be more inclined to begin some form of home practice; those with lower trait resistance may simply be happy to follow one of the more prescriptive options.

The HBM also highlights the importance of participants gaining a first-hand experience of the benefits of practices, during the course. From the perspective of the model, such positive experiences increase both benefit perception and self-efficacy. When participants gain a direct experience of the benefits of a particular practice, they were far more likely to 'buy into' it and adopt the practice into their repertoire of coping strategies.

One implication of the importance of a positive first-hand experience, might be to offer more individually tailored support in helping students adapt specific practices they find more challenging. Whilst teachers offer some alternatives within the session, several participants indicated that they still felt confused and even experienced discomfort with certain practices. In such instances, students may benefit from one-to-one support to think through appropriate adaptations in order to improve self-efficacy and reduce perceived barriers to practice.

Such support could be built in with a formal consultation part way through the course, through teachers making themselves available for a period of time after the end of each session and/or through a formal one-to-one follow-up after the end of the course. A further alternative might be the use of a teaching assistant in classes, available throughout the session to work with individuals experiencing difficulties, whilst the teacher continues to lead the session. The use of a teaching assistant may have additional benefits in terms of providing a learning experience for future TMI trainees.

In the present study, Dianne's primary experience was one of disappointment. Previous research discussing the importance of expectations in participant experiences of MBCT and yoga courses, Hertenstein et al. (2012), Mason & Hargreaves (2001) and Finucane & Mason (2006) all reported MBCT participants who described hoping for a 'cure' and who experienced

frustration and disappointment, particularly if they were subsequently unable to adjust this expectation. An important implication of this finding is the importance of managing students' expectations of the course. Whilst teachers may need to 'sell' the course to potential customers, it is important that they are also able to emphasise, throughout the course, that none of the practices provide a 'quick-fix'. As discussed in the first section, the analogy of the hero's journey could be made to inspire adventure, tenacity and hope.

5.4.3 Reducing Cognitive Dissonance

The significance of addressing these barrier to practice is highlighted by Festinger's theory of cognitive dissonance (Festinger, 1962). According to Festinger's theory, when participants hold positive beliefs about the importance of practice - as fostered through the course teachers - but are unable, for whatever reason, to practise, they were likely to experience some degree of psychological tension or distress, which they will then be motivated to try to reduce.

Whilst several participants in the current study reported a variety of, often quite creative, ways to overcome their barriers to practice, some, such as Michelle and Jane overcame their dissonance by rationalising away the need to practice. Others participants, such as Valerie and Gillian experienced ongoing psychological discomfort due to their inability resolve their inability to practice with their beliefs about its importance. In Gillian's case, this tension impacted significantly on her overall experience of the course.

The implication, therefore, for future courses, is that barriers to practice and dissonant feelings should be directly addressed. If not addressed, there may be a risk of students either rationalising away the need to practice or experiencing ongoing psychological discomfort, which could impact negatively on the course experience.

5.4.4 Summary

In the this section, resistance to therapy and ambivalence have been discussed, drawing on relevant psychological literature to identify ways of supporting students on future YTFTM courses to overcome some of the challenges faced by participants in the current study. In terms of student resistance, three recommendations have been made: firstly, that at screening, teachers should ensure students understand the nature of the course and what will be required of them. Secondly, that students' resistant feelings are validated, as teachers acknowledge the difficult decision to relinquish old coping habits and experiment with new ones. Lastly, that students experiencing resistance as a result of maladaptive schemas may be referred on to psychological therapy services, when appropriate, where these issues might be addressed.

The issue of ambivalence was then explored in light of the Health Belief Model, with the following recommendations: dedicated time and space to think through the practicalities of managing a daily home practice, with a flexible range of alternatives offered to students. Greater one-to-one support to overcome specific challenges with particular practices, such as leg pain in standing postures or distress during mindfulness. The development of further audio-visual/digital resources to support home practices and the importance of managing student expectations at the start of the course, to avoid disappointment.

Similar recommendations may also apply to Counselling Psychologists, wishing to deploy yoga therapy techniques within their individual therapy. In addition, Counselling Psychologists would be strongly advised to consider exploring client's views about using yoga therapy techniques and to validate as well as address any concerns. In contrast to YTFTM students, who have elected to partake in a yoga based intervention, the same may not be true of the average counselling client, meaning that clear rationale and a discussion of concerns would be even more important in this context.

5.5 The Therapeutic Value of the Group

The following section will begin with a brief exploration of the development of therapeutic groups, providing context to the topic. Participants' accounts of the group experience will then be discussed in light of Yalom's therapeutic factors in group therapy (Yalom, 1995) and research into the experience of MBCT groups, an alternative mindfulness-based intervention. From the perspective of Yalom's framework, the potential for Counselling Psychologists to enhance the interpersonal impact of the course will be discussed and balanced against the importance of maintaining safety and group boundaries, as expressed by participants in this study. The role of the teacher in creating safety will be discussed and mindfulness literature will shed light on some of the training implications for Counselling Psychologists, wishing to deliver a YTFTM inspired course.

Within the theme of the Group Experience, participants described their initial apprehension towards the group, however, as time went by, the group became an increasing source of social and emotional support, where experiences were normalised and perspectives broadened. Participants frequently described the group as nurturing and caring, highlighting the role of the teacher in creating a warm, safe environment.

As psychotherapists Bateman, Brown & Pedder (2000) point out, man has always existed in groups, both social and familial, and through the group can experience enormous

encouragement and support. The use of therapeutic groups in clinical practice can be traced back to the American physician, Pratt (1907), who in his treatment of tuberculosis patients, provided weekly social meetings, offering mutual support as well as educative instruction. Apparently, Pratt's 'classes', as they were know, lead to significant improvements in morale as well as physical health.

During the Second World War, British psychoanalysts, Foulkes (1984) and Bion (2013) developed methods of group analysis in the treatment of combat fatigue, which have been heavily influential in the development of group psychotherapy theory. The basic principles of these early groups, involved the application of psychoanalytic theory within the context of the group, exploring transferences in order to enable individuals to gain insight into unhelpful patterns of relating in the social world. Founding father of humanistic psychology, Carl Rogers (1970), described the potential for the encounter group to provide the individual with a healing experience of genuine and profound interpersonal relating.

More recently, psychologists have adapted cognitive-behavioural therapies for use in therapeutic groups. As Beiling, McCabe and Antony (2013) observe, initially, group approaches to CBT were provided with the rationale of offering greater efficiency of treatment; more clients could be treated within a given time period in a group than in individual therapy. Beiling and his colleagues, however, describe the way in which evidence for the efficacy of group CBT formats has accumulated over the years and suggest that some disorders, such as social phobia may in fact be more effectively treated in groups.

In the UK, within the last ten years, third-wave approaches have been increasingly offered in group format, Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), as discussed in the literature review, being two such manualised group interventions.

5.5.1 Therapeutic Factors in Groups

Influential, existential psychiatrist, Yalom (1983) outlines eleven therapeutic factors inherent in group therapy, a number of which are reflected in the participants' experiences of the YTFTM course, for example, 'catharsis', the opportunity to share emotional distress. Implicit throughout the interviews was 'sharing information', as would be expected in a course designed to take a more didactic, educative approach, resulting in the 'instillation of hope' for the future. Also relevant to the findings of the current study, are the factors 'universality' and 'cohensiveness'. Participants described the profound realisation that they weren't alone in

experiencing distress and that other, seemingly 'normal', people shared similar experiences. They described how it felt to be a part of a group and to share a sense of togetherness.

Similar factors seem to be present within the experiences of other manualised, mindfulness-based courses, which have grown in popularity since 1990s. Reflecting the findings of the current study, qualitative research into the experience of these groups has identified the role of groups in providing normalisation, warmth and emotional support (Finucane & Mercer, 2006; Allen et al., 2009; Williams et at, 2011), as well as the opportunity for sharing different perspectives and experiences (Mason & Hargreaves, 2001; Allen et al., 2009; Herenstein et al., 2012). The implication for Counselling Psychologists, is the importance of continuing to provide therapeutic groups, where clients can experience their distress as 'normal' and receive emotional support from others sharing similar difficulties.

Interestingly, several of Yalom's therapeutic factors were not so apparent in participants' accounts, including 'interpersonal learning' or experiences of being 'altruistically useful' to other group members. This makes sense, considering the way in which group discussions are managed, where students are discouraged from commenting on one another's contributions, preventing a more interactive dialogue from emerging. The reason for this, in the course's current context, is that a significant proportion of TMI teachers are not clinically trained and therefore may not have the necessary clinical skills to manage more complex group dynamics safely and appropriately. The implication, however, for Counselling Psychologists, who do have such skills training, is that there could be additional benefit in allowing a greater degree of fluidity in group discussions, providing students or clients with an opportunity to relate to one another at greater depth. Through so doing, a greater level of interpersonal healing may potentially enhance the experience further.

Nevertheless, it is important to consider that several participants described a sense of safety in the tightly boundaried group discussions. MBCT literature, similarly, highlighted the importance of trust in mindfulness groups (Mason & Hargreaves, 2001; Williams et al., 2011; Hertenstein et al., 2012). If Counselling Psychologists were to adapt the YTFTM course, inviting a more interactive discussion, close attention would need to be paid to establishing and maintaining a sense of safety, through clear boundaries and careful facilitation.

5.5.2 The Role of Teacher within the Group

In the current study, participants frequently referred to the significant role their teachers had played in creating this safe and boundaried, yet warm atmosphere. They often described

teachers as worthy of trust, available, and appropriately boundaried. They also gave general praise as they described the teachers as 'a good teacher', 'marvellous', 'adorable' and 'brilliant'.

It is possible the teachers themselves unwittingly influenced this theme by encouraging students to participate in the study. As participants were aware that the researcher was known to the teachers through TMI, on some level they may have felt compelled to 'please' the teacher through their praise. Nevertheless, TMI teachers are given extensive training on how to work appropriately with mental health populations, with explicit guidance around issues such as boundaries, inclusivity, modification and sensitive use of language – something less emphasised on more traditional yoga teacher training courses. For this reason the teachers may have managed the group more effectively than might have otherwise been the case.

Exploring the role of the teacher in mindfulness-based groups, van Aalderen et al. (2014) identified the importance of 'embodiment' and 'empowerment' amongst their over-arching themes. These themes, drawn from interviews with both participants and teachers themselves, suggested that a good teacher is able to 'embody' a non-judgemental, compassionate, mindful presence and related to the sense of safety experienced by participants in the group. Furthermore, the relationship with a good teacher was described as being more equal (as opposed to with a therapist or psychiatrist), particularly when teachers were able to model that they themselves were still learning – something participants experienced as very empowering.

In order to embody these qualities, both participants and teachers, in Aalderen's study, felt it necessary that teachers have their own, regular mindfulness practice. The implication for Counselling Psychologists is that, beyond the importance of an experiential approach to training, therapists should be strongly encouraged to maintain their own home practice, enabling them to continue to embody and model mindful qualities.

5.5.3 Summary

In summary, consistent with existing literature on therapeutic groups, the YTFTM course may provide a normalising, emotionally supportive, learning experience. However, if adapted by Counselling Psychologists, well placed to manage group dynamics, there may be more to be gained from the group experience, through allowing a more fluid approach to group discussion. In so doing, students may benefit from other therapeutic factors, such as the experience of being able to provide emotional support to other group members and additional interpersonal learning. Counselling Psychologists, however, may need to carefully consider ways to maintain

safe interpersonal boundaries. Training courses for Counselling Psychologists would be advised to consider a strongly experiential element and to support therapists in establishing and maintaining their own yoga and mindfulness practice, so as to embody and model essential personal qualities.

5.6 The Added Value of Yoga

Whilst there were many reoccurring similarities with existing MBCT research, the current study identified some additional benefits, particularly within the theme of 'Mind/Body Connection' but also in terms of the benefits of yoga practice. These additional benefits, discussed in the following section, include, firstly, the extent of the psychoeducation, provided at the start of each session, which not only allowed participants to 'buy into' and use practices, but may also have primed them to expect these practices to be more effective.

A second additional area, is the way in which exploring particular themes or teachings within the physical practice, helped to develop a deeper, more embodied learning. This experiential learning, on the yoga mat, will be discussed in light of yoga literature on the topic and from the perspective of psychological literature on play and curiosity.

Finally, the sense of wellbeing described by participants has been included in this section because, whilst it was clearly an important aspect of the participants' journey, it seemed to lend itself more to discussion within the current section. Aside from the more general aspects of wellbeing, which seemed to arise from the yoga practice, this was particularly the case with regards to the more 'ineffable' aspects of participants' experience. These experiences have been discussed from the perspective of yoga philosophy in addition to contemporary Western psychology and the implications for Counselling Psychologists, seeking to harness these additional benefits have been discussed.

5.6.1 The Impact of Psychoeducation

Understanding the holistic way in which the body and mind work could arguably be regarded as an integral part of yoga practice. The YTFTM course, however, goes further in incorporating the findings of recent neuroscientific research into its teachings, explaining physiological processes, such as autonomic regulation, and suggesting specific psycho-physiological benefits to practices. The participants, as they themselves described, therefore developed a deeper understanding of the connections between the body and the mind, from the course's psychoeducation, which they explored further within the yoga practice. Participants frequently

expressed the way in which having a scientific rationale made practices easier to 'buy into'. Within the context of the Health Belief Model, discussed previously, where belief is seen as effecting behaviour, having an intellectual understanding of practices is likely to have encouraged participants to use practices, as they were able to see a convincing reason for doing so.

Since psychoeducation played such an important role for participants, it is consequently important that teachers/therapists provide accurate psychoeducation. There is a risk that inaccurate information, particularly to more scientifically informed students, could be distracting or off-putting and could undermine the teaching, making it harder for students to use practices. It is therefore important that training courses maintain a high quality of teaching on the subject and thoroughly assess trainee knowledge, understanding and ability to convey these concepts clearly and accurately.

In addition to helping participants use practices, psychoeducation is likely to have impacted on participants' beliefs about and expectations of specific practices. Belief and expectation are both known to play a role in creating an unconscious placebo effect, something which may have enhanced participants' experiences of practices. In a study comparing sham and real acupuncture as pain relief treatments for dental surgery, Bausell et al. (2005) found that, whilst those in the real acupuncture group generally reported lower pain levels, across both the groups *belief* was the strongest predictor of pain relief. Furthermore, Benedetti (2004) has explored the impact of expectation on the placebo effect in Parkinson's patients, injected with saline solution but expecting an antiparkinsonian drug, to improve their motor performance. Benedetti's patients not only reported a reduction in muscular rigidity, but when given a second injection, this time informed that this was a placebo, the effect no longer worked.

Whilst medical research, explored within the literature review section, has suggested that there may be genuine physiological mechanisms by which yoga may alter autonomic functioning, the implication of the placebo effect is that if participants believe yoga will help them, it is more likely to do so. Placebo effect, through psychoeducation, therefore, may play a role in enhancing the physiological effects of practices. The implication, for Counselling Psychologists, who rarely offer such in-depth psychoeducation for strategies such as breathing techniques, might be to consider providing clients with a greater level of detail within our rationale.

5.6.2 Embodied Learning

A further area of added value was the way in which the structure of the course facilitated a more embodied understanding of the relationship between the mind and body. Participants reported that exploring themes and applying strategies, such as the breathing, through the physical practice, helped consolidate their learning and made it easier to apply this learning outside of the classroom. Such experiences may also have facilitated some participants in overcoming ambivalence, as they experienced, for themselves, benefits from particular practices, such as the ujjayi breathing.

The work of learning theorist, Kolb (2005) emphasises the importance of active experimentation, concrete experience, reflective observation and abstract conceptualisation in his four-stage, learning cycle. Having received abstract conceptualisation through psychoeducation at the start of each session, participants are encouraged to experiment with using self-regulatory practices, such as ujjayi breathing during challenging postures, gaining a concrete experience which they are invited to reflect on during the discussion at the end of class. It is possible that through simulating a stress response and practicing self-regulation on the yoga mat, participants in the YTFTM course are able to learn to apply practices more effectively.

From the perspective of Counselling Psychologists wishing to teach coping strategies, such as ujjayi breathing, yoga therapy, therefore, may offer an effective vehicle through which such strategies can be more meaningfully practiced, within the session itself. Through teaching strategies in this way, clients may gain a more embodied understanding of how to use practice to self-regulate, developing confidence and self-efficacy.

Within the yoga community, Douglass (2011) suggests that yoga can offer an 'experiential adjunct' to other forms of therapy in order to develop self-awareness and reflection. Douglass, proposes that yoga offers students the opportunity to explore habitual, maladaptive patterns of reacting, known as *samskaras*, and to experiment with new, more adaptive ways of responding and being. International yoga teacher, Donna Farhi (2008), similarly describes the way in which yoga offers a chance to work experientially with ourselves, in a way that could be regarded as analogous to Winnicott's (1971) 'third space', where participants can play with new possibility.

The implication, for Counselling Psychologists, is that in addition to the exploration and learning that might take place, for example, through behavioural experiments, yoga therapy might offer a further significant opportunity for self-exploration and learning, within the

session itself. In contrast to simply talking on a more cognitive level, therefore, exploration on the yoga mat, may provide a more holistic form of enquiry.

5.6.3 The Importance of Playfulness

Winnicott's (1971) emphasis on play may also illuminate the significance of participants' accounts of curiosity, interest and openness. Winnicott strongly advocated the importance of play for adults as well as for children, since through play the individual is able to creatively explore and discover all of the self. More recently, Gilbert (2009) has formulated the three main affect regulatory systems, of which 'Drive Excite and Vitality' plays a significant role. This system is activated in exploration and achievement and is associated with energised, positive feelings. Within Schema Therapy (van Vreeswijk, Broersen, & Nadort, 2012), therapists are encouraged to use colouring materials, balloons and dance to develop the client's 'Playful Child' and 'Joyful Child' modes as a way to develop positive affect, joy and spontaneity. From this perspective, therefore, yoga may offer Counselling Psychologists an opportunity to activate a more playful, form of personal exploration, activating Gilbert's 'Drive Excite and Vitality system', stimulating and energising clients.

A further reason why curiosity might be significant, is the way in which it might be seen as an important part of being open to present-moment experience. Watkins & Teasdale (2001; 2004) have explored the effect of analytic (or ruminative) versus experiential self-focus in depression, identifying a tendency towards the former in depressed participants. The authors suggest that through becoming more mindfully curious towards internal experiences, participants were able to move towards a more experiential self-focus, which is likely to have therefore reduced ruminations associated with depression and anxiety, therefore enhancing wellbeing.

The implication for Counselling Psychologists, is the important way in which yoga may help clients break away from unhelpful ruminative cycles and to become open to present moment experience. Whilst mindfulness is already deployed by Counselling Psychologists, from personal experience, it seems reasonable to consider the possibility that challenging physical postures may be even more effective in focusing the mind in the present moment, compared with sitting meditation.

5.6.4 Ineffable Wellbeing

Most of the participants reported some improvements in their mood and general wellbeing. This is consistent with existing research into the efficacy of yoga-based interventions as a treatment for depression and anxiety (Cabral, Meyer, & Ames, 2011; Kirkwood et al., 2005; Pilkington et al., 2005; Mehta & Sharma, 2010; Javnbakht, Kenari & Ghasemi, 2009; Kinser et al., 2013; Atkinson & Permuth-Levine, 2009; Uebelacker, 2010; and Li, 2012). Participants, however, also reported a number of additional benefits, leading to a sense of enhanced wellbeing. One aspect of enhanced wellbeing included a number of specific, identifiable improvements; another aspect was a more general sense of wellbeing, which, at times, seemed hard for participants to put into words.

Participants' accounts of specific, identifiable benefits from the course similarly consist with existing yoga research, including improvements in flexibility, sleep, energy levels and concentration (Kinser et al., 2013; Atkinson & Permuth-Levine, 2009; Uebelacker, 2010). Within MBCT literature, there is also growing evidence that mindfulness may promote improvement in mood (Cebolla & Barrachina, 2009), relaxation and improved sleep (Finucane & Mercer, 2006) and that these changes can, at times – as Anna, in the current study reported – be observable to friends and family (Williams et al., 2011).

However, participants also described a more general sense of wellbeing, emerging, both at the end of classes and across the course as a whole, which they often struggled to articulate. From a religious or philosophical perspective, The Yoga Sutras of Patanjali (Satchidananda, 1984) discuss the later stages of yogic practice, beginning with the focusing inward of attention (pratyahara); progressing to focused concentration (dharana) and meditation (dhyana); and ultimately leading to a state of undifferentiated bliss (samadhi). During this process, there is a stilling of the mind as it begins to focus on the object of attention, for example the breath. As this occurs, cognitive processes slow and eventually cease, giving way to pure awareness.

This could be linked to, what Csikszentmihalyi (1997) has described as, states of 'exceptional yet effortless concentration and enjoyment', or 'flow'. It is possible that, through concentration and total absorption within the practice of yoga, participants achieved this state of 'flow', where everything else ceased to matter. It is interesting to note that the Hindu scriptures refer to *dhyana* as a 'continuous flow', like pouring oil from one pot into another; like a continuous string that doesn't break (Satchidananda, 1984). Csikszentmihalyi, in fact, suggests the religious state of ecstasy might be understood as a form of flow.

From a neurological perspective, this concept of flow could be observable in the brain scans of Tibetan Buddhist monks in compassion meditation, which demonstrate intense, synchronised gamma waves (Davidson, 2002; Lutz 2004). Gamma waves of this type are associated with high levels of cohesion across disparate areas of the brain, suggesting that meditation of this type may have the potential to bring about unusual levels of neural integration. Lutz (2004) found some evidence of changes in gamma rhythms suggesting that these neural changes may be trained.

The participants' accounts of an ineffable feeling of wellbeing, during and immediately after classes might be understood as an experience of 'dharana' or perhaps 'flow', perhaps underpinned by developing neural integration. It is, however, still unclear whether this is an experience arising from the physical practice of yoga asana, pranayama, mindfulness meditation or an interaction of different practices and processes. The implication for Counselling Psychology is that yoga may hold significant additional value when it comes to enhancing wellbeing.

5.6.5 Summary

The current section has explored some of the potential additional benefits of the yoga practices delivered in the YTFTM course, which Counselling Psychologists may wish to consider incorporating into their own work. Firstly, the potential for Counselling Psychologists to extend the use of psych-education, to help clients 'buy into' coping strategies and enhance their effectiveness. Secondly, the possibility that yoga may offer Counselling Psychologists a further therapeutic tool for embodied self-exploration, applied learning and the instillation of curiosity and playfulness. In contrast to talking therapies, yoga may also have additional benefits in terms of enhancing general physical health and wellbeing, which may also help to promote better mental health.

5.7 Broader Implications

In the previous sections, the implications for future courses and for Counselling Psychologists considering yoga therapy techniques have been discussed. In the following section, the broader implications of this research will be explored, considering yoga for other mental health conditions and possible training implications for future Counselling Psychology trainees.

5.7.1 Yoga Therapy for Trauma

The current study has explored yoga therapy for mild to moderate depression and anxiety. There is, however, an expanding body of research, pointing to the efficacy of yoga practices as adjunctive treatments for a wider range of conditions, including Post-Traumatic Stress Disorder (Telles, Singh and Balkrishna, 2012), psychosis (Manjunath et al., 2013), schizophrenia (Vancampfort et al., 2012) and eating disorders (Carei et al., 2010).

In addition to the YTFTM 8-week course, TMI has also developed a protocol for treatment of PTSD, including complex and developmental trauma, for individual yoga therapy. The protocol incorporates many of the same principles as the course, in terms of affect-regulation and mindfulness, and has additionally been informed by existing, body-based theory, including the work of Rothschild (2000), Ogden (2006) and Van der Kolk (1996). In the future, Counselling Psychologists might draw on these ideas and offer a yoga based group programme for PTSD.

Established psychological treatments for PTSD, including demanding reliving work, can be long, arduous and stressful. Furthermore, such treatments strongly reflect Western values and attitudes towards mental health, which may not always be appropriate to traumatised populations. Webster and Roberton (2007), writing for The Psychologist magazine, argue, "*...services in England are predominantly organised around an individualised, professionally defined model of mental health. For ethnic minorities in general and refugees in particular, there is a growing body of opinion that such a model reflects Western constructions of mental health problems and may not be appropriate…"* (p 156). Miller (1999) similarly states that many refugees can be reluctant to seek support from formal psychological or psychiatric services and believes that talking therapy may best utilized in conjunction with complementary, community based approaches. In response to this growing recognition, projects such as Hackney Yoga Project and Heather Mason's work at the Maudsley Traumatic Stress Service, both in London, are examples of two projects where yoga is already being utilized as a therapy for traumatised refugee women.

Following the 2004 tsunami in South-East Asia, psychiatrists and yoga researchers Patricia Gerbarg and Richard Brown, taught yogic breathing techniques to survivors of the disaster, identifying significant improvements in symptoms of trauma and depression (Descilo et al., 2010). Unfortunately, due to conditions and resources available at the refugee camp, randomisation was not possible, however, the study highlights the way in which yoga-based interventions could be used to treat larger numbers of service users, potentially providing value

for money. Telles, Naveen and Dash (2007), similarly provide evidence for yoga therapy with tsunami survivors, identifying significant improvements in self-reported fear, anxiety, sadness and disturbed sleep. From their findings, the authors conclude, "yoga practice may be useful in the management of stress following a natural disaster in people with widely differing social, cultural and spiritual beliefs" (Telles, Naveen & Dash, 2007, p. 503).

5.7.2 Training Implications

Whilst there may be a rationale for Counselling Psychologists to work with the body and even to incorporate yoga into their clinical repertoire, at present, neither or these areas are covered in existing training programs. If Counselling Psychologists are to work appropriately with the body and safely deploy yoga therapy techniques, adequate training would first need to be put in place to ensure such work is ethical.

In terms of such training, one recommendation would be the incorporation of neuroscience modules in all Professional Doctorate in Counselling Psychology training courses. Already a feature of many clinical training courses, the field of mind/body neuroscience is rapidly expanding and the challenge to Counselling Psychologists is to consider how to best respond to these new theoretical developments.

A second recommendation would be to also incorporate some training on body psychotherapy work into Counselling Psychology doctorate courses. Whilst it may not be possible to fully train Counselling Psychologists as body psychotherapists, it might be possible to offer taster training sessions, for example within the context of advanced theory electives, and to sign-post interested trainees towards relevant CPD courses. Such elective lectures could, for example, focus on body psychotherapy principles, such as working with somatic resonance (body counter-transference) or yoga therapy derived coping strategies.

At present TMI is the only training establishment in the UK, offering a comprehensive training programme for yoga therapy for mental health. TMI currently exists as an umbrella organisation, including yoga teachers, neuroscientists and talking therapists. As Counselling Psychologists become increasingly interested in yoga and body work, a group may be set up within the British Psychological Society with the purpose of sharing ideas and good practice on the topic. Overtime this group may consider developing its own protocols and training programme, blending Counselling Psychology and TMI theory.

5.7.3 Summary

The broader implications of the current study have been discussed, focusing particularly on the potential application of yoga therapy in the treatment of trauma, particularly for population who may struggle to engage with traditional talking therapies. Community Psychology is already exploring alternative ways of engaging such populations and yoga therapy projects may offer one such possibility. The training implications, for future Counselling Psychology training courses have been discussed.

5.8 Critical Evaluation of Research

The following section evaluates the quality of the current research and discusses its limitations, making recommendations for how future research could be conducted differently. Several authors have attempted to provide a set of guidelines against which the quality of qualitative research may be evaluated (Henwood & Pidgeon, 1992; Elliott et al, 1999; Yardley, 2010). These authors have argued that traditional concepts of reliability and validity, resting on the expectation of objectivity, fail to address the inseparable relationship between researcher and research and are, as such, insufficient for evaluating qualitative research.

Yardley's criteria (Yardley, 2010) have been identified as the most appropriate framework for evaluating the quality of the current research. These criteria include, '*commitment and rigour*', '*transparency and coherence*', '*sensitivity to context*' and *'impact and importance'.* A discussion of how the current research meets each of these criteria has been presented below. Yardley's specific suggestions for how each criteria might be demonstrated, have been added in bold, within each section:

5.8.1 Commitment and Rigour

- ***In-depth engagement with topic***

  In preparation for the research I undertook TMI's 350 hour training programme, which included experiencing the YTFTM 8-week course. Additionally, transcribing each interview myself, enabled a deeper engagement with the data than may have otherwise been the case.

- ***Methodological competence/skill***

  Previous experience of thematic analysis, as a similar methodology, served as useful preparation for the current research, as did a thorough investigation of different authors

writing on the topic of IPA methodology (Willig, 2008, 2012, 2013; Langdridge, 2007; and Smith, 2003, 2006). Consultation with one of these authors at the point of conceptualising the research question helped clarify the aims and to identify the need for a more thematic approach to IPA. Research and peer supervision helped resolve methodological issues as they arose, for example ensuring that I remained 'interpretative' as opposed to 'descriptive' in my analysis (see reflexivity sections).

- ***Thorough data collection***

  With a more thematic approach to IPA, the interview schedule was designed to cover the experience of a range of aspects of the course. Participants generally appeared able to talk at length about their experiences and interviews remained on topic, appearing to flow well, as good rapport was established. Care was taken, during transcription, to capture dialogue as accurately as possible, including false starts, repetitions and pauses.

- ***Depth/breadth of analysis***

  Effort was made to remain curious and open towards the data, throughout the, as discussed within the methodology and reflexivity sections. Research supervision provided vital reflective challenge and validation at each stage, assessing the quality of initial interview data, evaluating first and second order themes, exploring ideas for the grouping and assimilation of themes, as well as reviewing the final model. Peer supervision was sought on a number of occasions, including exploring the validity of first and second-order themes and reflecting on the final model.

5.8.2 Transparency and Coherence

- ***Transparent methods and data presentation***

  Within the Methodology sections, efforts were made to provide a transparent account of all recruitment, interview and analytic processes, illustrated by the transcripts, lists of codes/themes and results tables appended to this thesis. Extracts from my research journal have been included to provide further transparency (see Appendix P).

- ***Fit between theory and method***

  A rationale for the chosen methodology has been discussed, alongside relevant epistemological issues, within the Methodology section.

- ***Clarity and power of description/argument***

  Within the Findings section, quotes have been organised to demonstrate a cohesive and convincing argument for the emergent themes. A number of these themes are consistent

with existing qualitative MBCT literature – to which I was unfamiliar prior to my analysis – providing further weight to the argument for their validity.

- ***Reflexivity***

  Reflexivity issues have been explored at the end of each chapter.

5.8.3 Sensitivity to Context

- ***Relevant literature & Sociocultural setting***

  The Critical Literature Review provides a background to the topic of the body within psychological therapy and theory as well as existing research into yoga and mindfulness-based interventions. The third-wave movement and recent developments within the field of neuroscience, from which TMI has evolved, have been explored throughout the thesis. Additional psychological literature has been drawn upon to interpret findings outside the scope of these frameworks, for example, in relation to the theme of ambivalence. The Discussion section also explores the socio-cultural setting of future courses and therapeutic yoga, as well as the potential for yoga to be used as an alternative therapy in an increasingly diverse society.

- ***Ethical issues***

  Ethical issues have been previously discussed in sub-section 3.6.

5.8.4 Impact and Importance

- ***Enriching theoretical understanding***

  The findings of the current research are generally consistent with those of existing literature, however they also highlight the potential for yoga-based interventions to provide additional benefits, in terms of facilitating a more holistic understanding of distress and wellbeing. A discussion of these potential benefits and the implications for psychological practice have been included within the Discussion section.

- ***Socio/cultural impact and importance***

  Services are increasingly using cost-effective, group-based interventions inspired by third-wave therapies. YTFTM may prove to be one such therapy and the current research provides a valuable insight into the way in which it is experienced by its students, in order to inform future work.

- ***Practical importance***

Specific recommendations have been made, within the Discussion section, for future YTFTM courses and for psychologists, who may incorporate yoga and mindfulness into their clinical work.

5.9 Limitations and Considerations for Future Research

Whilst the current research aims to meet Yardley's criteria, as with any research, it has limitations. In addition to the general limitations of an IPA methodology, discussed previously, I believe these further limitations fall within two main categories – Recruitment and Interview Processes and Demographics and Socio-Cultural Issues.

5.9.1 Recruitment and Interview Processes

Firstly, as discussed within the Methodology section, efforts to avoid recruiting through YTFTM teachers were unsuccessful. It is, therefore, possible that teachers may have unwittingly influenced the sample, as those who felt a sense of admiration and loyalty towards their teacher may have been more likely to volunteer, whereas those who felt less positively may have been put off doing so – this could account for the way participants emphasised their respect and admiration for their teachers.

The sample is also likely to have been biased in favour of students who felt they had benefited from and therefore saw value in the course. Despite Dianne's ambivalence, for example, every participant expressed that they felt the course held significant value. Any students leaving the eight weeks feeling disappointed and disengaged may be less motivated to share these experiences and to volunteer. Beth described the way in which a fellow student had dropped off the course – the experiences of students who are unwilling or unable to complete the course are important and are not fully represented within the Findings of the current study.

At the interview stage a more thematic approach was taken to ensure a thorough coverage of different aspects of the course. This, however, afforded participants less freedom to foreground the particular aspects of their experience they felt were most pertinent. Future research could take a less thematic approach to interviews, allowing participants to express themselves more freely and potentially identifying additional themes, unexplored within the current research.

5.9.2 Demographics and Socio-Cultural Issues

The current research reflects the experiences of white, predominantly British, middleclass females. It is likely that other populations may have diverging experiences of the course. Some male students, for example, may feel self-conscious and less at ease, on a course currently dominated by female teachers and students. For less affluent students, aside from the cost, which may make the course less available, there may be different or additional barriers to practice. Students without higher education may, for example, not engage as eagerly with the course's psychoeducation and may find the reading and homework materials less accessible. Those living in social housing may struggle to find an appropriate space to practice and may be struggling to manage different competing demands, such as heating the home or feeding a family.

Different religious groups may find the yogic philosophy and chanting off-putting. Anecdotally, Heather Mason described an experience of teaching the YTFTM course with a group of Somali refugees, who declined to chant the Hindu word 'Om', traditional at the start and end of yoga practice. According to Mason, the group, coming from a practicing Muslim background, found the word 'Om' offensive, and were consequently invited to chant '*home*' as an alternative. Further research is required to explore the experience of the YTFTM course from the perspective of these different populations and how best to adapt any aspects conflicting with religious beliefs or cultural demands.

Currently, most YTFTM courses are dominated by white, middle class, British women. Further research might therefore explore the preconceptions different populations might have about yoga and mindfulness-based interventions and their reactions to the marketing of courses, such as MBCT or YTFTM. Such research might provide valuable insight into the assumptions different populations may hold towards these sorts of interventions and may shed light on how they might be adapted in order to appeal to a broader range of potential students.

Finally, it may be helpful to investigate the impact of the environment in which YTFTM courses are delivered and the way this could potentially interact with other factors, such as religious faith. The course is still largely (although not always) delivered in yoga and meditation centres, which are often decorated with Hindu and Buddhist imagery, potentially

conflicting with some religious or cultural beliefs. However, if the course were to be run in a more clinical setting, this too, could impact the experience of future students.

5.10 Reflexivity

5.10.1 Relationship with TMI

In addition to the theoretical impact on my research, my relationship with TMI and with Heather Mason has been something I have been very aware of throughout the project. At the point of my research proposal I was put in touch with Heather Mason, via a friend, who contacted me and suggested I research the YTFTM course. As a standardised, manualised intervention, designed specifically for mental health, it seemed to make sense for me to do so – rather than exploring the experience of more general yoga classes, which had been my initial idea. However, this – and my decision to train with Heather Mason - positioned me within TMI in a way that meant I became very aware of the potential impact of my findings within the yoga for mental health community.

During my TMI training, I was, furthermore, offered the opportunity to become more involved with the organisation and chose not to do so, so as to avoid a conflict of interest. I was keen to be able to conduct my research and write up my thesis without worrying about the impact this would have on my relationship with TMI. That said, I accepted work assessing the next cohort of trainees, but as a four hour event, across one morning, I was able to avoid discussing my research with the team.

At various points in the process of research and writing, I have found myself imagining the way in which this work might be received within TMI and the broader communities. From within TMI itself I have, at times, sensed a reluctance to continue to reflect on the YTFTM course, now manualised and delivered by an increasing number of graduates, leading me to sometimes feel disheartened and more tentative in my recommendations. With yoga teachers and therapists outside of TMI, I have sometimes experienced resentment towards the medicalisation and manualisation of a tradition, with which many feel a deep personal connection, leading me to feel apologetic about these elements. Within the world of Counselling Psychology, there have been times when I have needed to work hard to justify researching yoga and have felt at risk of becoming defensive, rather than proud of my work.

Nevertheless, the research and its write up have continued to challenge me to grow and, through this process of growth, I have found a way to resolve my relationship with many of these conflicts, as I will next discuss.

5.10.2 Discussion Writing and Researcher's own Journey

Writing my discussion section initially felt overwhelming. To manage this, my first draft took a conservative approach, working systematically through each of the themes and subthemes. I felt reluctant to veer outside of the literature I felt was directly relevant to the topic and to make specific, concrete recommendations. My research supervisor, again, challenged me to think much more broadly – and psychologically – and to 'put my neck on the line' with my future recommendations.

Writing my discussion in such a way, forced me to finally, fully accept myself as unavoidably implicated within my work, relinquishing my positivist world view and embracing my methodology. I found myself returning to Elliott's (1999) suggestion that, rather than detracting from the research, my own experiences and assumptions had perhaps enabled me to better understand and represent participants' experiences. In so doing, I found myself really valuing in the work that I had done, seeing, at last, the full extent of the contribution the research was potentially able to make to the field.

This seemed like a significant step after three years of growth through personal therapy, research, reflective journals and growing clinical experience, which led me further and further away from my initial positivist interests. Throughout my training, I have become increasingly in touch with my deeper, humanistic values and interested in the more relational aspects of clinical work. During my client study with "David", included within my portfolio, I found myself discovering that when I let go of theory and focused on the therapeutic relationship, the work became far more alive and this seemed to be the most healing aspect for my client.

At times, I have considered leaving my yoga therapy work, struggling with TMI's prescriptively approach but I now feel as if I am moving back towards it as I realise the impact both yogic philosophy and neuroscience have had on my work as a Counselling Psychologist. I am now wondering how I might begin to experiment with facilitating a playful, relational, client-led exploration, through a synthesis of both disciplines.

6. Conclusions

The current study explored the experience of the YTFTM 8-week course. Eight women were interviewed about their experiences of the course and the data was analysed, using an Interpretative Phenomenological Analysis, with four master themes emerging. These master themes, which further divided into thirteen subordinate themes, included: Personal Journey of Change, Ambivalence, Mind/Body Connection and Group Experience. Themes were discussed from the perspective of relevant literature, from the fields of psychology, neuroscience, Buddhist and yogic philosophies.

The findings of the study consist with existing qualitative literature exploring the experience of MBCT, a comparable, mindfulness-based approach. The findings highlight the importance of supporting clients to overcome their resistance and barriers to practice but also suggest several potential additional benefits to this more body based approach. Firstly, the use of neuroscientific psychoeducation, coupled with physical yoga practice may offer clients greater insight, on both an intellectual and experiential level, into the body's affect regulation processes. Secondly, through practicing coping strategies, such as ujjayi breathing and mindfulness through yoga practice, clients may have additional opportunities to explore and assimilate their learning. Through this understanding and first-hand experience of the benefits of coping strategies on the yoga mat, clients may feel more empowered to use these strategies in the outside world. Finally, yoga-based therapy may serve to enhance clients' wellbeing more generally, offering a more holistic therapeutic approach that could be integrated within Counselling Psychology.

The implications for future YTFTM courses, similar yoga therapy courses and Counselling Psychologists interested in yoga therapy have been discussed. From a broader perspective, yoga therapy may offer Counselling Psychologists a new way of working with a number of different clinical population, in particular those with Post-Traumatic Stress Disorder. Furthermore, yoga therapy may prove to be a more accessible or acceptable form of therapy for some refugee populations, who may be unable to engage with traditional talking therapies. Further research is, however, required to explore the experience of YTFTM or individual yoga therapy with different groups, including male clients, older adults, young people and clients from different socio-economic or cultural backgrounds.

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Appendix B – 8 Limbs of Classical Yoga

Summarised from 'The Yoga Sutras of Patanjali' (Satchidananda, 1978)

8-Limbs of Classical Yoga	
Yama	Abstinences *Non-violence, truthfulness, non-stealing, continence, non-greed*
Niyama	Observances *Purity, contentment, self-discipline, study of spiritual texts, self-surrender*
Asana	Physical practices/postures
Pranayama	Breathing practices
Pratyahara	Sense withdrawal/inward focus
Dharana	Concentration
Dhyana	Meditation
Samadi	Total absorption/ self-realisation/self-transcendence

Appendix C – Interview schedule

Interview schedule:

- In general how did you find the course?

  Prompts – Tell me a bit about what it was like for you, doing the course. How did you find it?

- How did you find the homework practices?

  Prompts – Were there any challenges? Any benefits?

- How did you experience the classes?

  Prompts – So there were eight classes, how were they for you? Did you feel the same in each of them? Can you tell me a bit more about that?

- How did you feel before? During? After the classes?

  Prompts – Physically? Emotionally? Mentally?

- Did you notice any changes in yourself, your thoughts or feelings during/after the classes?

  Prompts – Physically? Emotionally? Mentally? How did they occur?

- If you did experience any changes in yourself, can you say more about what you think brought about those changes?

  Prompts – How do you explain those changes? Why do you believe you this happened?

- If you didn't experience any changes, why do you think might be?

  Prompts – Were there things that you found unhelpful or didn't like? Can you tell me more about that?

- If you did experience any changes, to what extent do you expect these changes to last?

  Prompts – Can you tell me more about why you think that?

- What, if anything, do you think you might take away from the course?

  Prompts – Can you tell me more about that? About why you think that?

- What effect, if any, did the course have on the difficulties you were having beforehand?

  Prompts – Has it helped and if so, how has it helped? How has your relationship to these problems changed?

Appendix D – Participant Information and Consent form

Participant Information and Consent form

Thank you for your interest in participating in the 'Yoga Therapy for the Mind' 8-week course study.
I am a trainee Counselling Psychologist and a yoga therapist for mental health, graduating from The Minded Institute. For my doctoral research I am very interested to find out more about how people experience the Yoga for the Mind 8-week course which you have just completed.
Please read the following information and feel free to ask if you have any queries. You are free to change your mind and withdraw at any time during the study.

Purpose of the study:
We are interested to find out what it is like to take part in the 'Yoga Therapy for the Mind 8-week course'. In particular we want to find out about <u>your</u> experience.

Why is this important?
This is a new but growing area in mental health work and there are many people interested in finding out what yoga therapy courses like this one are like for the people who take part. This research will hopefully help the Minded Institute and other mental health practitioners to see what some of the benefits and also some of the difficulties might be, from the perspective of those taking part so that they can work more effectively in the future.

Important information:
- We will be interviewing up to 6 participants about what it was like to do the course.
- Interviews will take place one-to-one with myself, the lead researcher, within one week of the course ending at either the course centre
- Interviews will be taped, transcribed and analysed.
- Your information and the interview tapes/ transcripts are strictly confidential and will only be kept for as long as is strictly necessary.
- Carefully anonymised quotes may be selected and included in the main body of the final thesis to illustrate significant findings of the study.
- You will be able to withdraw at any point during the interview.

What should I do next if I would like to take part?
- Make sure that you have read and understood the above information. If you have any queries please feel free to ask.
- All research must conform to ethical guidelines and ensure participant safety. By signing this form you are agreeing to your GP and next of details to be shared by your teacher with myself in case of an emergency. These records will be destroyed at the end of the study.
- Sign both copies and return one, retaining the other for future reference.
- If we are unable to make arrangements to meet now I can be contacted by email or by phone:

[*contact details excluded from final version of thesis*]

If you have any queries I would be very happy to discuss them with you. Thank you for your interest, I really hope to hear about your experience!

Holly Kahya
Trainee Counselling Psychologist

I_____ have read and understood the above information and give consent to participate in the 'Yoga for the Mind 8-week course study'.
Signed:_____ Date:_____

Appendix E – Teachers' emails to students regarding the study

Dear Yoga group,

So Thursday is our last session together!

A good friend and colleague of mine from the yoga therapy training is doing her doctoral research at the moment, and is looking to interview people who have completed the 8 week course.

Holly is coming up this Thursday and would love to interview one of you after the session this week. It would take a maximum of an hour (ie until about 6pm) - you would be based in the studio (I will not be there). She will be asking you about how you found the course, rather than details about your personal life. There are some more details in the attached documents.

If you would like to do this, please contact me asap. If several of you are interested Holly is happy to come back to [name of location] to interview you at another time (ideally sooner rather than later).

I really hope that some of you will be interested in this - it is a great opportunity for you to consolidate your feelings about the course, as well as in the long run, promote the value of this kind of work.

So get in touch if you can do this Thursday and we'll take it from there.

Best,

……

Hi Everyone

So Monday is our last session together!

A colleague of mine from the yoga therapy training is doing her doctoral research at the moment, and is looking to interview people who have completed the 8 week course.

Holly is coming to The Buddhist Centre on Monday night to introduce herself and would love to arrange to interview some of you. It would take a maximum of an hour and you would be based at the yoga centre (I will not be there). She will be asking you about how you found the course, rather than details about your personal life. There are some more details in the attached document.

If you would like to do this, please contact me asap.

I really hope that some of you will be interested in this - it is a great opportunity for you to consolidate your feelings about the course, as well as in the long run, promote the value of this kind of work.

So please get in touch before Monday if you are willing and we'll take it from there.

Warm Wishes

……
…

Hi All

As mentioned yesterday, my colleague Holly is currently doing research focused on the 8 week course and is looking for more participants to interview as part of that. She will be coming in at the end of our week 8 class this coming Sunday.

This is not obligatory, however if you are interested to participate, please read the attached Participant Information document and if you have any questions at all please contact Holly directly at [redacted]

Look forward to seeing you on Sunday,

Appendix F – Debrief Information form

Participant debrief

Dear Participant,

Thank you for participating in the Yoga Therapy for the Mind 8-week course study.

I hope that you found the process of sharing your experience an interesting and worthwhile one.

If you feel you would like further support or information now that the course is ended here are some organisations which you may wish to contact:

Further info on yoga therapy and yoga research

The Minded Institute – Developers of TMI 8-week course www.themindedinstitute.com for further information on research http://www.yogaforthemind.info/yoga-therapy-mental-health-research/

Support, advice and counselling services

Mind – Mental health organization offering advice, support and counselling services in a variety of locations 020 8519 2122 www.mind.org.uk

Rethink – Mental health organization offering information and a variety of services 0300 5000 927www.rethink.org

Samaritans - Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts 08457 90 90 90.

www.samaritans.org/

If you are interested in the outcome of this study a copy of this thesis will be available to read in the main library of City University, Northampton Square, London, EC1V 0HB towards the end of 2014/beginning of 2015.

Many thanks once again for your participation.

Yours sincerely

Holly Kahya

Appendix G – University Ethics Release form

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc M.Phil M.Sc **D.Psych** n/a

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

'Yoga Therapy for the Mind 8-Week Couse': How is it experienced by its participants?

2. Name of student researcher (please include contact address and telephone number)

Holly Kahya [*personal details omitted from final thesis*]

3. Name of research supervisor

Courtney Raspin

4. Is a research proposal appended to this ethics release form? **Yes** No

5. Does the research involve the use of human subjects/participants? **Yes** No

If yes,

6

a. Approximately how many are planned to be involved?

b. How will you recruit them?

Self-selecting sample of participants who are already participating in or have already completed a YTFTM course and who are willing to be interviewed.

c. What are your recruitment criteria?

(*Please append your recruitment material/advertisement/flyer)*

Completing 7 or more sessions of the 8-week course.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? **Yes** No

d1. If yes, will signed parental/carer consent be obtained? Yes **No**

d2. If yes, has a CRB check been obtained? **Yes** No

(*Please append a copy of your CRB check*)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification)*.

A semi-structured interview for up to one hour about the experience of doing the course.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes No

If yes,

a. Please detail the possible harm?

Risk only in terms of interview potentially causing distress if participant is suffering with symptoms during the interview itself and highly unlikely as the interview will not be looking at personal history or private life and will be focused on the 8-week course, a topic unlikely to provoke distress.

b. How can this be justified?

Highly unlikely to cause harm.

c. What precautions are you taking to address the risks posed?

Direct participants away from personal history/private life and focus on experience of the course, emergency contact details for GP/next of kin taken but destroyed after study has ended.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes **No**

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

If no, please justify

N/A

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

No paper copies will be retained and computer records will be kept encrypted on an external hard-drive and destroyed immediately following the study. Transcriptions/analysis will be anonymised, including all identifying names, places, institutions (aside from the Minded Institute) etc mentioned within the interview. Participants will give informed consent to use carefully anonymised quotes within the main body of the thesis text to illustrate significant findings. Transcripts and tapes will be kept in encrypted format on an external hard-drive for 5 years before being destroyed, in line with BPS ethical guidelines.

12. What provision will there be for the safe-keeping of these records?

Encryption and on external hard-drive.

13. What will happen to the records at the end of the project?

Consent forms, tapes and trancripts will be kept encrypted on an external hard-drive for 5 years and then destroyed after this period. Other records such as research notes will be destroyed following the end of the study.

14. How will you protect the anonymity of the subjects/participants?

Tapes/transcripts will be identifiable by codes known only to myself. Codes will be kept separately to records. Any names/places/institutions (aside from the Minded Institute) in transcripts that could be identifiable will be changed.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

Participants will be de-briefed at the end of the study and information about services such as Samaritans and Mind will be offered in case further support is required. Participants will be able to ask questions about yoga therapy research and will sign posted towards relevant studies on the Minded Institute website if interested.

(*Please append any de-brief information sheets or resource lists detailing possible support options)*

If you have circled an item in **<u>underlined bold</u>** print or wish to provide additional details of the research please provide further explanation here:

Signature of student researcher –*Holly Kahya*---------- Date ----*24/01/13*

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal

Recruitment Material

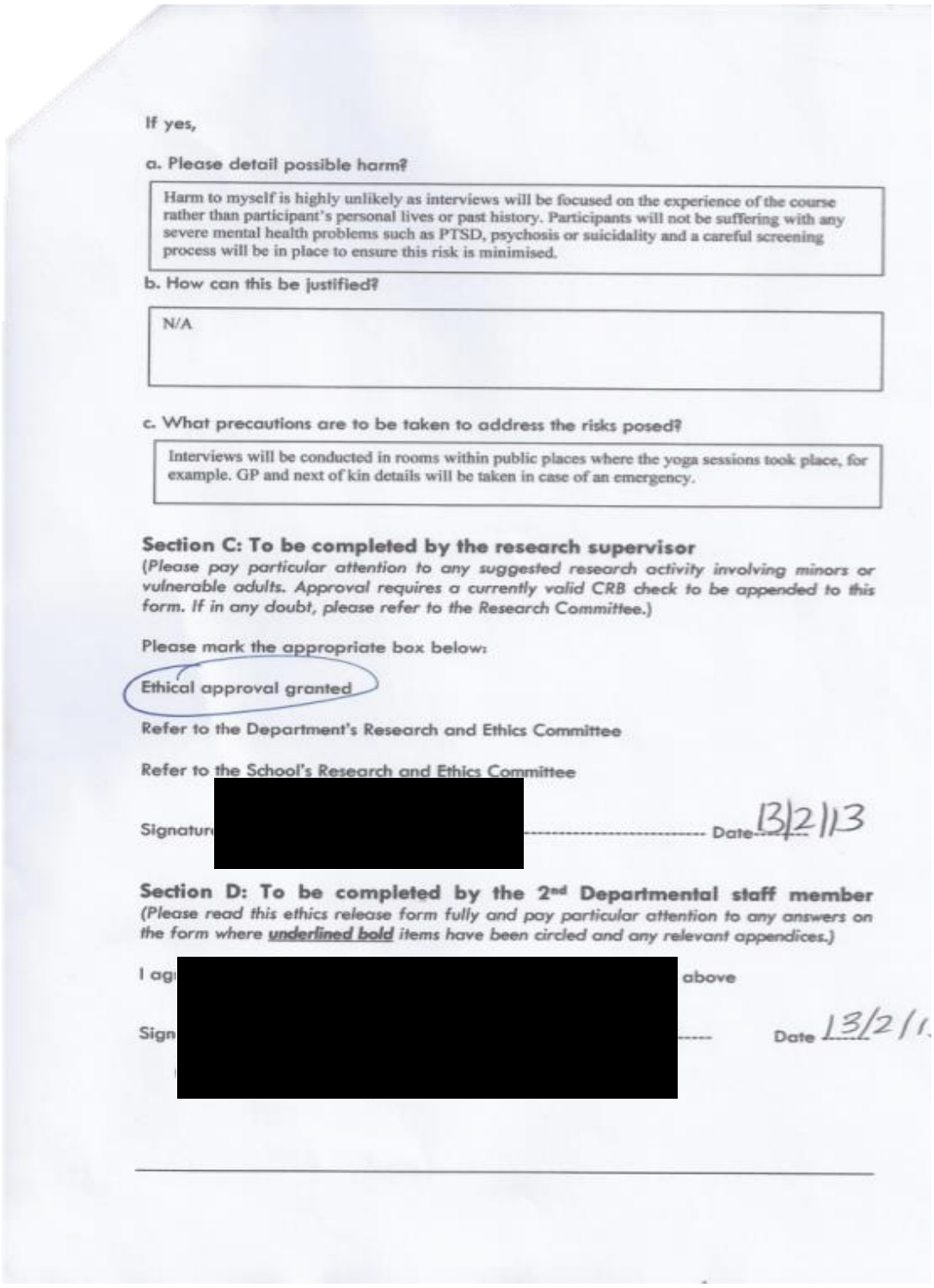
Information Sheet

Consent Form

De-brief Information

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? Yes **No**



If yes,

a. Please detail possible harm?

Harm to myself is highly unlikely as interviews will be focused on the experience of the course rather than participant's personal lives or past history. Participants will not be suffering with any severe mental health problems such as PTSD, psychosis or suicidality and a careful screening process will be in place to ensure this risk is minimised.

b. How can this be justified?

N/A

c. What precautions are to be taken to address the risks posed?

Interviews will be conducted in rooms within public places where the yoga sessions took place, for example. GP and next of kin details will be taken in case of an emergency.

Section C: To be completed by the research supervisor

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signatur[redacted] Date 13/2/13

Section D: To be completed by the 2nd Departmental staff member

*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I ag[redacted] above

Sign[redacted] Date 13/2/1

Appendix H – Holistic impression of Interview 4

Willig (2012) suggests writing a descriptive, 'holistic impression' of each account. The holistic impression summarises the content of the interview and the researcher's subjective thoughts and reactions to it, facilitating the researcher's developing overall impression of the participant and their experience. The following holistic impression has been omitted from the final version of this thesis in order to protect the participants' anonymity, having been drawn from a relatively small sample of potential participants.

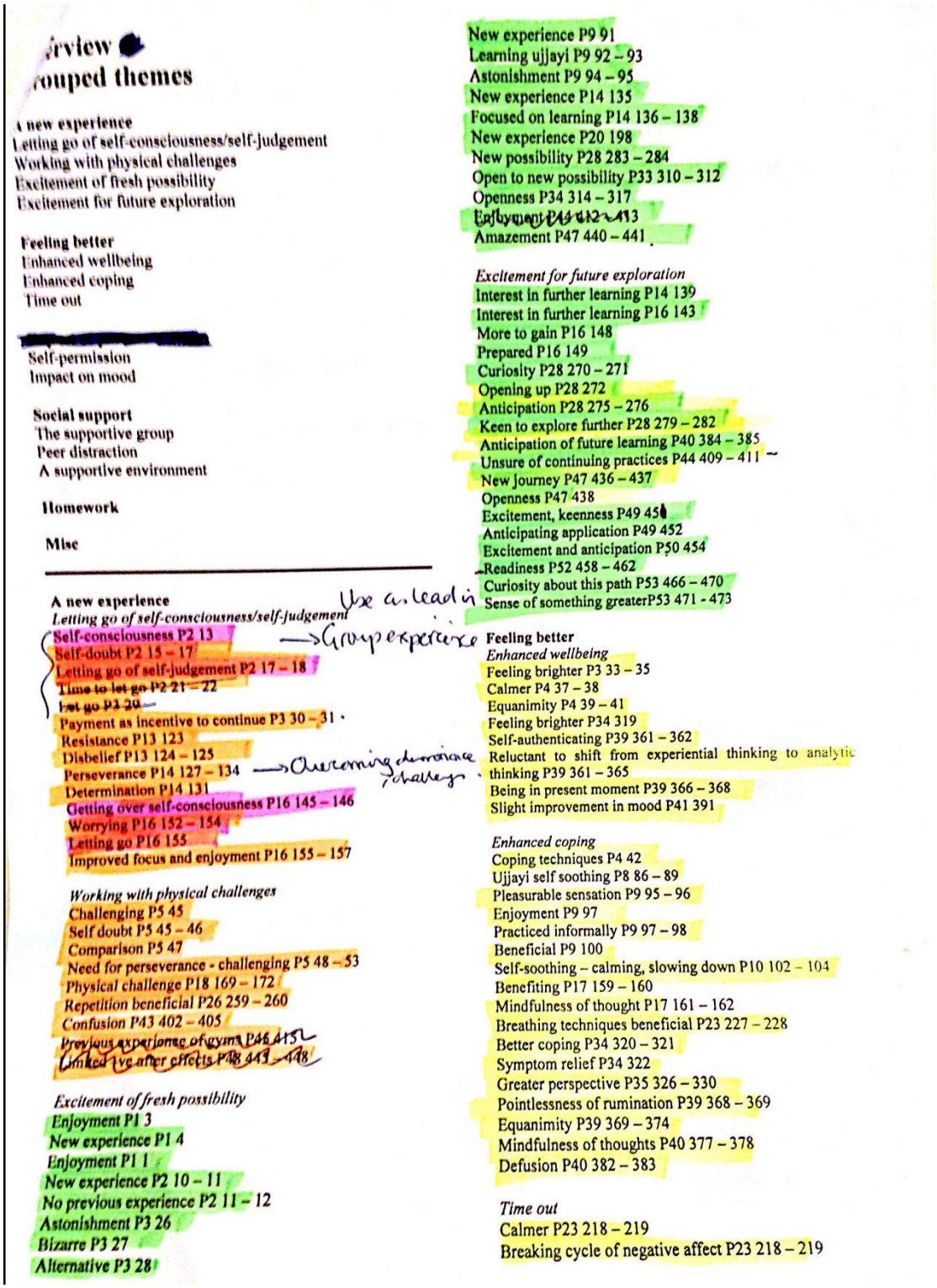
Appendix J – List of first-order themes

First order themes for one interview in chronological order, as taken directly from the annotated transcript.

Chronological Order
Enjoyment P1 3
New experience P1 4
Positive expectation P1 7
Enjoyment P1 1
New experience P2 10 – 11
No previous experience P2 11 – 12
Self-consciousness P2 13
Self-doubt P2 15 – 17
Letting go of self-judgement P2 17 – 18
Time to let go P2 21 – 22
Astonishment P3 26
Bizarre P3 27
Alternative P3 28
Let go P3 29
Payment as incentive to continue P3 30 – 31
Feeling brighter P3 33 – 35
Calmer P4 37 – 38
Equanimity P4 39 – 41
Coping techniques P4 42
Challenging P5 45
Self-doubt P5 45 – 46
Comparison P5 47
Need for perseverance - challenging P5 48 – 53
No homework P6 55 – 56
Ambivalence P6 56 – 59
Acceptance P6 60 – 61
Less impact at home P7 64 – 65
Classes preparation for meditation P7 67 – 68
Readiness for meditation P7 70 – 72
Less impact at home P7 73
Limited practice P7 74 – 76
Self-consciousness P7 76 – 78
Teacher's guidance P7 80 – 83
Ujjayi self-soothing P8 86 – 89
New experience P9 91
Learning ujjayi P9 92 – 93
Astonishment P9 94 – 95
Pleasurable sensation P9 95 – 96
Enjoyment P9 97
Practiced informally P9 97 – 98
Beneficial P9 100
Self-soothing – calming, slowing down P10 102 – 104
Classes good P12 110
Distracting peer P12 112 – 115
Irritation at distracting peer P13 117 – 121
Alternative P13 123
Disbelief P13 124 – 125
Uncomfortable P14 127
Perseverance P14 127 – 134
New experience P14 135
Focused on learning P14 136 – 138
Interest in further learning P14 139
Interest in further learning P16 143
Getting over self-consciousness P16 145 – 146
More to gain P16 148
Prepared P16 149
Holding back P16 151 – 152
Worrying P16 152 – 154
Letting go P16 155
Improved focus and enjoyment P16 155 – 157
Benefiting P17 159 – 160
Mindfulness of thought P17 161 – 162
Permission to let go P17 164 – 166
Physical challenge P18 169 – 172
Emotional P18 173
Social support P18 174 – 175
Sharing grief P19 178 – 179
Acknowledging need for support P19 182
Finding support P19 183
Screaning P20 186 – 187
Not alone P20 189 – 192
Vulnerability P20 193
Fearing vulnerability P20 195 – 197
New experience P20 198
Boundaries of self-disclosure P21 203 – 208
Social support P21 210 – 213
Calmer P23 218 – 219
Breaking cycle of negative affect P23 218 – 219
Time out P23 221 – 222
Calm, supportive environment P23 223 – 224
Breathing techniques beneficial P23 227 – 228
Became easier P24 230
Trust P24 231
Immersion P24 232
Deep relaxation P24 233 – 236
Home environment less conducive to relaxation P25 241 – 249
Disappointment P25 250 – 253
Repetition beneficial P26 259 – 260
Repetition facilitated relaxation P27 262 – 266
Curiosity P28 270 – 271
Opening up P28 272
Anticipation P28 275 – 276
Keen to explore further P28 279 – 282
New possibility P28 283 – 284
Impermanence P30 292 – 294
Calm moment P30 295 – 296
Affect regulation – window of tolerance P30 297 – 299
Impact of situation P30 300 – 301
Short term relief P31 303 – 304
Long term unforeseeable P31 305 – 306
Open to new possibility P33 310 – 312
Openess P34 314 – 317
Feeling brighter P34 319
Better coping P34 320 – 321
Symptom relief P34 322
Greater perspective P35 326 – 330
Permission to take time out P36 333 – 334
Greater self-compassion/self-nurture P36 335 – 340
Self-compassion techniques P37 342 – 346
Compassionate place P37 346 – 348
Permission to use self-compassion P37 349 – 350
Relief P38 352 – 353
Permission to use technique P38 354 – 355
Self-authenticating P39 361 – 362
Reluctant to shift from experiential thinking to analytic thinking P39 361 – 365
Being in present moment P39 366 – 368
Pointlessness of rumination P39 368 – 369
Equanimity P39 369 – 374
Mindfulness of thoughts P40 377 – 378
Contrasting experiences of mindfulness P40 379 – 381
Defusion P40 382 – 383
Anticipation of future learning P40 384 – 385
Slight improvement in mood P41 391
Confusion P43 402 – 405
Unsure of continuing practices P44 409 – 411
Enjoyment P44 412 – 413
Previous experience of gyms P45 415
Rare to commit to time out P45 416 – 417
Compassionate environment P47 424 – 428
Calm P47 430
Choice P47 431 – 435
New journey P47 436 – 437
Openess P47 438
Amazement P47 440 – 441
Gentle practice P48 444
Limited –ve after effects P48 445 – 448
Excitement, keenness P49 450
Anticipating application P49452
Excitement and anticipation P50 454
Readiness P52 458 – 462
Praise for teacher P53 464 – 466
Curiosity about this path P53 466 – 470
Sense of something greaterP53 471 - 473

Appendix K – Second-order themes

First-order themes grouped together into second-order themes for one interview (summarised in top left paragraphs). Colour coding has been added at a later stage of analysis as master themes began to emerge across interviews. Potentially identifiable personal information has been blanked out to protect the participant's anonymity.



rview
rouped themes

A new experience
Letting go of self-consciousness/self-judgement
Working with physical challenges
Excitement of fresh possibility
Excitement for future exploration

Feeling better
Enhanced wellbeing
Enhanced coping
Time out

[redacted]
Self-permission
Impact on mood

Social support
The supportive group
Peer distraction
A supportive environment

Homework

Misc

A new experience
Letting go of self-consciousness/self-judgement
Use as lead in
Self-consciousness P2 13
Self-doubt P2 15 – 17
Letting go of self-judgement P2 17 – 18
~~Time to let go P2 21 – 22~~
~~Let go P3 29~~
Payment as incentive to continue P3 30 – 31
Resistance P13 123
Disbelief P13 124 – 125
Perseverance P14 127 – 134
Determination P14 131
Getting over self-consciousness P16 145 – 146
Worrying P16 152 – 154
Letting go P16 155
Improved focus and enjoyment P16 155 – 157

Working with physical challenges
Challenging P5 45
Self doubt P5 45 – 46
Comparison P5 47
Need for perseverance - challenging P5 48 – 53
Physical challenge P18 169 – 172
Repetition beneficial P26 259 – 260
Confusion P43 402 – 405
Previous experience of gym P46 415
Limited lve after effects P48 443 – 448

Excitement of fresh possibility
Enjoyment P1 3
New experience P1 4
Enjoyment P1 1
New experience P2 10 – 11
No previous experience P2 11 – 12
Astonishment P3 26
Bizarre P3 27
Alternative P3 28

New experience P9 91
Learning ujjayi P9 92 – 93
Astonishment P9 94 – 95
New experience P14 135
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New experience P20 198
New possibility P28 283 – 284
Open to new possibility P33 310 – 312
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Enjoyment P43 412 – 413
Amazement P47 440 – 441

Excitement for future exploration
Interest in further learning P14 139
Interest in further learning P16 143
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Prepared P16 149
Curiosity P28 270 – 271
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Keen to explore further P28 279 – 282
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Unsure of continuing practices P44 409 – 411
New journey P47 436 – 437
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Excitement, keenness P49 45[redacted]
Anticipating application P49 452
Excitement and anticipation P50 454
Readiness P52 458 – 462
Curiosity about this path P53 466 – 470
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Feeling better
Enhanced wellbeing
Feeling brighter P3 33 – 35
Calmer P4 37 – 38
Equanimity P4 39 – 41
Feeling brighter P34 319
Self-authenticating P39 361 – 362
Reluctant to shift from experiential thinking to analytic thinking P39 361 – 365
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Enhanced coping
Coping techniques P4 42
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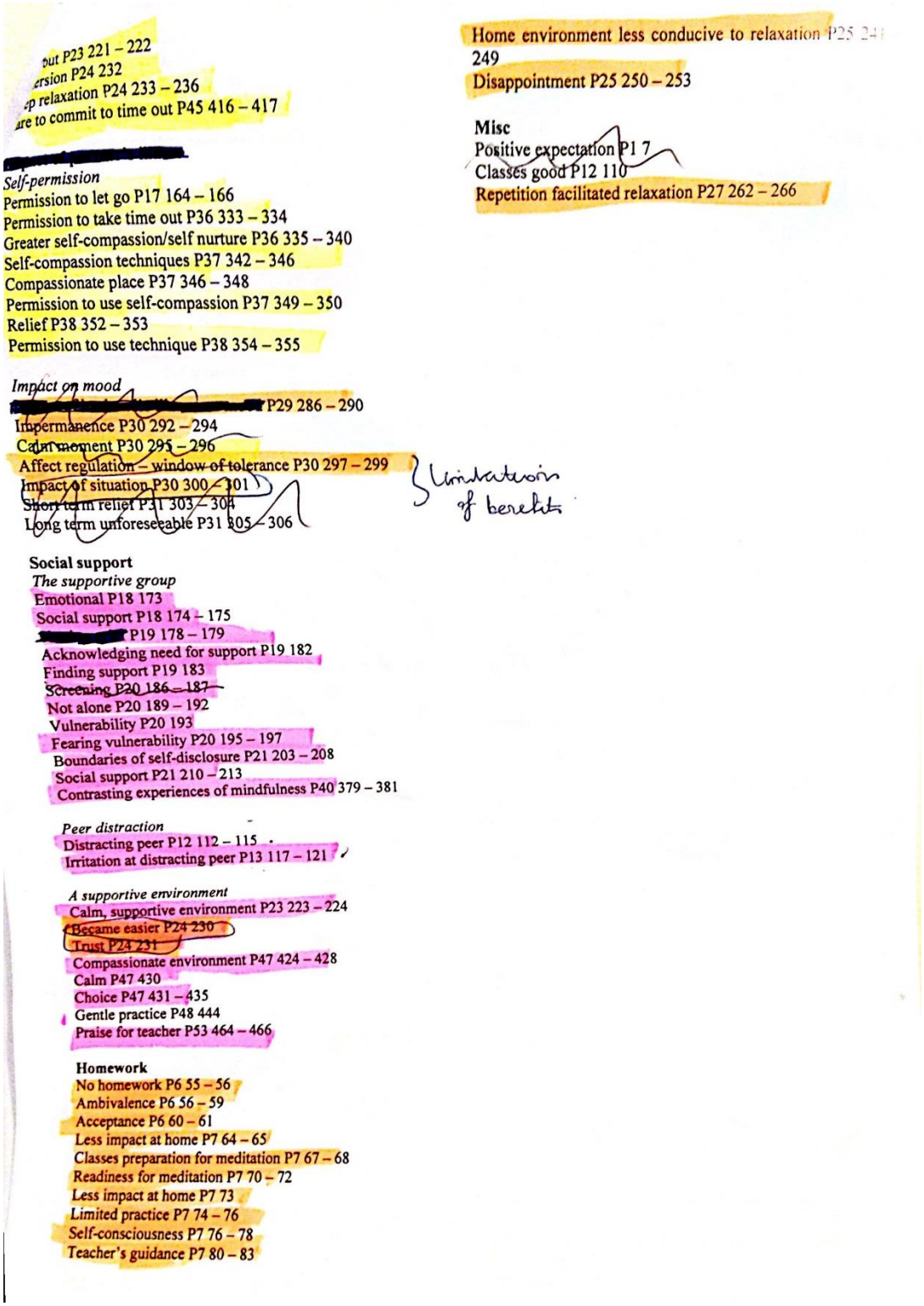
Pleasurable sensation P9 95 – 96
Enjoyment P9 97
Practiced informally P9 97 – 98
Beneficial P9 100
Self-soothing – calming, slowing down P10 102 – 104
Benefiting P17 159 – 160
Mindfulness of thought P17 161 – 162
Breathing techniques beneficial P23 227 – 228
Better coping P34 320 – 321
Symptom relief P34 322
Greater perspective P35 326 – 330
Pointlessness of rumination P39 368 – 369
Equanimity P39 369 – 374
Mindfulness of thoughts P40 377 – 378
Defusion P40 382 – 383

Time out
Calmer P23 218 – 219
Breaking cycle of negative affect P23 218 – 219

Page 2…



ut P23 221 – 222
ersion P24 232
p relaxation P24 233 – 236
re to commit to time out P45 416 – 417

[redacted]

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Permission to let go P17 164 – 166
Permission to take time out P36 333 – 334
Greater self-compassion/self nurture P36 335 – 340
Self-compassion techniques P37 342 – 346
Compassionate place P37 346 – 348
Permission to use self-compassion P37 349 – 350
Relief P38 352 – 353
Permission to use technique P38 354 – 355

Impact on mood
[redacted] P29 286 – 290
Impermanence P30 292 – 294
Calm moment P30 295 – 296
Affect regulation – window of tolerance P30 297 – 299
Impact of situation P30 300 – 301
Short term relief P31 303 – 304
Long term unforeseeable P31 305 – 306

Limitations of benefits

Social support
The supportive group
Emotional P18 173
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Acknowledging need for support P19 182
Finding support P19 183
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A supportive environment
Calm, supportive environment P23 223 – 224
Became easier P24 230
Trust P24 231
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Less impact at home P7 73
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Misc
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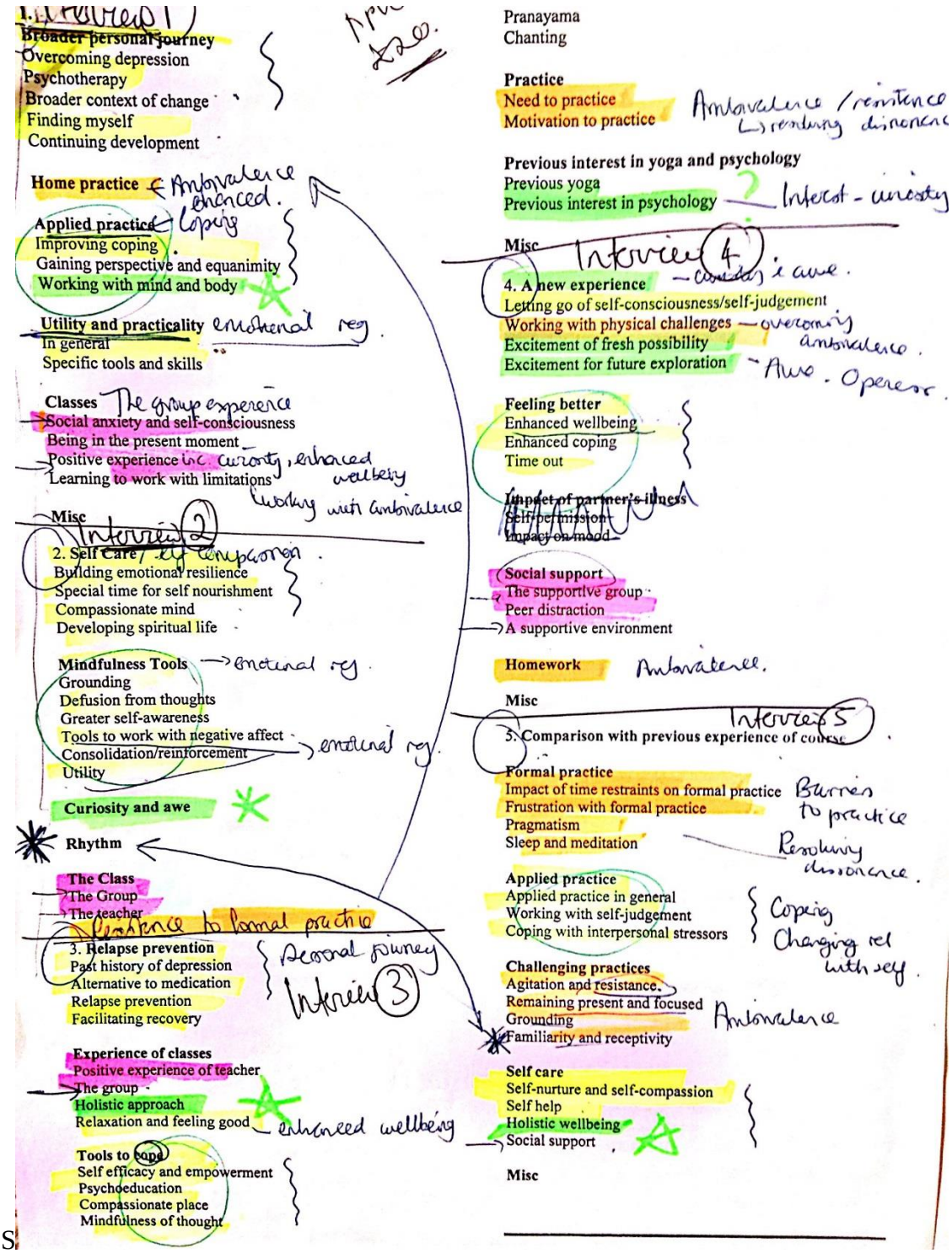
Repetition facilitated relaxation P27 262 – 266

Appendix L – Complete second-order themes

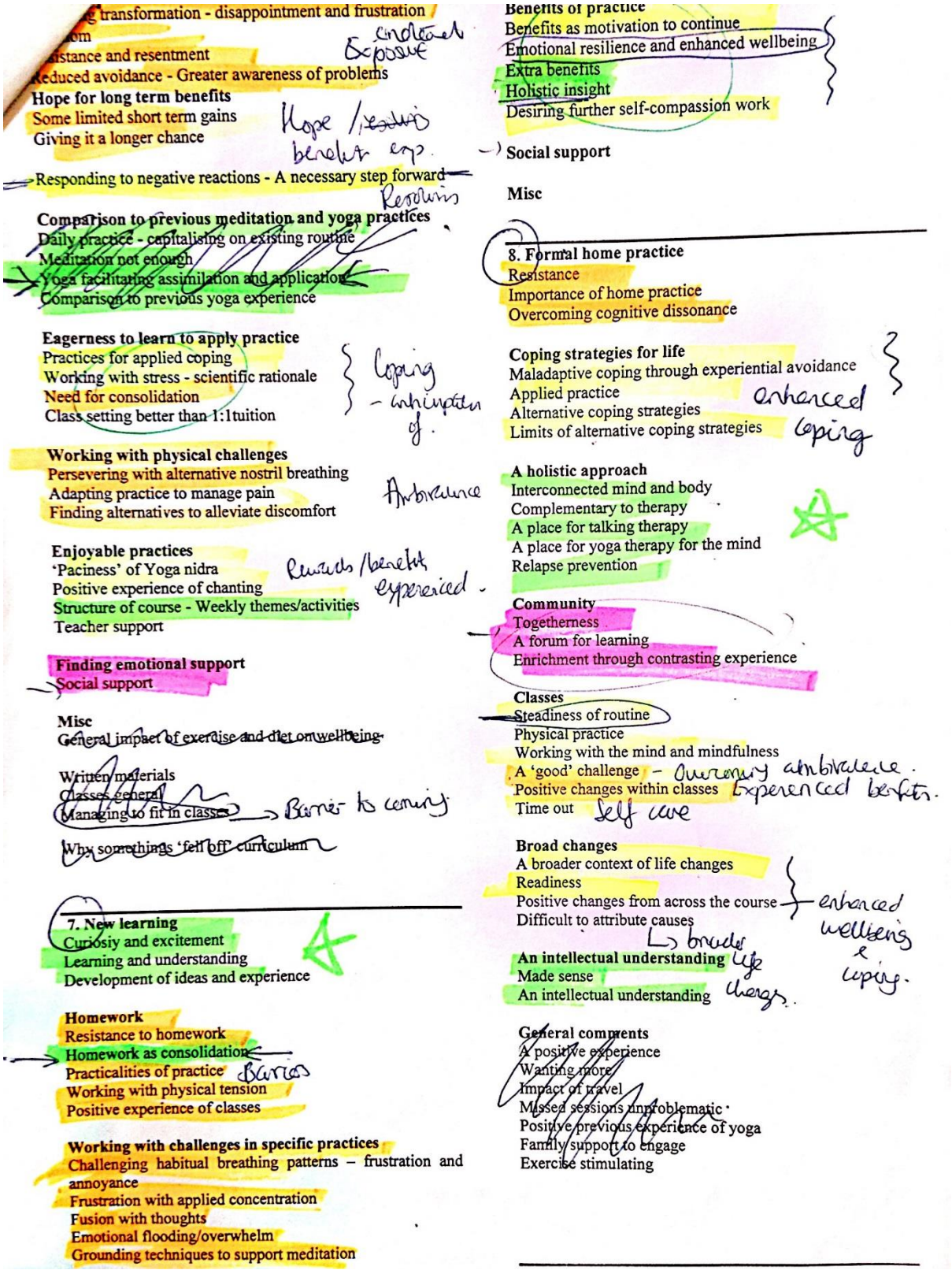
Compiled second-order themes for all eight interviews.

Colour coding added as master themes emerged.



Yellow = Personal Journey of Change **Green** = Mind/Body Connection

Orange = Ambivalence **Pink** = Group Experience



Yellow = Personal Journey of Change **Green** = Mind/Body Connection

Orange = Ambivalence **Pink** = Group Experience

Appendix M – Table of themes

Complete table of themes with line numbers and illustrative quotes

Participant (pseudonym)	Dorothy	Jane	Valerie	Beth	Gillian	Dianne	Anna	Michelle
	Line numbers in transcript:							
Personal Journey of Change								
The broader journey *"I was gunna learn something new towards helping myself and this journey of healing and changing."* Anna (53 – 55) *"…it was quite sobering to realise I could still use depression as a strategy for working with awkward things … and one of my walks home from that was my resolve to look a bit deeper into that and build by resilience and build my strength so I wouldn't feel so buffeted."* Jane (26 - 31) *"I have had to take antidepressants before, cos it's been really bad … I could feel some of signs coming back cos I recognise the signs now, I really didn't want to go back on the antidepressants so I thought, well if I can stop it before it gets too bad…that was the end goal"* Valerie (8 – 12) *"I potentially have a challenge with … feeling a bit depressed but … I want to try and do everything to avoid going to the doctor and asking to be prescribed medication for it… …it is an element of self-help…"* Gillian (571 – 574, 608) *"I left [my previous career]… so having removed that from my worries … I was on an upwards trajectory anyway."* Michelle (477 – 481) *"My[children], I had them when I was quite young … and I think I might've missed a gap there somewhere of developing myself and looking after myself properly…"* Dorothy (387 - 391)	47 103 – 111 114 – 116 135 – 140 151 – 154 190 – 202 266 - 272 381 – 386 509 – 516 558 – 559 677 – 678 683 – 684 686 – 690	298 – 299 300 – 304 306 – 316 345 – 355 354 – 355 383 397 421 - 423	6 – 8 10 12 - 13 80 – 83 464 - 465 468 – 478 491 - 497 501 – 502 504 - 506 514 – 515 575 – 576 578 - 581	270 – 272 275 – 276 279 – 282 384 – 385 436 – 438 458 – 462 466 - 473	571 – 574 578 – 59 583 – 584 594 603 – 604 608 - 611	429 - 431 467 – 468 470	53 - 55 69 – 272 275 – 276 384 - 385	138 – 151 193 - 195 395 – 396 399 – 401 469 - 471 474 – 475 477 – 480 483 - 484 545 – 547 633 – 639 644 - 647 648 – 650 662 668 – 671 674 - 677 694 – 696 698 – 701 707 – 708 713 – 714 716 – 717 725 729 - 731
Change in relation to self *"…you suddenly think, 'Do you know what, I've not been kind to myself at all!'…I think I'm just kinder to myself, you know…"* Gillian (471 – 472, 624) *"…rather than worrying if you enjoy something or not, it doesn't matter if it's good or bad…"* Dorothy (555 – 557) *"It stops the thoughts being so all overwhelming; it doesn't get bigger and bigger and out of proportion in your head"* Valerie (232 - 234)	39 – 45 48 – 53 53 – 59 59 – 78 83 – 84 124 126 – 129 263 – 265 364 - 365 525 - 528 529 – 530 547 – 549 553– 557	63 – 64 70 91 – 97 99 – 101 103 105 327 – 335 148 – 151 286 – 287 291 – 292 398 – 399 404 – 405 421 – 423	17 – 19 20 – 23 34 – 35 204 – 205 224 – 225 232 - 237	164 – 166 182 333 – 340 342 – 250 354 - 355 368 – 369 377 – 378 382 – 383 416 - 417	114 – 118 413 – 414 416 – 418 442 – 453 470 - 472 494 – 495 499 – 502 618 – 622 624 626 - 627	371 – 374 380 – 381 419 422 – 424 426 – 427 432 – 434 436 440 442 – 443 445 – 449 462 - 465	282 – 283 352 - 353 381 – 382 422 - 423 445 – 448 450 – 452	149 – 151 169 – 172 389 – 392 395 – 396 402 - 403 642 – 643 689 - 690

"The course has helped me to stay with the feelings, it makes those memories, feelings, sensations…not so scary" Anna (445 – 447) *"…for a long time I actively would try not to do it [notice unpleasant internal experience] so to force my mind…that part of my mind which hadn't been exercised, so to force it onto things, you know, like looking inward to the body sensations was really hard because…my mind didn't want to do it…"* Michelle (442 – 446)	627 – 632							
Enhanced coping *"I've got all these tools now and I'm going to make good use of them…"* Dorothy (11 – 12) *"So now these are tools to use…"* Michelle (673) *"…it's been just having a new set of tools…"* Gillian (514 – 515) *"…they are now in my tool box, I might forget them and move away from them but they are always there and I'll pick up the manual and remember…"* Jane (347 – 349)	11 – 14 100 – 103 142 – 143 155 – 161 304 – 307 346 – 354 362 – 371 374 – 377 423 433 – 436 440 – 441 444 446 – 448 450 453 – 456 461 485 – 489 497 – 498 504 - 505 537 – 538 542 – 543 574	12 – 13 17 – 31 49 51 - 53 58 – 69 85 – 86 106 - 108 109 - 110 113 – 117 123 – 124 127 - 131 332 - 335 347 - 348 385 387 389 391 – 397	14 – 15 43 – 46 50 - 55 206 - 207 240 294 - 301 306 309 – 310 312 314 – 316 333 – 335 338 – 340 345 – 346 356 – 359 362 366 372 375 383 385 459 – 463 511 - 513	41 – 42 86 – 89 95 – 98 100 102 – 104 159 – 162 227 – 228 352 - 353	11 92 – 94 69 – 102 104 106 – 107 283 – 288 425 – 427 429 434 – 435 457 – 459 467 481 – 483 515 - 516	71 – 73 109 260 577 – 581 583 – 585 587 – 588 591 – 594 639 - 641	274 – 277 384 - 386 419 – 424 441 509 - 511	47 – 49 51 – 52 106 - 8 109 – 114 122 – 123 130 – 131 155 – 162 164 – 168 172 193 517 – 518 527 – 528 538 – 585 587 – 589 591 – 596 601 – 605 607 – 612 616 – 619 665 – 666 673
Enhanced wellbeing *"…during the class you're just with it…"* Dorothy (298) *"…after I was kind of blissed out really…"* Jane (225 – 226) *"…I felt really relaxed and really chilled at the end of class, oh god I could've stayed there for hours…!"* Beth (234 – 235) *"…if I felt rushed and agitated when I arrived by the time we got to the end you felt very relaxed…"* Gillian (330 – 331) *"…I always felt so much better coming out of the class…"* Valerie (87)	250 316 – 318 323 – 326 328 568 – 569 683 - 684	220 – 221 225 – 226 234 269 - 272 276 – 279 282 – 285 325 - 326	28 85 – 87 183 185 186 – 188 191 194 197 – 198 202 – 203 216 226 340 501 504 - 505	33 – 35 37 – 39 218 – 219 221 - 222 232 - 236 319 – 322 326 - 330 361 – 374 391	24 – 35 41 132 – 134 331 – 332 359 – 360 364 – 365 540 - 541	44 – 45 170 – 171 174 – 175 269 – 270 286 – 288 311 – 313 317 – 318 322 - 325 391 399 – 400 403	83 – 85 112 – 113 116 – 117 164 169 – 170 178 – 179 183 362 265 – 267 386 – 387 390 – 392 394 - 395	238 – 241 343 – 344 356 359 361 – 362 364 – 367 461 355 485 – 490 502 - 508 510 - 511

Ambivalence								
Resistance and barriers to practice *"…Oh my…that was never nice! …I remember thinking at school, 'Oh no, homework!'"* Anna (74 – 77) *"….sometimes you feel, 'Oh, it is a bit boring'…"* Dorothy (244) *"…you're putting your head on the ground and it just felt really uncomfortable for me…"* Dianne (360 – 361) *"…I've got a dicky hip now, so some exercises were not as easy as they used to be…"* Valerie (140 – 141)	34 – 38 85 – 86 306 – 307 320 – 321 522 – 524 613	44 – 46 430 – 432 434	76 77 – 78 80 – 83 88 – 89 91 – 92 95 99 – 101 140 – 142 383 467	15 – 17 26 – 28 45 – 53 55 – 57 64 – 65 67 – 68 70 – 78 80 – 83 123 – 125 152 – 154 169 – 172 402 – 405 428 – 429 447 - 448	12 – 13 15 – 16 62 – 70 75 – 76 190 – 192 194 – 196 218 249 312 – 314 318 – 324 431 - 432	95 – 97 135 – 138 187 201 – 208 212 – 220 223 – 230 244 – 245 275 – 279 349 – 350 359 – 364 599 – 605 714 - 718	21 – 23 74 – 83 102 – 104 109 – 110 154 226 – 231 233 – 234 236 – 240 241 – 257 326	37 54 – 58 61 – 67 73 75 – 77 388 429 – 430 439 – 450 452 – 454 456 - 457
Inconsistent and limited effects *"Your state of mind when you go into the class can determine how you perceive the class, definitely."* Gillian (238 – 239) *"…the first couple of classes it brought up a lot of difficult emotions for me …I would get myself into these panic attacks and I couldn't breathe… …I was so immersed within the experience I would let all these feelings flood me…"* Anna (309 – 311) *"…being in the class was sort of giving me too much time to think… it's weird because I shouldn't have been thinking about it, but it kept cropping up… maybe it was giving me a bit of space to think things I didn't want to…"* Dianne (371 – 374)	230 – 231 244 339 - 340 346 – 352		135 199 322 – 323 468 551 - 552	241 – 253 286 – 301	168 – 171 174 – 177 238 – 239 575 - 577 596 – 597 646 - 649	10 – 11 44 163 – 164 173 – 174 180 - 181 371 – 374 380 – 381 404 – 405 412 – 413 416 – 417 419 422 – 424 426 – 427 432 – 434 436 - 437 440 442 – 443 445 – 449 462 – 465	272 305 – 311 315 – 316 321 – 324 341 – 343	49 - 50 116 – 118 120 – 122 127 – 128 179 – 195 330 - 332 402 – 403 566 – 572 674 – 675 687 - 688
Cognitive dissonance *"…they encourage you to practice, and whether you feel [like] it or not you will see the benefits of practicing…"* Anna (404) *"I found that I wasn't as good as I should have been, basically, because I did feel better when I did it…"* Valerie (72 – 73)	315 315 - 317 517 – 520		72 - 73 75 353 – 354 379 – 380 449 – 450	58	19 – 21 34 - 36 42 – 46 117 – 118 120 – 121 269 – 270 293 – 294 357 - 340 433 – 443 477 – 482	179 – 180	83 – 100 112 – 113 116 - 117 265 – 267 269 – 272 276 – 277 344 - 345 366 – 368 375 – 380 403 - 405	42 – 45 80 – 81 132 - 133 423 – 427 573 – 574 577

"…[the] first couple of weeks I felt really bad about it…" Beth (58) *"…I sort of felt bad, a little, that I hadn't done it…"* Michelle (80 – 81) *"…I can be hard on myself…like giving myself a hard time that I wasn't doing the homework…"* Gillian (116 – 118)					501 - 502 516 - 518 537 – 541 547 642 - 643			
Resolution *"…just noticing that [benefits of practice] was encouraging to do it the next day."* Anna (118 – 119) *"…you might be tired…and you think 'Well, I'll only do six of the sun salutations'…"* Dorothy (318 – 319) *"I thought, well there's no point in forcing that so I've been doing everything but the "Warrior" [pose] and again, this is where I might modify it…obviously I need to find an alternative that won't stress that hip…"* Dianne (193 – 196) *"…I found I wasn't necessarily able to do the physical practices [but] I found that I made sure I would do the meditation or the body scan, so I found the tools I could fit in…"* Gillian (16 – 18) *"…at least I've done something in the class and so anything else outside if that is just an added bonus…"* Michelle (97 – 100) *"…I'm on a bit of a roll at the moment and am feeling good about what's happening in my life at the moment… so I didn't do it in the structured 'homeworky' way…I took what worked…"* Jane (42 – 45, 48 – 49)	234 – 238 248 – 250 318 – 319 524 – 525 615 - 616	47 - 49	142 - 145 165 324 – 326 382 446 – 448	21 – 22 29 – 31 59 - 61 127 – 134 145 - 146 155 – 157 230 – 231 259 – 260 262 – 266 303 – 304 432 - 433	17 – 18 26 – 27 123 – 125 204 – 209 224 - 226 292 295 – 297 302 307 - 310 315 – 316 350 – 353 269 – 271 394 – 396 400 – 405 419 – 423 434 - 435 506 – 509 519 522 – 524 601 – 602 620 – 622 624 629 – 632 652 - 653	97 – 101 190 – 197 221 367 - 369 429 – 431 467 - 468 515 – 518 522 – 525 530 – 532 541 – 543 611 – 614	19 21 118 - 119 124 – 134 142 – 143 146 - 247 150 – 151 250 – 253 257 – 260 274 - 275 332 - 334 345 353 – 355 381 - 382	39 – 41 82 – 90 93 – 95 97 – 99 102 – 103 208 - 311 283 – 286 288 346 – 347 349 - 350 430 – 432 435 – 437 444 – 450 726 - 727

Mind/body connection								
Intellectual understanding *"….I like facts…I like proof …"* Dianne (326) *"…it made good common sense but also it was easy to use because it had that little bit of science behind it, so when… you do the chanting very loudly, you know, it's like 'Yes, well, it's helping me express myself again'"* Dorothy (20 – 25) *"…because there was a scientific thing behind it, because there was such a physiological fact that if you breathe slower on the outbreath your nervous system is brought down and engages the parasympathetic nervous system…it's easy to understand that as a biological fact…it was a very physiological thing which made perfect sense…"* Michelle (560 – 566)	20 - 23 287 – 293 349 437 448 - 450 457 – 459 576 – 593 596 - 602	110 – 111 256 – 258	4 227 – 232 256 – 258 263 – 264 266 – 271 278 – 280 444 - 446	69 – 70 382	361 – 363 557 - 560	20 – 22 64 – 68 112 – 113 115 – 116 119 - 122 426 – 248 251 – 254 325 – 330 414 – 415 490 – 494 503 – 515 548	9 – 10 12 – 14 152 – 153 207 – 208 466 – 476 484 – 488 498 - 503	234 – 237 520 – 521 524 – 526 560 - 566

"…I do like to have an understanding of what's going on…" Jane (254 – 255) *"…you don't realise there are things happening, like the parasympathetic nervous system…I didn't realise there were two nervous systems going on… …Understanding what happens to your body definitely helped me because once you're more aware of it happening you can fix it."* Valerie (266 – 268; 278 – 280)								
Holistic experience *"…that is a safe space to sort out my mind and improve my body along with it."* Dorothy (490 – 491) *"…the class…is designed to take you there, so you're ready for a meditative time…"* Beth (69 – 70) *"…with the ujjayi I found it made me concentrate more on my breathing…so that stopped my mind from chatter, chatter, chatter all over the place!"* Valerie (52 – 55) *"…it was sticking a bit more…because you're doing it within the practice, within the yoga every day… …which means it's easier to then assimilate…because with the other you were just sitting down doing something in the meditation and then to try to step out of that and do it in your normal life seemed a bigger jump than stepping away from what you'd done in the yoga."* Dianne (26 – 27, 39 – 42) *"…you practice on that theme so you understand it more and you feel it more and it takes you more into the experience…"* Anna (86 – 87) *"…having the yoga attached to it made it much more tangible, easier to measure, easier to concentrate on because you were doing the two things at once, you weren't just sitting there working on your mind…"* Michelle (530 – 533)	203 – 204 332 – 340 489 – 491		30 – 32 52 - 56 159 – 160? 186 – 190 294 – 296 393 – 397 399 – 401 421 – 423 425 – 428 432 - 437		19 – 21 27 – 28 40 – 41 111 – 112 359 – 360 543 – 546 (generally) 550 – 552 (generally)	23 - 32 39 – 42 48 – 49 52 71 – 72 118 256 – 258 317 - 318	15 – 16 87 – 88 210 – 215 217 – 222 283 - 296 307 – 309 346 - 350	402 – 403 530 – 553 587 – 596 603 – 621 668 – 669
Curiosity and openness *"…I was gripped to know what the next instalment was…"* Dorothy (464) *"…I liked learning a different, a totally new thing…"* Dianne (253 – 254) *"It's kind of like a reminder that I'm alive, which is amazing and it's just extraordinary… …it's like 'Wow!', I'm in this body at the moment and it has capability…I'm still at that 'Wow!' stage, you know."* Jane (237 – 238; 247 – 248; 259 – 260) *"…it's quite fascinating, isn't it…"* Valerie (488) *"…[it] opened my eyes to the…stuff out there I never even, didn't know existed, I mean ujjayi breath! What's that all about?!"* Beth (438 – 440)	462 – 467	158 - 159 196 – 198 206 - 207 237 - 248 259 – 260 265 - 267	482 – 486 488 - 492	4 10 – 12 26 – 28 91 – 95 135 148 - 150 197 - 199 270 – 284 310 – 312 315 - 317 383 – 385 438 - 441 451 – 452 454 466 - 473	256 – 258 413 – 414? 548 630 638 - 640		5 16 52 – 53 189 - 205 406 – 409 416 449 - 452 451 472 503 - 504 514 – 517 522 - 527	

"…it's awoken a genuine interest in yoga for me, I just want to know more and learn more about yoga now… …it's just like its opened my mind…" Anna (406 – 408; 449 - 450)								

Group experience								
Safety and vulnerability *"The first session you're not sure who you're going to meet and you're a bit nervous…"* Dorothy (210 – 211) *"…at first everyone was a bit more on edge…"* Valerie (133 – 134) *"I think it was the same with everyone because people didn't know what to expect…you could see that everyone was a bit…[anxious]!...I get very anxious when I have to [open up], it was a place where sooner or later you would have to open up, so initially it made me a bit..!"* Anna (48 – 49; 56 - 58) *"…I did feel quite vulnerable talking about certain things… I was sort of worried I would get emotional…"* Beth (195 – 196) *"…[the teacher] said it was fine for everyone to burst into tears and stuff but really there wasn't a lot of that, thank God!...it's not really something I wanted to do…"* Dianne (375 – 380)	122- 125 130 – 134 166 – 170 174 – 178 185 – 188 210 – 211 225 – 228 254 – 256 257 – 261 325 446 – 448		26 118 – 121 133 - 136	13 17 – 18 112 – 115 117 - 121 123 145 – 146 173 193 195 – 197 203 - 208	145 – 147 159 - 160	741 – 750 753 - 755	24 – 36 38 – 40 48 – 49 56 – 58 60 65 - 67 361 - 362	
Socio-emotional support *"…finding out you're not alone…"* Michelle (261) *"…you feel that you're not alone in this…"* Anna (44 – 45) *"…we all seemed to be fairly normal people…it's nice to see the full range of these people trying to deal with similar but different things…all these people having challenges, not just one…you kind of think, 'Well what are other people like that suffer from stress or anxiety or whatever?' …and we all seemed like quite nice, decent people, actually!"* Dianne (672 – 681) *"…the other people in the class all had their own issues so you didn't feel like you were the odd one out with the depression and things…"* Valerie (108 – 110) *"…it helps you identify…you're not the only person that goes through certain things or experiences, certain sorts of feelings or situations…"* Gillian (156 – 158)	650 – 653 681 - 683	440 446 – 447	107 - 108 109 – 111 113 – 116 123 – 124 515 - 516	174 – 175 178 – 179 182 – 183 189 – 192 210 – 213 223 – 224 379 – 381 424 – 428 430 – 435 464 - 466	130 – 131 139 – 140 157 158 – 159 164 - 166 652 - 653	375 - 376 655 – 658 660 – 663 667 – 673 675 – 681 686 – 688 692 – 695 739 – 741 756 – 759 763 -- 767	26 – 31 40 – 41 44 – 46 369 - 372 398 - 402	204 208 – 209 211 – 212 213 – 217 222 223 - 225 232 – 233 242 – 244 250 – 253 255 - 260 261 - 263 265 – 269 271 – 273 292 – 294 296 - 297 319 - 324 326 – 328 330 – 332 338 - 340 683 - 685

Appendix N – Summary table

Master theme	*Sub-ordinate theme*	*Participants experiencing sub-theme*
Personal Journey of Change	The broader journey	P1, P2, P3, P4, P5, P6, P7, P8
	Change in relation to self	P1, P2, P3, P4, P5, P6, P7, P8
	Enhanced coping	P1, P2, P3, P4, P5, P6, P7, P8
	Enhanced wellbeing	P1, P2, P3, P4, P5, P6, P7, P8
Ambivalence	Resistance and barriers to practice	P1, P2, P3, P4, P5, P6, P7, P8
	Inconsistent and limited effects	P1, P3, P4, P5, P6, P7, P8
	Cognitive dissonance	P1, P3, P4, P5, P6, P7, P8
	Resolution	P1, P2, P3, P4, P5, P6, P7, P8
Mind/body connection	Intellectual understanding	P1, P2, P3, P4, P5, P6, P7, P8
	Holistic experience	P1, P3, P5, P6, P7, P8
	Curiosity and openness	P1, P2, P3, P4, P5, P7
Group experience	Safety and vulnerability	P1, P3, P4, P5, P6, P7
	Social and emotional support	P1, P2, P3, P4, P5, P6, P7, P8

Appendix O – Stages of change

Prochaska's trans-theoretical model of behavioural change, summarised from Prochaska & DiClemente (1982) and Prochaska & Velicer (1997).

Pre-contemplation	No awareness of the problem and no motivation to change
Contemplation	Some awareness of the problem; may be struggling to understand the problem/seeking further information; however no commitment yet to making changes
Preparation	Intention to take action in the near or immediate future, involving a plan, such as joining a health club
Action	Active behavioural change; may involve struggle and require additional support
Maintenance	Change has taken place with some significant gains but however, may struggle to continue/maintain the new behaviours and could require additional support
Termination	Enduring change; no temptation to return to old/unhealthy habits/coping strategies; a high level of self-efficacy with regards to the new behaviour/s

Appendix P – Reflexive journal excerpt

21st August 2013

Stage 2: emerging themes are noted in the right-hand margin. Initial notes are transformed into more meaningful statements, reflecting a broader level of meaning in a particular section of text. These comments should reflect broader, perhaps more theoretically significant, concerns. Terms are not fixed at this stage; indeed, they are likely to change at the next stage when they are looked at together.

Re-reading this from Langdridge (2007) I am now wondering if I should have been more interpretative at this stage allowing for a 'broader level of meaning' relating to 'theoretically significant concerns', i.e. in relation to the YTFTM or third wave frameworks. Perhaps I could have been braver in assigning labels such as 'improved self-regulation' where relevant. That said, I could go back and add this layer since the first stage outlined above can be done multiple times in order to refine meaning. At the same time, 'terms are not fixed and are likely to change at the next stage' so perhaps the interpretative element can be integrated more at this stage.
Revisiting Smith (2008), Smith describes the first stage as more of a 'free analysis' in the left hand column followed by a distillation to more concise phrases on the right. These concise phrases on the right can involve more psychological terminology and the same titles may repeat as themes emerge through the text. Maybe it would be useful to go through in another colour with a greater sense of looking for titles/themes with a more psychological eye having given so much to remaining as close to the text as possible?

Looking through there is some variability between different transcripts in terms of my level of interpretation… In interview 8 I feel there are some pretty strong themes with a good balance of empathy towards the participant's meaning and interpretation of meaning from a psychological perspective: 'present moment awareness', 'preventing relapse', 'resistance' versus 'a good challenge', 'brain 'stretched'', 'gone fast'. Also, once themes begin to be grouped there will be further opportunity for a shift towards interpretation so perhaps I'm simply giving myself more work. Perhaps I should try it with one interview and then see if I feel the themes are adequate – I can always go back then.

Having tried it with one transcript, I found it useful. Considering one is supposed to do one transcript at a time, start to finish, I think it would be best to go through the codings (first-order themes) for each again before proceeding to the next step for the dual purpose of re-immersion in the text as well as allowing for greater interpretation.

SECTION C: PUBLISHABLE PAPER

Introduction to Publishable Paper

The following section presents the research in a publishable format. The intention is to submit to the international journal, *The Counseling Psychologist*, selected due to its influence within the field of Counselling Psychology. The journal holds a current interest in the areas of integrative health care and Positive Psychology, to which the current research is relevant. With the aim, therefore, of informing future Counselling Psychology practice and training courses, key elements of the research have been condensed and adapted to meet the criteria for this journal (see Appendix for submission guidelines).

Yoga Therapy for the Mind 8-Week Course: Participants' Experiences

Abstract

Mindfulness-based therapies are becoming increasingly popular in the treatment of mental health conditions. The current study explores participant experiences of the 'Yoga Therapy for the Mind 8-week course', an international, manualised yoga and mindfulness-based intervention for depression and anxiety. Interviews have been analysed using an Interpretative Phenomenological Analysis, with four master themes emerging: Personal Journey of Change, Ambivalence, Mind/Body Connection and Group Experience. The findings highlight some of the potential challenges experienced by participants in the intervention and the importance of providing adequate support in overcoming these issues. Nevertheless, findings also suggest there may be additional psychological benefits to the practice of physical yoga asana, including a more holistic understanding of psychological distress, adaptive coping strategies and enhanced wellbeing.

Introduction

Counselling Psychologists are increasingly adopting 'third-wave' behavioural or contextual therapies within clinical practice. Popular examples include Mindfulness-Based Cognitive Therapy (MBCT - Segal, Williams & Teasdale 2002), Dialectic Behaviour Therapy (DBT – Linehan, 1993), Compassion-Focused Therapy (CFT – Gilbert, 2009) and Acceptance and Commitment Therapy (ACT - Hayes, 2003). A common aim of these third-wave therapies has been to help clients change their relationship to distress, through mindful, non-judgemental