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The Use of Yoga in Eating Disorder Treatment: Practitioners' Perspectives

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The Use of Yoga in Eating Disorder Treatment: Practitioners' Perspectives

by

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. The project is neither a Master's thesis nor a dissertation.

Abstract

Eating Disorders are a growing mental health concern with serious consequences for those who struggle. The individual and complex nature of eating disorders presents a need for new, innovative treatment modalities. One such treatment that is gaining interest in the eating disorder field is the holistic modality of yoga. The benefits of yoga on mental health have been addressed in previous research. While previous research focuses on quantitative studies and outcomes of clients, this paper administers a qualitative analysis of semi-structured interviews done with licensed therapists and yoga instructors who practice yoga with the eating disorder population. The study focuses on why yoga is being used with the eating disorder population and how practitioners are implementing yoga interventions effectively. The themes that emerged from the data were: 1) a mindful experience of the body; 2) the power of yoga philosophy; 3) partnered with therapy; 4) a careful and thoughtful use of yoga; 5) a personal yoga practice; 6) safety comes first; 7) benefits for clients who are willing. The theme safety comes first included three subthemes: yoga preparation, assessing for trauma, and modifications. Implications for the use of yoga in clinical social work and recommendations for future research are discussed.

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Table of Contents

Abstract.....ii

Acknowledgments.....iii

Introduction.....1

Conceptual Framework.....5

Literature Review.....6

Gaps in the Literature.....17

Methods.....18

Results.....24

Discussion.....37

Limitations.....40

Implications.....42

Conclusion.....44

References.....45

Appendix A.....50

Appendix B.....51

Appendix C.....54

Introduction

Since the 1950's the development and growth of eating disorders has become a serious mental health issue plaguing American society (National Eating Disorder Association, 2013). Constant messages of beauty, in addition to high praise for disciplined eating and exercise, are being enforced and reinforced at inescapable levels (Daubenmier, 2005). Such messages are leaving many to fight vicious battles with their inner thoughts, body image, and relationship with food (The Emily Program, 2013).

A notable concern of eating disorders is their high prevalence rates, affecting ten percent of females and three percent of males in the general population. Eating disorders occur even more frequently in adolescents, 14 percent in females and 6.5 percent in males (The Emily Program, 2013). Moreover, four out of ten people know someone who is currently struggling with an eating disorder (National Eating Disorder Association, 2013). Professionals are now acknowledging that eating disorders do not discriminate against gender, culture, age, or race. Parker-Pope (2011) shared an expert's opinion on this idea, "We're hearing from women and men, no matter how old they are, that they still have to achieve this societal ideal of thinness and perfection".

Diagnoses of eating disorders most often include anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and eating disorders not otherwise specified (ED-NOS) (National Eating Disorder Association, 2013). Anorexia Nervosa affects .05-1% of the population and is characterized by distortion of body image, intense fear of gaining weight, an unrelenting pursuit to be thin, and unwillingness to maintain a normal or healthy weight (American Psychiatric Association, 2013). Individuals with Anorexia Nervosa are often

severely underweight and malnourished (National Association of Anorexia Nervosa and Associated Disorders, 2013). Like Anorexia Nervosa, Bulimia Nervosa is characterized by a distorted body image and fear of gaining weight. Bulimia Nervosa affects 1-2% of the population and is distinguished by re-occurring cycles of bingeing accompanied by feelings of being out of control and purging. People suffering from Bulimia Nervosa are more likely to be a normal weight or slightly overweight (National Association of Anorexia Nervosa and Associated Disorders, 2013). Binge Eating Disorder affects 1-5% of the population and is characterized by insatiable cravings that can occur at any time and often lead to eating abnormally large amounts of food in short periods of time. Most people with Binge Eating Disorder are overweight or obese (National Association of Anorexia Nervosa and Associated Disorders, 2013). Finally, Eating Disorders Not Otherwise Specified (ED-NOS) is the term applied for individuals that don't fit cleanly into one of the other eating disorder diagnoses. ED-NOS affects 4-6% of the population, often accounting for close to 50% of all diagnosed eating disorders (National Association of Anorexia Nervosa and Associated Disorders, 2013). Regardless of type, all people with eating disorders share a distinct characteristic: a self-worth largely based upon their shape and weight and the ability to control them (Fairburn, 2008).

If high prevalence rates of eating disorders were not enough, eating disorders can also be very dangerous and complicated. Douglass (2009) discusses common symptoms of eating disorders including bingeing, vomiting, excessively exercising, abusing laxatives and diuretics, and restricting food intake. The author also notes that eating disorders often co-occur with other mental health diagnoses such as depression, anxiety, post-traumatic stress disorder, obsessive-compulsive disorder, bipolar disorder, and personality disorders (Douglass, 2009). Such symptoms and co-morbid diagnoses put those struggling with an eating disorder at increased risk

for suicide and self-harm (Douglass, 2009). In fact, eating disorders have one of the highest mortality rates among all psychiatric disorders, 4.0% in anorexia nervosa, 3.9% in bulimia nervosa, and 5.2% in eating disorder not otherwise specified (Crow et al., 2009)

Currently, popular methods of eating disorder treatment include psychotherapy, nutrition management, medical monitoring, and medication (Wyer, 2001). More specifically, cognitive behavioral therapy (CBT) is considered to be the most effective treatment for bulimia nervosa and binge eating disorder and supportive therapy is seen as the most effective method for treating anorexia nervosa. For adolescents, family based therapy (FBT) is reasoned the most effective intervention for treating anorexia nervosa. Other promising areas of eating disorder treatment include interpersonal therapy (IPT), dialectic behavioral therapy (DBT), dissonance-based interventions, and positive psychology approaches, all which await more empirical research (Cook-Cottone, Beck, and Kane, 2008).

While advancements have been made in the field of eating disorder treatment, people continue to struggle. Black and Andreasen (2011) state that only 25-40% of people who receive eating disorder treatment have a good outcome, described as “they eat normally, do not binge or purge, and are emotionally adjusted” (Black and Andreasen, 2011, p. 349). In addition, most reports show that 35-50% of those who recover from an eating disorder will relapse (McFarlane, Olmsted & Trottier, 2008). It is well known by practitioners in the field that treating eating disorders can be frustrating because of the density in ways they can originate and continue to thrive (Dale et al., 2009). While researchers and practitioners wrestle over which approaches are most effective, there is a general consensus that services are delivered best when focused on individual needs of the patient (Reid, Williams and Burr, 2010). As a result, programs are now

beginning to include adjunctive, innovative interventions such as yoga that focus on the whole person: body, mind, and spirit (Douglass, 2009).

Mindfulness-based therapies are being used more and more with eating disorders. Proulx (2008) cites mindfulness intervention as “a systems-based, self-regulation practice that focuses attention on the present moment without judgment and with self-compassion” (p. 53). Mindful interventions often include different types of meditation practices that cultivate increased insight, inner knowledge, and feeling through the body (Douglass, 2009). Because those struggling with eating disorders often have perfectionistic thinking and constant thoughts of self-loathing, mindfulness can help to induce relaxation and quiet the mind (Proulx, 2008). In addition, Butryn et al. (2012) found that increased mindfulness can help to reduce eating disorder symptoms. More specifically he found that as mindfulness towards body acceptance and body awareness increased and emotional avoidance decreased, eating disorder symptoms of drive for thinness and body dissatisfaction decreased (Butryn et al., 2012).

A specific mindfulness-based approach that is gaining support within the field is the ancient Indian practice of yoga. Yoga has gained popularity in the United States over the past few decades due to growing realization of its positive influences on overall physical and mental health (Douglass, 2010). Yoga is an attractive intervention for eating disorders because it works to increase awareness on bridging a connection between the mind and the body. For people with eating disorders, the connection between their mind, body, emotions, and inner experiences is often broken (Douglass, 2010). As stated in Dale et al. (2009), people who struggle with eating disorders often have a disrupted understanding of what their body needs; they often cannot experience or choose to ignore signals from their body such as hunger, fullness, pain, or fatigue.

Different aspects of yoga can offer new ways of consciously experiencing the body and a new way of looking at things (Boudette, 2006). Yoga interventions often include aspects of meditation (dharana), breath awareness (pranayama), yoga postures (asanas), and states of relaxation (savasanas). For the eating disorder patient who struggles with high anxiety and understanding how their body experiences rest, learning how to breathe and relax can be very useful tools (Douglas, 2010). Beyond rest, yoga can help those with eating disorders experience sensations of their body in general. Mindful parts of yoga can then help teach people with eating disorders how to accept and have gratitude for their bodies wherever they may be at (Boudette, 2006). Therefore, through experience and practice, yoga can help people learn how to listen, respect, and trust their bodies instead of constantly trying to punish, reward, and control them (Boudette, 2006).

A body of research in support of yoga as an effective adjunctive treatment for eating disorders is starting to emerge. This study aims to further that research by exploring practitioners' use of yoga with eating disorder populations. This research is beneficial to clinical practitioners because eating disorders are complex, and yoga, when practiced mindfully, has the potential to serve as a very valuable treatment tool for those struggling. Therefore, through examination of clinician interviews, this study looks to answer the research question: How do yoga instructors and therapists effectively use yoga to benefit clients with eating disorders?

Conceptual Framework

While yoga stems out of 5,000 year-old Eastern religions and philosophies, it is a relatively new idea in Western culture, especially when defined as a therapeutic intervention

(Isaacs and Martinez, 2004). Within the realm of Western psychology, holistic psychology is the primary conceptual framework that includes the practice of yoga.

Isaacs and Martinez (2004) refer to holistic psychology as an approach based on the whole person including the interconnection of mind, body, spirit, and emotions (Isaacs and Martinez, 2004). Yoga is a great example of carrying out this holistic philosophy as it applies a non-judgmental, spiritual practice that helps to create mind-body awareness (Dittmann and Freedman, 2009). Isaacs and Martinez (2004) quote yoga master T.K.V Desikachar on why a holistic philosophy is so crucial to yoga, “ However beautifully we carry out an asana [yoga pose], however flexible our body may be, if we do not achieve the integration of body, breath and mind we can hardly claim that we are doing yoga”. In addition, the spiritual aspect of holistic psychology is also carried out in yoga practice. In yoga, spirituality is about learning how to accept things the way they are; it’s about focusing less on competition and more on patience, grace, understanding, and compassion for your body (Isaacs and Martinez, 2004). Therefore, because of its focus on integration of many parts to form a whole, a therapeutic yoga intervention for eating disorders is viewed through a holistic psychology framework.

Literature Review

This literature review encompasses an in depth compilation of previous research that has been conducted on the topic of yoga for mental health and eating disorders. This literature review starts broadly, looking at the practice of yoga for mental health, and slowly narrows in on the focus of this research paper, looking at provider perspectives on yoga as an eating disorder intervention. In between the two extremes is an exploration of yoga’s versatility including impacts it has had on other serious mental health diagnoses such as depression, anxiety, and

post-traumatic stress disorder. This review then delves into how a yoga practice in a non-clinical population has been seen to influence things such as eating attitudes, body image, and self-esteem. Getting even more specific, this review then focuses on the use of yoga as an intervention for participants clinically diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder. From far-reaching to specific, all literature below explores the idea of yoga as an intervention for mental health and eating disorders. This literature review ends with a discussion of gaps in the current literature and why further research in this area is still needed.

Yoga for Mental Health and Overall Quality of Life

There are a number of studies to date that focus on practices of meditation and yoga and impacts they have on mental health (Manocha, Black, and Wilson, 2012; Chen et al., 2009; Lavey et al., 2005). Manocha, Black, and Wilson (2012) looked at physical health and mental health of 343 long-term Sahaja Yoga Meditation (SYM) practitioners in Australia compared to a normative population. Participants were given The Medical Outcomes Study Short Form 36 (MOS SF-36) that evaluated eight different domains of health: bodily pain, general health, mental health, physical functioning, emotional role limitation, physical role limitation, social functioning, and vitality. SYM practitioners scored higher than the normative population on all eight measures of health, with the largest differences occurring in mental health, role limitation-emotional, and general health. This study suggests that long-term meditative yoga has many benefits for increased quality of life, including increased mental health (Manocha, Black, and Wilson, 2012).

In another study, Chen et al. (2009) looked at yoga on mental health, health, and sleep quality in older adults in Kaohsiung, Taiwan. The researcher assigned 128 participants age 60

and older to either an experimental group that implemented six months of sliver yoga exercise classes or a wait-list control group. Participants were given a Pittsburgh Sleep Quality Index (PSQI), Taiwanese Depression Questionnaire (TDQ), and a SF-12 Healthy Survey. Following six months of intervention, results showed that participants in the experimental group scored higher than the control group in subjective sleep quality, physical health perception, and mental health perception. Results from this study further support the influential nature of yoga on the mind and the body (Chen et al., 2009).

Lavey et al (2005), looked at the intervention of yoga on mood with 113 individuals in psychiatric inpatient levels of care. Participants were given a Profile of Mood States (POMS) questionnaire before and after completing a 45-minute Hatha Yoga session. These individuals were assessed on six negative mood factors including tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia, confusion-bewilderment, and vigor-activity. Differences in the POMS questionnaire before and after a yoga session showed statistically significant improvements in all five negative mood factors except vigor-activity (Lavey et al., 2005). Findings above are very important because they suggest effectiveness of yoga for severe mental health diagnoses (Lavey et al., 2005).

The fact that meditation and yoga practice can increase mental health and overall quality of life is important to this study because eating disorders are a mental health diagnosis. Furthermore, the fact that yoga has been found as beneficial across different populations (elderly and psychiatric inpatient levels of care) is also influential for this study because eating disorders are diverse; they have different levels of severity and span across varying genders, classes, ethnicities, sexual orientations, and ages (The Emily Program, 2013).

Yoga with Depression, Anxiety, and PTSD

In addition to overall mental health, there is research that explores the effects of yoga on specific mental health diagnoses such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Shapiro et al., 2007; Javnbakht, Kenari, and Ghasemi, 2009; Telles, Naveen & Dash, 2007). Such research complements this study because depression and anxiety diagnoses are frequently found to co-occur with eating disorders. Specifically, depressive features highly correlate with binge eating, and anxiety features highly correlate with people who restrict their food intake (Fairburn, 2008). This is to such a degree that The National Association of Anorexia Nervosa and Associated Disorders (2013) reports that 50% of people with eating disorders also meet the criteria for depression. In addition, a significant amount of people who have developed eating disorders often struggle with PTSD from a history of trauma. In fact, Mitchel et al. (2012) cited a population-based National Women's Study that found 36.9 percent of participants with bulimia nervosa, 21 percent with binge eating disorder, and 11.8 percent of participants with EDNOS or anorexia nervosa met criteria for lifetime PTSD.

Shapiro et al. (2007) views yoga as a complementary treatment for individuals diagnosed with unipolar major depression in partial remission. In the study, 17 men and women participated in 20 classes of Iyengar yoga. Participants were assessed for biological, emotional, and psychological symptoms related to depression pre- and post-intervention both via surveys and diagnostic interviews. In addition, participants were asked to rate their mood before and after each yoga class. Results showed significant reductions for depression, anger, anxiety, neurotic symptoms, and low rate heart variability. Furthermore, 11 of the 17 participants showed significant remission levels following the 20 yoga classes. Finally, participants reported improved mood states following each yoga class. The study is a great example of how yoga can

be used as a clinical treatment intervention, having positive effects on depression and anxiety both short-term and long-term (Shapiro et al., 2007).

Another study looks at a yoga intervention for women with anxiety. Javnbakht, Kenari, and Ghasemi (2009) randomly conducted a study with 65 women who were referred to a yoga clinic for symptoms of anxiety and depression. The women were randomly assigned to either a control group where participants were assigned to a waiting list or an experimental group where participants engaged in 90-minute yoga classes twice a week for two months. A personal information questionnaire, Beck depression inventory, and Spielberger state-trait anxiety inventory were given to participants both before (pre-test) and after (post-test) the two-month yoga intervention. Results showed that women in the experimental yoga group showed significant decreases in state anxiety and trait anxiety from pre to post-test. Results also showed a decrease in depression, although at clinically insignificant levels. These results are instrumental because they support yoga as a positive intervention for women with anxiety disorders (Javnbakht, Kenari, and Ghasemi, 2009).

Additional literature looks at the use of yoga in treatment of post-traumatic stress disorder (PTSD). Telles, Naveen, and Dash (2007) look at the effects of yoga on symptoms of tsunami survivors in the Andaman Islands. A group of forty-seven tsunami survivors participated in Vivekananda yoga for one week. Participants were assessed in the areas of self-reported fear, sadness, anxiety, and disturbed sleep, all common symptoms of PTSD. Following the yoga program participants showed significant decreases in self-rated fear, anxiety, sadness, sleep disturbance and decreases in heart rate and breath rate. This supports the hypothesis that a short yoga intervention may decrease negative symptoms in people experiencing PTSD (Telles, Naveen & Dash, 2007).

These studies re-iterate the benefits of yoga for specific mental health diagnoses that co-occur with eating disorders. In other words, empirical evidence supports yoga's effectiveness for depressive, anxiety, and PTSD features that further complicate eating disorder psychopathology. Therefore, by aiding in treating these co-morbid diagnoses, yoga has increased promise as an adjunctive eating disorder intervention.

Impact of Yoga on Body Image and Eating Attitudes

In addition to impacting mental health diagnoses that co-occur with eating disorders, other literature looks at how yoga influences body image and eating attitudes in a general population. This literature is important to this study because people with eating disorders often over-evaluate shape and weight and obsess about eating behaviors (Fairburn, 2008).

Neumark-Sztainer et al. (2010) looks at the effect of the mind-body practices of yoga and Pilates on body dissatisfaction and disordered-eating habits. In the study, 1,030 men and 1,257 women, mean 25.3 years of age, completed online or paper versions of the project Eat III survey in addition to questions about whether or not participants engaged in Yoga or Pilates. The survey also asked questions concerning body dissatisfaction and disordered eating habits such as unhealthy and extreme weight control behaviors and binge eating. The study found that young women who reported doing Yoga or Pilates were less likely to report body dissatisfaction and extreme weight control behaviors although did not differ significantly on binge eating habits than non-participants. Among men no significant differences were found among those who participated in Yoga or Pilates and non-participants. These findings propose that, in women, participation in Yoga or Pilates may lead to decreased body dissatisfaction and extreme weight control behaviors. These findings are important because both body dissatisfaction and extreme

weight control are often thoughts and behaviors associated with eating disorders (Neumark-Sztainer et al., 2010).

In addition to looking at the impact of Yoga and Pilates on eating disorder thoughts and symptoms, further literature looks at Yoga specifically. Daubenmier (2005) looks at how participation in Yoga affects body awareness, body responsiveness, self-objectification, and body satisfaction. The literature describes body awareness as the capability to notice felt bodily sensations, body responsiveness as the capability to listen to bodily sensations for guidance, and self-objectification as a way of viewing one's self that focuses more on appearances rather than feelings. In this study, 138 women, mean age of 37.16, split into three groups: a yoga group, an aerobic exercisers group, and a control group. Participants were given surveys that measured extent of exercise participation, body awareness, body responsiveness, self-objectification, body satisfaction, and eating disorder symptomatology. Results showed that Yoga participants reported significantly greater body awareness, responsiveness, satisfaction, and less self-objectification than aerobics and control groups. The Yoga group also reported lower scores associated with anorexia nervosa and bulimia nervosa symptomatology. These results are very important because they suggest that Yoga decreases eating disorder risk factors including self-objectification and increases eating disorder protective factors including body awareness, responsiveness, and satisfaction, and it does so at higher rates than aerobic exercise or no exercise (Daubenmier, 2005).

In addition to quantitative studies, additional qualitative studies look at how yoga impacts negative beliefs women hold about themselves, their bodies, and eating. Dittmann and Freedman (2009) recruited 196 women from yoga studios and fitness centers in a West Coast metropolitan area. All women were seasonal yoga practitioners with an average practice of 12.1 years. The

women were all given initial questionnaires that looked at variables related to body awareness, intuitive eating, spirituality, and reasons for practicing. From the initial survey 18 women who reported history with disordered eating attitudes and body image dissatisfaction were chosen to participate in non-scripted phone interviews to further examine how yoga affected their relationship with food and body image. Results show that yoga helped the women in reclaiming propriety of the body, rediscovering the body as a functional unit, respecting the body through appropriate diet and exercise, exhibiting kindness towards the body through words and thoughts, and finding tools for transformation (Dittmann and Freedman, 2009). This study is important because it suggests themes for how a regular yoga practice can be beneficial for women with histories of eating and body image issues.

This section supports the potential of yoga for increasing healthier body image and eating attitudes. Even more, above studies suggests that a regular yoga practice may help women further respect and connect with their bodies. Although done with a general population, such research suggests that yoga may have promising applications for the clinical eating disorder population that struggles with similar thoughts and behaviors around food and body.

Use of Yoga in Treatment of Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder

Above literature demonstrates how a regular yoga practice can influence thoughts and behaviors related to eating attitudes and body image. Additional research looks at the use of yoga as an adjunctive treatment for people suffering from diagnosed eating disorders. Cook-Cottone, Beck, and Kane (2008) looks at the attunement of mind, body, and relationship (AMBR) program, using yoga to represent the body aspect of the program. In the study, 29

female volunteers that averaged 20 years of age were all diagnosed as having anorexia nervosa or bulimia based on the *Diagnostic and Statistical Manual of Mental Health Disorders-IV*. Participants took part in Wellness Group Sessions that lasted two hours per week for eight weeks. The Wellness Group Sessions included a fifty minute body component (Yoga), a forty-five minute mind component (content session that addressed eating disorders topics), and a fifteen minute integration piece that encompassed both mind and body components (meditation). Based on comparisons of pre-tests and post-tests for the 24 participants who completed the program, overall there was a reduction in self-reported body dissatisfaction and drive for thinness. This experiment shows that Yoga in combination with mind and integration pieces may be effective in reducing body dissatisfaction and drive for thinness for women with diagnosed anorexia nervosa or bulimia nervosa (Cook-Cottone, Beck, and Kane, 2008).

Additional literature looks at Yoga used as a part of standardized treatment of anorexia nervosa and bulimia nervosa. Carei, Fyfe-Johnson, Breuner, and Brown (2009) looks at individualized yoga treatment for adolescents receiving outpatient care for diagnosed eating disorders. In the study, 50 girls and three boys diagnosed with anorexia or bulimia characterized by the *Diagnostic Statistical Manuel of Mental Disorders-IV* were randomized into a standard care group and a yoga plus standard care group. Both groups saw a physician and dietician every other week for eight weeks with the difference being that the yoga plus group received 1 hour of yoga twice a week (1:1 instruction). Participants were tested both before and after treatment given Beck Depression Inventory, State-Trait Anxiety Inventory, and Eating Disorder Examination Test (EDE) that had added questions on food preoccupation. Results showed that participants in both groups decreased in anxiety and depression, EDE, and food preoccupation scores through week nine. However, during the follow-up, participants in the standard care plus

yoga group had continued to decrease in EDE and food preoccupation scores while participants in the standard care regressed to baselines. Therefore, results suggest that yoga may help to reduce and stabilize symptoms of eating disorders including food preoccupation. The findings of this study are important because they support yoga in aiding treatment of adolescents with Anorexia Nervosa and Bulimia Nervosa (Carei, Fyfe-Johnson, Breuner, and Brown, 2009).

In addition to the use of yoga for treatment of Anorexia and Bulimia, McIver, McGatland, and O'Halloran (2009) looks at yoga in the treatment of Binge Eating Disorder. In the study women who self-identified as having binge eating disorder were assigned to either a 12-week yoga treatment program for binge eating or a wait-list control group. The yoga treatment group consisted of 25 women who participated in 12 weekly, one-hour sessions that included a meditation component for mindful eating. The women were also given a compact disc (CD) that featured a similar yoga session and were encouraged to continue practice at home. Throughout 12 weeks, women in the yoga group were encouraged to self-reflect on their thoughts, feelings, observations, and insights in a personal journal. Results from an existential-phenomenological inquiry of 20 completed journals found an over-arching theme of disconnection versus connection. That is women who participated in the yoga group found a new connection and present moment awareness related to food and their bodies. These women reported feeling more empowered by and positive towards their physical wellbeing. Women who participated in the yoga group reported reduced food intake, decreased eating speed, and healthier eating choices. The findings of this study support yoga as a therapeutic intervention for women with Binge Eating Disorder (McIver, McGatland, and O'Halloran, 2009).

This section is important to this study because it suggests yoga as an effective intervention for various eating disorder diagnoses including anorexia nervosa, bulimia nervosa,

and binge eating disorder. Above studies found that within these eating disorder populations, yoga helps to decrease eating disorder symptoms such as food pre-occupation, body dissatisfaction, drive for thinness, and harmful eating behaviors. Furthermore, above studies found that yoga might help people with diagnosed eating disorders increase self-reflection and improve present moment feeling through the body. These studies provide empirical support for why yoga instructors and therapists might use yoga in eating disorder treatment.

Practitioner Perspectives of Yoga and Eating Disorders

Studies above look at how yoga has been beneficial for mental health, eating attitudes, body image, and as treatment for diagnosed eating disorders, mostly from perspectives of those participating in yoga. Other literature briefly looks at practitioner perspectives about why and how yoga is beneficial and specific modifications that must be considered when using yoga with the eating disorder population.

Wyer (2001) describes the perspective of a seasoned yoga teacher who practices yoga with eating disorder clients at Monte Nido residential treatment center in Malibu, California. The author quotes the teacher's view about the structure of yoga classes, "You can't plan what you're going to do; you have to be open to the girls' moods and behaviors. It's really not about doing poses, it's more about getting the mind and body in balance again, and sometimes that means not doing yoga at all" (Wyer, 2001, p. 71). Wyer (2001) also reports on why the teacher believes that yoga is effective. She states that yoga is a process and different way for clients to experience exercise that is not focused on controlling weight but on learning to feel, accept, trust, and gain more confidence in their bodies. This literature is important because it looks at how yoga can be a unique experience for people struggling with eating disorders.

In another article, Douglass (2009) quotes many yoga practitioners on ideas that should be considered when using yoga with eating disorders. Douglass (2009) describes that, overall, clinicians view yoga as a positive intervention for eating disorders. However, she claims that practicing yoga with this population can be very complicated. She describes how many people can become overwhelmed and irritated by the discomfoting feeling of becoming more aware of their bodies. In addition Douglass discusses how the yoga practice differs for different levels of care. She discusses how yoga in a residential setting is slow paced, basically “moving meditation” (Douglass, 2009, p. 129). She goes on to discuss how yoga for outpatient clients can be dangerous because it can more closely resemble exercise, tempting people with a new form of symptom. Overall, Douglass supports yoga as a somatic, adjunctive intervention. However, she warns that treatment facilities to hire with caution, “The yoga teacher [...] needs to be able to significantly adapt the practices to varying health needs and to be comfortable when students adapt the practice to meet their own needs” (Douglass, 2009, p. 130). This article is important because it shows that yoga practiced with the eating disorder population must be applied with caution.

This section closely resembles my research question because it looks at practitioner perspectives for unique application of yoga for eating disorders. It also briefly focuses on why practitioners believe yoga is effective with an eating disorder population. However, above literature, while helpful, is not the product of controlled research and therefore lacks empirical validation. Research in this area is needed to further support yoga as an eating disorder intervention.

Gaps in the Literature

Eating disorders are a huge concern for many people in our society. Above studies show that yoga and yoga techniques look very promising for positively effecting mental health, eating attitudes, body image, and eating disorder treatment. However, gaps in the research still exist. First, studies that look at the effects of yoga for eating disorder treatment are limited and warrant more research. Second, in addition to looking at the benefits of yoga, gaps exist in exploring how yoga is implemented in actual practice with eating disorders. In other words, there is a need for research on practice specifics such as how yoga is applied, variances that exist for different eating disorder diagnoses, caution to be taken, how it's impacting clients, and proper training of yoga instructors. Douglass (2009) discusses this gap in the research, "It is a common prescription for therapists who work with eating disorders to prescribe yoga and suggest and encourage people to go to it; but I don't think that we, as a profession, are very well informed about the kinds of yoga that would be helpful to our clients. What is effective? What's not effective? What kind of yoga do we want them to do and why?" (p. 127). This study aimed to address these gaps by conducting an empirical, qualitative study that looked at multiple practitioner perspectives about yoga as an intervention with eating disorders. Through examination of clinician interviews, this study looked to answer the research question: How do yoga instructors and therapists effectively use yoga to benefit clients with eating disorders?

Methods

Research Design

This research design aimed to explore perspectives of yoga instructors and therapists on using yoga as a clinical intervention with the eating disorder population. In order to conduct this research, the methodology used was a qualitative study with semi-structured interviews. The

purpose of using a qualitative method was to gain a deeper understanding of personal experiences through words, pictures, narratives, and descriptions (Monette, Sullivan & DeJong, 2011). This research design was well suited for this research question because it was interested in the subjective experiences of practitioners. The semi-structured interviews referred to a specific topic and standard set of questions but remained open for participants to expand on existing questions as well as prompt new questions (Monette, Sullivan & DeJong, 2011). This approach kept participants focused on the topic of yoga with eating disorders while leaving them space to tell their story.

Sample & Recruitment

The target population for this study was eating disorder providers including yoga instructors and therapists who have used or witnessed yoga as an intervention for clients struggling with eating disorders. Yoga instructors included in this sample had to be certified yoga instructors and therapists had to be licensed clinical social workers, marriage and family therapists, professional counselors, or psychologists. The study targeted this population because they had detailed, personal experiences of witnessing yoga being used with clients struggling with eating disorders.

This study aimed to recruit ten participants from two local agencies that provided treatment for individuals struggling with eating disorders. The agencies were approached in order to recruit from their pool of staff. The researcher had a work affiliation with one of the local agencies. Therefore, no participants were recruited from the location where the researcher was employed.

Once permission from these agencies was granted, the researcher sought out access to staff contact information. The researcher did this by asking agencies for email addresses and phone numbers of all known staff who had experience with yoga interventions or who were currently working within yoga programming at the agency. Staff were then contacted via phone and email (See Appendix A). Once contacted, the researcher briefly explained to staff members the purpose of the study and research design. In addition, staff were offered a five-dollar Caribou Coffee gift card as an incentive for their participation.

Participants who expressed interest in participating were asked to set up an interview that took place at a private area in a public location where the participant felt comfortable. The researcher dually served as the sole interviewer. The interview began with the researcher giving a verbal and written explanation of the informed consent (Appendix B). The researcher then asked the interview questions. All interviews were audiotaped and transcribed by the researcher. Once transcribed the interviews were analyzed and coded for themes.

Protection of Human Subjects

In order to ensure the protection of participants in the parameters of this research, approval was sought from the International Review Board (IRB). Furthermore, a consent form was given to participants prior to the interview (Appendix B). The consent form stated the purpose of the study, a detailed description of the study procedure, and risks and benefits of the study.

In addition to IRB approval and signing a consent form, the participant was reminded that the study was voluntary and therefore they had the right to refute any question or stop the interview at any time. Furthermore, the participant was assured that records of this study and

identifying information would all be kept confidential and deleted or shredded following completion of the study. To uphold anonymity of participants, the study did not recruit or use staff members from the agency cite location where the researcher was employed.

Data Collection

Data was collected via face-to-face, semi-structured interviews that were 30-60 minutes in length. The interview encompassed but was not limited to five open ended questions (See Appendix C).

Prior to constructing interview questions, the researcher completed a reflexivity statement to explore personal feelings, values, and experiences related to the topic of research. The purpose of this exercise was to embrace subjectivity while simultaneously controlling for researcher bias (Valandra, 2013). Initially a large compilation of questions was created from ideas expressed in the reflexivity statement and gaps found in the current literature on yoga and eating disorders. This long list of questions was then grouped into five broader questions to be used in the interviews (See Appendix C).

The five questions that emerged from the reflexivity statement and literature review (Wyer 2001; Douglass 2009) aimed for a full picture of a practitioner's experience with yoga as an eating disorder intervention. The first question asked about personal experience that the participant had or has with yoga. The second question asked for the participant's perspective on why yoga is being used with eating disorders. The third question asked how the participant has seen or used yoga as an intervention with eating disorders. The fourth question asked about things professionals should consider when using yoga with the eating disorder population.

Finally, the fifth question asked how the participants have seen yoga as effective or ineffective for this population.

Data Analysis

The interview transcripts were analyzed using content analysis. This content analysis applied “a careful, detailed, and systematic examination and interpretation of a particular body of material in order to identify patterns, themes, biases, and meanings” (Berg, 2009, p. 38). In using content analysis, the researcher used open coding to analyze the interview transcript. This open coding used “unrestricted coding to produce concepts and dimensions that fit the data fairly well” (Monette, Sullivan & DeJong, 2011, p. 438). In using open coding, the researcher identified emerging concepts within the transcribed text. When alike concepts were found they were grouped into themes. Finally, relevant themes were applied to the initial research question: How do yoga instructors and therapists effectively use yoga to benefit clients with eating disorders?

Hypothesis

I hypothesized that the data would show a theme that yoga was an effective intervention for working with the eating disorder population. This hypothesis was based off previous literature that demonstrates that yoga helps to minimize eating disorder related symptoms for anorexia nervosa and bulimia nervosa (Carei, Fyfe-Johnson, Breuner, and Brown, 2009) and for binge eating disorder (McIver, McGartland, and O’Halloran, 2009). I also hypothesized that data would show that the type of yoga used with the eating disorder population is gentle, meditative, and modified to fit the needs of every individual client. This hypothesis was based on previous literature which states that yoga is more about getting the mind and body in balance

than doing physical poses (Wyer, 2011) and that yoga needs to be adapted and practiced with care to meet all physical health needs (Douglass, 2009).

Strengths and Limitations

This study contained a few limitations. First, because interviews were more time consuming (Monnette, Sullivan & DeJong, 2011), it was more difficult for the researcher to recruit and interview a large sample; the sample was small compared to quantitative studies and the researcher only recruited eight participants where the goal was to recruit ten. Second, while it would have been ideal to only include practitioners who have used yoga as an intervention for eating disorders, the sample was widened to also include practitioners who have witnessed yoga as an intervention for eating disorders. This was done to increase the likelihood of recruiting a greater number of participants. This was a limitation because those who used yoga as an intervention for eating disorders versus those who saw yoga used as an intervention for eating disorders may have had differing perspectives. Third, the sample only included practitioners from Minnesota, limiting the generalization of results. Finally, interviewer bias was also a limitation. Interviewer bias is when “interviewers may misinterpret or miss-record something because of their personal feelings about the topic” (Monnette, Sullivan & DeJong, 2011, p. 186). This was a concern because the researcher worked as a therapy intern in the eating disorder field and had a family history with eating disorders.

This study also had many strengths. This study collected personal perspectives from eight practitioners who have an experience with yoga as an intervention for eating disorders. Through semi-structured interviews and open-ended questions, participants were able to fully share their stories. The questions asked by the researcher in the interviews added strength to this

study because they targeted how to use yoga with the eating disorder population, which was a gap in the literature. This collection of practitioner experiences and answers to these questions is important to the field of clinical social work because yoga may be a helpful tool for the treatment of eating disorders and maintenance of recovery. A main reason yoga could be so valuable is because it is a less expensive and less stigmatizing intervention that empowers people by allowing them to continue work outside of the therapy office (Ryan, 2012).

Results

Eight semi-structured interviews were conducted between March 1, 2014 and March 26, 2014. Seven respondents were female, and one respondent was male. Three of the respondents interviewed were Licensed Psychologists (LPs), two were Licensed Marriage and Family Therapists (LMFTs), and one was a Licensed Clinical Social Worker (LCSW). The last two were licensed yoga instructors, one who also had a bachelor's degree in social work and the other who was working towards their masters in clinical social work. Seven of the respondents came from one eating disorder agency and the one came from a different mental health agency that focused on mind-body interventions. The majority of respondents worked with eating disorder clients at an outpatient or inpatient level of care. One respondent worked at a residential level of care. All respondents had experience seeing or using yoga as a part of an eating disorder intervention. The following includes seven of the most common themes that emerged in the interviews with respondents.

“A Mindful Experience of the Body”

The first theme that emerged related to respondent's perspective on why yoga is being used as an intervention in the treatment of eating disorders. The theme that emerged was that

yoga helps people practice mindfulness. This practice of mindfulness is beneficial for eating disorder clients because they struggle with a cognitive disorder that often keeps them trapped in their critical thoughts. Many respondents suggested that yoga helps people obsess less about their thoughts by bringing them into the present moment. This practice of being in the present moment allows them to experience their body in a non-judgmental way.

“I think that yoga specifically with an eating disorder population is really important because it allows them to get out of their head or attempt to get out of their head and try and experience something in their body and experience their bodies and feeling their bodies in different ways even if it’s for a brief moment of releasing some judgment of what their body can and can’t do.”

By offering people an opportunity to focus less on their thoughts and experience their body in a non-judgmental way, yoga helps people to re-integrate the body with the mind. Many respondents discussed this idea to be important because the eating disorder population often suffers from a significant mind-body disconnect that keeps them from feeling their body. The mindfulness aspect of yoga opens people up to emotional and somatic sensations in the body, allowing them to bring awareness to how their body feels. Once people are able to explore how they feel in their body, it is hopeful that they can then put a narrative to that experience.

Through this narrative, yoga helps to connect the body to the mind.

“I think the idea is that in eating disorders there’s a disconnect between the body and so they can keep us in our heads [...] and not notice what I’m actually feeling. [...] So it’s a way to integrate that and be present in your body”

“I don’t call it yoga. I usually call it mindfulness based relaxation techniques and observation to access certain emotions but using the body as a container to do that.”

“So when a client can’t communicate through say processing we have to work in reverse often through the body and bridge the gap. Once they gap is bridged it is hopeful that clients can then get to a place where they can communicate about it.”

The theme “a mindful experience of the body” was an important theme for why yoga is being used with an eating disorder population that was identified by all eight respondents. The

researcher identified this theme through the following codes that emerged a total of 98 times: being present, pushing thoughts and intellectualization aside, experiencing the body, mind-body disconnect, less analyzing, non-judgmental. In summary the main idea is that yoga gives people a way to practice mindfulness in their body: coming away from their thoughts, feeling their emotions and bodily sensations, and then putting words to that experience.

“The Power of Yoga Philosophy”

The next theme that emerged also related to respondent’s perspective on why yoga is being used as an intervention in the treatment of eating disorders. The theme that emerged was that yoga has a powerful philosophy for the eating disorder population. Many respondents suggested that yoga philosophy is helpful for this population because people often internalize cultural messages and values that can be harmful and hindering to recovery. Some of these cultural messages and values that emerged included: working harder, striving for perfectionism, ignoring pain, and prizing appearance. Respondents suggested that yoga is useful for challenging some of these cultural messages.

“The principles of yoga challenge eating disorder thoughts by their very nature.”

Yoga helps challenge these harmful internalized beliefs by encouraging people to incorporate a non-harming perspective. Through this perspective, yoga inspires people struggling with eating disorders to practice gentleness and kindness towards the body, listening to the body, and feeling the body.

“Yoga really helps incorporate the kindness and gentleness towards the body because you know yoga comes from a non-harming place and that is helpful for people to practice that.”

“[...] Helping people to not push themselves because our culture would have you push through it, just push through the pain do it anyway, ignore pain, pain is gain. So we are trying to challenge those cultural messages and say actually listening to your body is part of the goal.”

“Can you re-direct away from what do I look like and what is the right way to do this? Principles and philosophy of yoga help to shift away from all of those really idealized paradigms into what am I feeling right now?”

The theme “the power of yoga philosophy” was an important theme for why yoga is being used with an eating disorder population that was identified by many of the respondents. The researcher identified this theme through the following codes that emerged a total of 74 times: challenging paradigms, Western culture, body image, controlling the body, perfectionism, shifting away from appearance, self-compassion, and kindness towards the body. To conclude, yoga philosophy encourages people to appreciate and listen to their body and to practice self-compassion for where they are at. This helps people shift away from harsh expectations and internalized beliefs, often condemned by Westernized culture, that keep them stuck in their eating disorder.

“Partnered with Therapy”

The third theme that emerged related to respondents’ perspectives on how yoga is being used as an eating disorder intervention. The theme that emerged was the importance of providing therapy in conjunction with yoga. The therapy component is important for helping people in eating disorder treatment process their body experience during the yoga so they can work on re-connecting the body to the mind. Respondents suggested that yoga brings up a lot of stuff for people and so it is important that they are able to talk about that stuff in a supportive environment. Respondents suggested that it is helpful to provide this therapeutic support both in the moment and outside of the yoga practice. First, it is helpful to provide an in the moment therapeutic intervention briefly following yoga so people can build awareness around emotions

and sensations that came up during their yoga practice. Therapists might encourage this awareness through the use of sensory or feeling words.

“So it’s 60 minutes of yoga and 30 minutes of a therapeutic check-in where its less analyzing and more asking questions, I would ask of what their experience was on the mat, I might have them use sensory words like fuzzy or tightness in my chest or I felt pressure in my stomach so we are encouraging them to be more sensory rather than cognitive which is really different than how a normal process group usually looks. I think it’s good because it helps people notice and name what they’re feeling, sensations and emotions and things like that”.

Second, respondents suggested that it is also important to provide eating disorder clients with individual therapy outside the yoga room. This is important because sometimes emotions and feelings for people don’t surface until after the yoga intervention is over. A couple respondents discussed encouraging clients to journal following yoga and then bring that to therapy. Individual therapy then gives people a place to process about what came up for them following yoga in depth and in relation to their eating disorder recovery.

“Yoga is a mind-body practice, part of the mind is also seeing a therapist and I think all of those pieces come into it.”

“Most people also have individual therapy if they’re in a yoga group because it brings up so much they really need additional support. “

“Sometimes people have a hard time acknowledging what the moment is but they might come back and say I left and started crying and went and journaled for awhile to see what was coming up for me, we might then encourage people to bring that to their individual therapist.”

The theme “partnered with therapy” was an important theme related to how yoga is being used as an eating disorder intervention. The researcher identified this theme through the following codes that emerged a total of 75 times: talk about their experience, stuff comes up, support, verbalizing, check-in, in the moment intervention, process about sensations and feelings, eating disorder thoughts get triggered, individual therapist. The underlying idea of this theme is that yoga triggers emotions, sensations, and thoughts and it is important for people in eating

disorder treatment to have support in talking about their experience both inside and outside of the yoga intervention.

“A Careful and Thoughtful Use of Yoga”

The fourth theme that emerged also related to respondents' perspectives on how yoga is being used as an eating disorder intervention. The theme that emerged was using yoga in a way that carefully and thoughtfully considers needs of the eating disorder population and of each individual in treatment. Respondents suggested that the type of yoga matters when using yoga as an intervention for eating disorder treatment. More specifically, results suggested that using a more meditative, gentle, and restorative type of yoga is often most beneficial for people in eating disorder treatment. A more restorative type of yoga makes sense for this population because people with eating disorders are often already beating themselves up and overworking in their life. Therefore, a more gentle type of yoga allows people to slow down, notice feelings and sensations, practice resting in their body, and practice a non-harming yoga philosophy.

“I really believe in restorative work especially as a foundation because people who are coming in who are needing help are overworking already like they've just beating themselves up one way or another and overworking their life and coming back into the body does not mean doing a bunch of vinyasa. It's about how do you be with the your anxiety and then feel the support and be in the space and it doesn't have to be right in your face but maybe it's in the same room.”

While a restorative type of yoga is often used in eating disorder treatment, some respondents suggested that if people are further along in treatment they might be able utilize a more active type of yoga. These respondents suggested that eating disorder clients who are in later stages of recovery have greater insight and therefore can healthily and effectively practice yoga postures that are a little more intense.

“They have to be sort of in mid to late phase of their eating disorder treatment so they simply have gained a greater level of insight about how their mind works. So we do a

little more intense postures but the clients are sort of able to see the metaphor and really the distinction between mind and body and they are able to make the shift.”

While there wasn't complete agreement from respondents about whether or not a more active type of yoga is a beneficial thing for the eating disorder population (some respondents were strongly against the idea and some were more open to it), all respondents were in agreement that a yoga intervention should be chosen depending on each individual and what works best for them.

“We determine what type of movement is appropriate for their body for their restoration process or wherever they are in their treatment so meditative classes we don't even stand at all we're on our mat, we sit, we stand on our knees or on all fours, it's more gentle movement, gentle stretching and in the active class is we do more balances, it's still gentle though and we don't do an intense workout by any means it's just maybe more up and down movement.”

The theme “a careful and thoughtful use of yoga” was an important theme that emerged related to how yoga is being used as an eating disorder intervention. The researcher identified this theme through the following codes that emerged a total of 83 times: meditative, gentle, restorative, yin yoga, more active, assessment, individual needs, length of time in treatment, over-exercising concerns, medical stability. To summarize, the central idea of this theme is that the type of yoga used in eating disorder treatment is often gentle but may also be more active depending on the individual and where they are at in their recovery journey.

“A Personal Yoga Practice”

The fifth theme that emerged related to respondents' perspectives on considerations to keep in mind when using yoga with the eating disorder population. The theme that emerged was the importance of practitioners having their own yoga practice or experience with yoga when using yoga as an intervention for eating disorders. Many respondents discussed having their own

personal practice with yoga that has been helpful in their lives and influential for how they use a yoga intervention with eating disorder clients.

“It initially worked for me as far as dealing with a lot of heaviness of what you do as a therapist. And so that’s kind of what got me into the experience of doing a yoga group so I do bring in my personal experience with yoga, I bring it into the room.”

“Well I think it’s important to have your own practice and I mean you wouldn’t need to know everything but I think it would be helpful to know the experience and know the philosophy of yoga.”

A couple respondents suggested that yoga might not be as beneficial of an intervention if you are a practitioner and haven’t experienced yoga in your own life. It was suggested that it is important to have this experience of yoga in your own body so you can share what you find and share in the experience with clients.

“If you’re going to teach mindfulness or yoga or whatever you got to know what it’s like, don’t teach anything you’re not practicing, even if you know it and you haven’t practiced in awhile, you need to practice it on your own and bring what you find, so really trying to relate that and pass on this experience, otherwise it has nothing to travel on.”

The theme “a personal yoga practice” was an important theme that emerged related to things to consider when using yoga as an eating disorder intervention. The researcher identified this theme through the following codes that emerged a total of 37 times: own practice, personal experience, knowing yoga in your own body, sharing your experience, understanding benefits and challenges, knowing philosophy, helping people navigate. Overall, the idea in this theme that emerged is that if you’re a practitioner using yoga with eating disorder clients it is helpful to have some kind of personal experience with yoga.

“Safety Comes First”

The sixth theme that emerged also addressed perspectives on considerations to keep in mind when using yoga with the eating disorder population. The theme that emerged was the

importance of making clients feel safe while they are engaging in yoga. This theme had three subthemes: yoga preparation, assessing for trauma, and modifications.

Yoga Preparation. The sub-theme that emerged was that yoga can feel unsafe or can be anxiety provoking for people if they aren't informed ahead of time about what yoga is or how it can bring stuff up that is emotional and uncomfortable. This is especially true for the eating disorder population who already struggle with experiencing their body, feeling emotions, and resting their mind. Many respondents spoke about the power of yoga and how it can be harmful if practitioners just start doing yoga with clients without being transparent about that power.

“I think speaking directly to the power of yoga and how it can bring stuff up instead of just saying ok we're going to do yoga and a bunch of sun salutations, I would say that just doing that and not having the transparency is one of the worst things that could be happening.”

Therefore, having transparency about yoga with clients ahead of time can increase psychological safety. Respondents suggested that it helps increase psychological safety by giving clients an idea of what to expect so they aren't too surprised if yoga is hard work and brings things up for them.

“For some people yoga can initially increase their anxiety cause when they start slowing down they can be more aware of some of the mind chatter and anxiety so preparing them for that expectation that it's not going to be wonderful and they don't just walk in with only thoughts of this is going to be great, everything is going to be at peace and my mind is going to be at rest.”

Overall, the main idea in this sub-theme is that people may enter a yoga intervention with varying experience and ideas about yoga, so it is helpful for clients to have an idea of the power of yoga and how it is used specific to eating disorder treatment.

Assessing for Trauma. This sub-theme that emerged was that yoga may be helpful for people with trauma but it has to be used carefully because it may also trigger harmful trauma

responses. Respondents suggested that some yoga poses might be very triggering for people.

This idea is noteworthy because trauma can often co-occur with eating disorders.

“You need to be cautious in that it’s a very vulnerable population of eating disorders so asking them to do certain poses that for normal people in the world can function and it would not seem like it would be triggering or would be difficult for them, you have to understand that for this population it might be. Because we have a lot of residents who are meeting with a trauma therapist and doing a lot of trauma work.”

Respondents suggested that it is helpful to assess trauma before and during a yoga intervention so you can guide people through the yoga safely. This might be through helping to ground people, assisting them into less triggering poses, or checking in with them if they are having a trauma reaction.

“Yoga rooms are really prepared for helping people with grounding like they have a lot of the essential oils which the sensory can really bring you back [...] but smells of lavender, lemon, peppermint, and then they have weighted blankets which are very helpful for grounding and they have heavy balls that people can have in their hands, they have eye pillows and music but music can be triggering for some so the yoga instructors are careful about how they introduce that so they make everybody feel comfortable.”

The sub-theme “trauma assessment” is also important because respondents suggested that some people might not be ready for a yoga intervention. If people have really severe trauma and aren’t able to stay present then the yoga intervention might not be helpful. Respondents suggested that it is often necessary to help these clients with stabilization and acquiring of some grounding and regulation skills before they would be ready for a yoga intervention.

“We’ll talk about the idea of the window of tolerance it they’re overwhelmed because it’s not going to be helpful to them if they’re disengaged or disassociating. So if someone were totally overwhelmed to the point where they were shutting down or couldn’t participate, we would help them do more individual work to be ready for the group.”

To summarize, the idea of this sub-theme is that you want to be very cautious when working with clients who have a trauma history because yoga can be triggering. It is important

to assess their trauma so you can be aware of how to keep them safe inside and outside of the yoga room.

Modifications. The last sub-theme that emerged for the theme “safety comes first” was the importance of modifying yoga to fit individual physical and psychological needs. First, respondents suggested that people struggling with eating disorders may have physical limitations or may be detached from their body and therefore may not pay attention when something feels painful. Respondents suggested that especially with the binge eating disorder population, some people have difficulty with mobility or have had surgeries that make it hard to do certain poses. Respondents suggested that it is important to offer alternative poses and props so people don’t get hurt.

“Some people have had hip replacement surgery or knee replacement surgery or needing knee replacement surgery [...], we do a lot of prompts, the instructors are thoughtful about the order of things and like providing props and suggestions like maybe have them use a chair or umm different adjusting in a position or providing an alternative movement because certain people are really detached from their body, they’re not used to listening to their body for cues and so they could do too much, ignore their pain, and hurt themselves.”

In addition to offering modifications so people feel physically safe in their body, it is also important to provide modifications for psychological safety. Respondents suggested that if you don’t offer people modifications or encourage people to do yoga in a way that feels good in their body; people may get caught up in using yoga as an eating disorder symptom. This is especially important for the eating disorder population because many people struggle with the symptom of over-exercise. Respondents suggested that sometimes modifications for psychological safety include things like encouraging less versus more, introducing props, and giving people cues to rest.

“Offering them props and maybe encouraging them to do alternative poses if it doesn’t feel right. For them it might be practicing less versus more to see what feels right but I think the biggest things is continuing to remind people constantly, does this feel good in my body?”

“At the beginning of class when I do grounding and centering I gently remind that yoga is not intended to be a workout you know we are going to focus on linking breath and movement.”

The main idea of this sub-theme is that offering eating disorder clients modifications helps them to practice yoga in a way that feels physically and psychologically good in their body.

The theme “safety comes first” was an important theme that emerged related to things to consider when using yoga as an eating disorder intervention. The researcher identified this theme through the following codes that emerged a total of 155 times: transparency, prepare, no surprises, difficult yoga, challenging, trauma, emotional discomfort, distress tolerance, assessment, dissociation, safe pose, individualize, props, adjustments, accessible to everyone, chairs, physical disabilities, physical pain. Overall, the idea in this theme is that a yoga intervention can cause people in eating disorder treatment to feel unsafe if it isn’t done carefully. This theme was further divided into three sub-themes: yoga preparation, trauma assessment, and modifications. All three refer to considerations for keeping people safe during yoga.

“Benefits for Clients who are Willing”

The seventh theme that emerged addressed respondents’ perspectives on how they’ve seen yoga as effective for people in eating disorder treatment. The theme that emerged was yoga is most beneficial for eating disorder clients who have a willingness to engage in the yoga intervention. Many respondents suggested that yoga has benefits for almost anyone as long as they are open to participating in the type of yoga they are doing in treatment. In addition,

sometimes clients have to be willing to stick with yoga for an extended period of time before seeing results. However, respondents suggested that if they are willing to put in the time and make the investment that yoga might be very beneficial to their eating disorder recovery including changing their perspective on how they view themselves and their bodies.

“People who can participate appropriately in the group, well then there’s a possibility for most people in the group to have benefits. But there has to be a willingness to want to do it.”

“Change usually is occurring over people staying and being willing to complete multiple cycles of the yoga group. [...] Their whole belief system around their body can completely change depending on how long they stay and what they’re working on.”

A couple respondents also suggested that yoga might not be effective in eating disorder treatment for people who are not willing to engage because it might be negatively trying to impose it on people who aren’t ready.

“I think initially even getting clients to suspend control and step into a place of potential relaxation is very scary and threatening. [...] If they’re not at that place where they’re willing it’s kind of attempting to impose it and to varying degrees of success I’m sure.”

It is important to note that not all respondents suggested that yoga would be harmful to clients who were unwilling. One respondent suggested that she experienced yoga to be helpful for eating disorder clients who were not always open to the idea of yoga at first but had later experiences of liking it and finding it helpful.

The theme “benefits for clients who are willing” was an important theme that emerged related how yoga has been seen as effective when using it with the eating disorder population. The researcher identified this theme through the following codes that emerged a total of 90 times: accepting of yoga, not helpful when forced, beneficial for most people, treatment exposure, previous yoga experiences, like yoga, openness, willingness, not everyone likes yoga, self-select out, refuse to do it, not everyone is ready. In summary, while not all respondents were

in agreement that imposing yoga on eating disorder clients who aren't ready could be harmful, almost all respondents were in agreement that yoga is more helpful for eating disorder clients who are open and willing to participate in the yoga.

Discussion

The researcher identified seven themes in the results section that thoroughly summarize the content all eight qualitative interviews. The first two themes: “a mindful experience of the body” and “the power of yoga philosophy” provide information on why yoga is being used with an eating disorder population. The third and fourth themes: “partnered with therapy” and “careful and thoughtful use of yoga” provide information for how yoga is being used as an eating disorder intervention. The fifth and sixth themes: “a personal yoga practice” and “safety comes first” provide information on considerations to keep in mind when using yoga with the eating disorder population. Finally, the seventh theme: “benefits for clients who are willing” provides information on how yoga is seen as effective for people in eating disorder treatment. Some of the themes above have similarities to the literature review while other themes include ideas that were not present in the literature review. However, whether or not these themes were supported by previous literature, all include important ideas that are valuable to the field of eating disorders and to the field of clinical social work.

First, the theme “a mindful experience of the body” had some similarities to previous literature. More specifically, this theme found that yoga is being used in eating disorder treatment because it helps people get out of their obsessive thoughts and practice being present in the body. This theme also found that yoga might be helpful for re-integrating the body with the mind. Similarly, previous literature suggests that yoga has helped women with binge eating

disorder increase their present moment awareness and find a new connection with their bodies (McIver, McGartland, and O'Halloran, 2009). While previous literature aligns with this theme, the findings of this study are different because they result from practitioners' perspectives. Furthermore, the results of this study suggest this theme for all eating disorder diagnoses and not just for binge eating disorder.

The theme "the power of yoga philosophy" was also touched on in previous research. This study found that the non-harming philosophy of yoga could be beneficial for people struggling with eating disorders because it encourages gentleness in the body, feeling the body, and listening to the body. Comparable research suggests that yoga has helped women increase a kindness towards the body through words and thoughts (Dittman and Freedman, 2009). In addition, previous literature suggests that yoga is not focused on controlling weight but on learning to feel, accept, and trust the body (Wyer, 2001). While there are some similarities, the findings in this study are unique in that they focus on how yoga can be helpful for combatting harmful cultural messages.

The theme "careful and thoughtful use of yoga" has ties to previous literature. This study found that considering the type of yoga is important when working with the eating disorder population. More specifically this study found that a meditative, gentle, and restorative type of yoga is often best. This idea is similar to literature that suggests that yoga with eating disorders is not about the physical aspect of yoga but it's about re-balancing the mind and body (Wyer, 2001). In addition, within the theme "careful and thoughtful use of yoga" this study also found that the type of yoga used should be dependent on where someone is at in recovery. Previous literature supports this idea suggesting that yoga practice differs for different levels of care in eating disorder treatment. In addition, previous literature found that when people are at higher

levels of care, such as residential, it is often a slower paced, meditative type of yoga that is applied (Douglass, 2009).

The theme “safety comes first” similarly aligns with previous research. This study found that yoga could make eating disorder clients feel unsafe if it’s not used carefully. The sub-theme “yoga preparation” found that it is beneficial to prepare the eating disorder population for a yoga intervention because it can initially make them feel anxious and uncomfortable. Previous literature also suggests that yoga can make people struggling with eating disorders feel overwhelmed and irritated because it is requiring them to get in touch with their bodies (Douglass, 2009). While previous literature supports that people may feel anxious; findings in this study uniquely focus on the idea of preparing people for yoga ahead of time. The sub-theme “assessing trauma” is not found in previous research. While Telles, Naveen, and Dash (2007) suggest yoga as beneficial for post-traumatic stress disorder, no previous research specifically focuses on assessing eating disorder clients for trauma before and during a yoga intervention. The sub-theme “modifications” is connected to previous literature. This sub-theme found that it is important to modify yoga to fit individual needs both physically and psychologically. Douglass (2009) suggests that it is important for yoga instructors who work with eating disorders to be able to adapt the yoga practice to clients’ individual health needs.

The theme “partnered in therapy” is newer idea that emerged in this research. This study found that when using yoga with eating disorders it is helpful to use it in combination with therapy. More specifically, this study found that it is helpful to have both a mind component with the yoga and individual therapy outside of the yoga intervention. Along similar lines, Douglass (2009) suggests that yoga is supported for treatment of eating disorders when used along with other therapy and other eating disorder interventions. While this is a small

consistency, the theme “partnered in therapy” is not greatly supported in previous literature. The findings of this theme are noteworthy because they are gathered via practitioners’ that have experience using yoga and therapy together in treatment of eating disorders.

The last two themes found in this study, “a personal yoga practice” and “benefits for clients who are willing” were not addressed in the literature review. However, both themes are helpful for answering the research question: How do yoga instructors and therapists effectively use yoga to benefit clients with eating disorders? These themes offer important insight for the experience that practitioners should have when using yoga with the eating disorder population and what attitude clients need to have for yoga to be most effective.

Limitations

There are limitations that exist within this study. These limitations include minimal support from previous research, minimal diversity among respondents, no respondents who worked with adolescents, and more respondents who were therapists than yoga instructors. First, the research for yoga and eating disorders is relatively new and therefore there is not a lot of previous literature that supports the findings of this study. The themes “mindful experience of the body”, “the power of yoga philosophy”, “partnered with therapy”, “careful and thoughtful use of yoga” and sub-themes “yoga preparation” and “modifications” are only briefly supported by previous literature through one or two studies each whereas the themes “a personal yoga practice”, “benefits for clients who are willing” and sub-theme “assessing trauma” are not supported by previous literature. While all of these themes offer incredibly helpful information for applying yoga with eating disorders they warrant additional support through future research to increase their validity.

Second, the findings of this research are limited due to minimal diversity among respondents. In this study, seven out of the eight participants came from the same agency. This lack of diversity could be limiting because it is possible that participants at the same agency have similar thoughts and applications regarding yoga interventions for the eating disorder population. Future research should look at recruiting yoga instructors and therapists from multiple agencies and private practices.

Third, results from this study are limited because they don't include perspectives of practitioners who use a yoga intervention with adolescents struggling with eating disorders. Therefore, themes of this study may not fully apply when working with an adolescent population. An absence of this perspective is limiting because a majority of eating disorders begin in adolescence. In fact, the median ages for onset of all types of eating disorders is about 12-13-years-old (National Eating Disorders Association, 2013). Because it is believed that the earlier adolescents can get treatment the better the prognosis (National Eating Disorders Association, 2013), future research should focus on the effectiveness of yoga for this younger population.

Finally, findings in this study are limited because the ratio of therapist to yoga instructor respondents was skewed. This study utilized data from six therapists who have used or seen yoga with the eating disorder population and only two yoga instructors who have taught yoga as a part of an eating disorder intervention. This under-representation of yoga instructors among the respondents could be limiting because they may have different perspectives on why yoga is beneficial and how to use it effectively and safely with the eating disorder population. It is probable that yoga instructors would have more insight into poses, modifications, and language that is helpful for clients with different eating disorder diagnoses and across different levels of

care. Future research should look at utilizing an equal number of therapists and yoga instructors as respondents.

Implications

All seven themes in this study encompass valuable information that can be used in the field of clinical social work. First, the themes “a mindful experience in the body” and “the power of yoga philosophy” are important because they provide support for yoga as a beneficial intervention for the mental health field as a whole. Mindfulness is helpful because it encourages people to stay present, feel their emotions and sensations, and practice acceptance. In addition, a yoga philosophy may help people build self-esteem, self-worth, and a more positive view of the world. All of these implications are especially helpful with eating disorders as people who struggle are often obsessed with their thoughts, avoidant of their feelings, and unhappy with whom they are and what they look like. These two themes are also a good reminder for any yoga instructor who gets caught up in the physical poses of yoga, forgetting about the crucial role of the mind and accepting where one is at.

The themes “partnered with therapy”, “careful and thoughtful use of yoga”, “a personal practice with yoga”, and “safety comes first” all offer important ideas for any practitioner who wants to use yoga as a therapeutic intervention. “Partnered with therapy” is important because yoga is an experience that evokes a lot of feelings and being able to process that experience is both necessary in a mental health environment and helpful for furthering therapeutic progress. “Careful and thoughtful use of yoga” is crucial because using a type of yoga that doesn’t fit individually with a person’s needs could be harmful or hindering to their mental health. “A personal yoga practice” is important because a yoga intervention may not be as helpful if you

don't have your own practice as a practitioner. Finally, "safety comes first" is important because it is vital for all clients to feel physically, emotionally, and psychologically safe when practicing yoga. Techniques that are applicable in ensuring safety are preparing clients for yoga, assessing for trauma, and encouraging modifications. The four themes above are reminders to practitioners that yoga is a powerful tool that should be used with caution.

Lastly, the theme "benefits for clients who are willing" is an important idea for any practitioner who wants to use a yoga intervention because it gives information for clients who are most likely to benefit. If clients are willing and open to the ideas, philosophy, and structure of yoga they may acquire more benefits than people who aren't willing. Therefore, it is important to assess where someone is at in recovery before applying a therapeutic yoga intervention.

In addition to considering the themes above when using yoga in eating disorder treatment, another implication of this research is that it could be beneficial to the mental health field if there are more practitioners trained in yoga therapy. Accordingly, I think it is time to start looking at whether or not therapeutic modalities such as yoga should be required courses for clinical social work graduate programs. Sisk (2007) weighs in on this idea, "[...] [T]he social work profession has only recently jumped on the yoga bandwagon, Yoga is beginning to be included in workshops and courses in social work educational programs, providing social workers the opportunity to learn more about the health benefits of the ancient practice" (30). Some studies have shown the benefits of including yoga as part of therapy training: McCollum and Gehart (2010) found that providing mindfulness meditation courses to beginning therapy practicum students could increase self awareness and teach balance, acceptance, compassion, and the ability to be present in both their therapeutic relationships and personal lives. In

demonstrating the unique ways that yoga can serve and benefit clients who struggle with eating disorders, the study done in this paper continues to support the literature regarding the positive impact of including yoga in psychotherapy education.

Conclusion

My own experiences with yoga have been very positive. While I conducted a reflexivity statement to understand my values surrounding yoga and while I tried to remain as objective as possible, my own perspective likely had an impact on this research project. Because I have a positive perspective of yoga, that may have influenced the types of questions I asked or what I was looking for while coding my findings. This is important to note because it re-iterates that additional research is needed to acquire more support for findings.

Regardless of my own experiences or perspectives, the findings identified in this study are very important to the field of eating disorders and clinical social work. The field of eating disorders is extremely complex and as we look towards helping others, we need to be kept up to date on all the latest treatment options. Holistic health and yoga have been helping people lead healthy lives for centuries. Findings of this study along with previous literature suggest that the benefits of yoga are now being empirically supported as a helpful intervention for the treatment of eating disorders. If support continues to increase, we might attain additional valuable information for how to best apply yoga for this population in a way that works for every individual. While there is still a lot of room for growth, overall it appears that yoga has great potential for aiding in the fight against eating disorders.

References

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Anorexia Nervosa and Associated Disorders (2013). Get Information. *National Association of Anorexia Nervosa and Associated Disorders*. Retrieved October 18, 2013, from <http://www.anad.org/get-information/>.
- Berg, B. L. & Lune, H. (2012). *Qualitative research methods for the social services*. 8th Ed. Boston, MA: Allyn and Bacon.
- Black, D. & Andreasen, N. (2011). *Introductory textbook of psychiatry*. 5th Ed. Washington, DC: American Psychiatric Press.
- Boudette, R. Question and Answer: Yoga in the Treatment of Disordered Eating and Body Image Disturbance: How can the Practice of Yoga be Helpful in Recovery from an Eating Disorder? (2006). *Eating Disorders: The Journal of Treatment and Prevention*. 14(2), 167-170.
- Butryn, M. L., Juarasico, A., Shaw, J., Kerrigan, S. G., Clark, V., O'Planick, A., Forman, E. M. Mindfulness and its relationship with eating disorder symptomology (2012). *Eating Behaviors*, 14 (1). 13-16.
- Carei, R. T., Fyfe-Johnson, A. L., Breuner, C. C., Brown, M. A. Randomized Controlled Clinical Trial of Yoga in the Treatment of Eating Disorders (2009). *Journal of Adolescent Health*, 46 (2010). 346-351.

Chen, K., Chen, M., Chao, H., Hung, H., Lin, H., & Li, C. Sleep Quality, Depression State, and Health Status of Older Adults after Silver Yoga Exercises: Cluster Randomized Trial (2009). *International Journal of Nursing Studies*, 46. 154-163.

Cook-Cottone, C., Beck, M., Kane, L. Manualized-Group Treatment of Eating Disorders: Attunement in Mind, Body, and Relationship (AMBR) (2008). *The Journal for Specialists in Group Work*, 33(1). 61-83.

Crow, S.J., Peterson, C.B., Swanson, S.A., Raymond, N.C., Specker, S., Eckert, E.D., Mitchell, J.E. Increased mortality in bulimia nervosa and other eating disorders (2009). *American Journal of Psychiatry* 166, 1342-1346.

Dale, L. P., Mattison, A. M., Greenberg, K., Galen, G., Neace, W. P., Matacin, M. L. Yoga Workshop Impacts Psychological Functioning and Mood of Women With Self-Reported Eating Disorders. (2009). *Eating Disorders*, 17. 422-434.

Daubenmier, J. J. The Relationship of Yoga, Body Awareness, and Body Responsiveness to Self-Objectification and Disordered Eating (2005). *Psychology of Women Quarterly*, 29(2005). 207-219.

Dittmann, K. A., Freedman, M. R. Body Awareness, Eating Attitudes, and Spiritual Beliefs of Women Practicing Yoga. (2009). *Eating Disorders*, 17. 273-292.

Douglass, L. Thinking Through the Body: The Conceptualization of Yoga as Therapy for Individuals with Eating Disorders (2010). *Eating Disorders: The Journal of Treatment and Prevention*, 19(1). 83-96.

Douglass, L. Yoga as and Intervention in the Treatment of Eating Disorders: Does it Help?

(2009). *Eating Disorders*, 17. 126-139.

Fairburn, C. G., *Cognitive Behavior Therapy and Eating Disorders* (2008). NY: The Guilford Press.

Isaacs, N., Martinez, D. The Power of Yoga (2004). *Natural Health*, 35 (7).

Javnbakht, M., Hejazi, K. R., Ghasemi, M. Effects of yoga on depression and anxiety. (2009). *Complementary Therapies in Clinical Practice*, 15(2). 102-104.

Lavey, R., Sherman, T., Mueser, K. T., Osborne, D. D., Currier, M., Wolfe, R. The Effects of Yoga on Mood in Psychiatric Inpatients (2005). *Psychiatric Rehabilitation Journal*, 28 (4). 399-402.

Manocha, R., Black, D., & Wilson, L. Quality of Life and Functional Health Status of Long-Term Meditators (2012). *Evidence-Based Complementary and Alternative Medicine*. 1-9.

McCollum E.E, Gehart, D.R. Using Mindfulness Meditation To Teach Beginning Therapists Therapeutic Presence: A Qualitative Study (2010). *Journal of Marital and Family Therapy*, 36 (3). 347-360.

McFarlane, T., Olmsted, M.P., Trottier, K. Timing and prediction of relapse in a transdiagnostic eating disorder sample. (2008). *International Journal of Eating Disorders*, 41(7). 587-593.

McIver, S., McGartland, M., and O'Halloran, P. 'Overeating is not about the food': women describe their experience of a yoga treatment program for binge eating (2009). *Qualitative Health Research*, 19(9). 1234-1245.

Monette, D.R., Sullivan, T. J., DeJong, C. R. (2011). *Applied Social Research: A tool for the human services*. 8th Ed. Belmont, CA: Brooks/Cole, Cengage Learning.

National Eating Disorder Association (2013). General Information. *National Eating Disorder Association Feeding Hope*. Retrieved October 16, 2013, from <http://www.nationaleatingdisorders.org/general-information>.

Neumark-Sztainer, D., Eisenber, M. E., Wall, M., & Loth, K .A. Yoga and Pilates: Associations with Body Image and Disordered-Eating Behaviors in a Population-Based Sample of Young Adults (2011). *International Journal of Eating Disorders*, 44(3). 276-280.

Parker-Pope, T. An Older Generation Falls Prey to Eating Disorders: [Science Desk] (2011). *New York Times, Late Edition (East Coast)*, D.5.

Proulx, K. Experiences of Women with Bulimia Nervosa in a Mindfulness-Based Eating Disorder Treatment Group (2008). *Eating Disorders*, 16. 52-72.

Reid, M., Williams, S., Burr, J. Perspectives on Eating Disorders and Service Provision: A Qualitative Study of Healthcare Professionals. (2010). *John Wiley & Sons, Ltd and Eating Disorders Association*, 18. 390-398.

Ryan, J. Yoga for the Mind (2012). *Therapy Today*, 23(8). 14-17.

Shapiro, D., Cook, I. A., Davydov, D. M., Ottaviani, C., Leuchter A. F., Abrams, M. Yoga as a Complementary Treatment of Depression: Effects of Traits and Moods on Treatment Outcome. 2007. *The Journal of Complementary and Alternative Medicine*, 4(4). 493-502.

Sisk, J. Yoga and The Social Worker-Mantra Meets Mental Health (2007). *Social Work Today*, 7 (2). 30.

Telles, S., Naveen, K. V., & Dash, M. Yoga Reduces Symptoms of Distress in Tsunami

Survivors in the Andaman Islands (2007). *The Journal of Complementary and Alternative Medicine*, 4 (4). 503-509.

The Emily Program (2013). Our Programs. *The Emily Program Real help for eating disorders*.

Retrieved October 16, 2013, from <http://www.emilyprogram.com/our-programs/>.

Wyer, K. Mirror Image: Yoga classes at the Monte Nido clinic are changing how women with eating disorders see themselves. (2001). *Yoga Journal*, 158. 70-72.

Valandra. (2013, March 12) Personal Communication.

Appendix A. Recruiting Materials

Email and telephone transcript to be used by researcher in order to recruit research participants:

Hello,

My name is Jennifer McMahan. I am currently a clinical social work student obtaining my masters at St. Thomas University and University of St. Catherine.

I have received authorization and support from your agency in recruiting staff members for my independent research study.

In my study I am looking at yoga as an intervention in treating eating disorders. In particular, I am looking to do a qualitative study conducting interviews with practitioners who use this method with clients struggling with eating disorders.

I am trying to collect a wide, diverse pool of clinicians and was wondering if any staff members who are licensed therapists and licensed yoga instructors with experience in this area would have interest in participating. The interview would be approximately 60 minutes in length. I would also provide a 5-dollar Caribou Coffee gift card for your time and support.

I would love to talk further with you regarding your interest or curiosity.

You can email me at:

jemcmahan@stthomas.edu

Or

Call me at: 612-720-3624

I am greatly appreciative of your time!

Thank you,

Jennifer McMahan

Appendix B. Consent Form

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Yoga and Eating Disorder Treatment

I am conducting a study about using yoga as a therapeutic intervention for treating clients struggling with eating disorders. I invite you to participate in this research. You were selected as a possible participant because you are a licensed therapist or yoga instructor who has experience and knowledge about using yoga with an eating disorder population. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Jennifer McMahon, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Sarah Ferguson, Ph.D., LISW.

Background Information:

The purpose of this study is: learning more about how yoga is being used with eating disorders as well as the impacts it is having on this population. My research question is: How do yoga instructors and therapists effectively use yoga to benefit clients with eating disorders? I am looking to attain information regarding how yoga is applied with eating disorders, proper yoga training that is needed, caution that should be taken with different individuals and diagnoses, and effects practitioners are seeing with clients.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a 60-minute semi-structured interview. The interview will be an audiotaped, face-to-face interview. Participants may make requests for interview locations as long as they are conducted in a private location at a public place, such as in a conference room, library, or clinic. Information in the interview will be used to conduct an independent qualitative research study that will encompass a paper and a presentation. The study is a graduation requirement for the University of St. Thomas/St. Catherine University Masters of Social Work Program.

Risks and Benefits of Being in the Study:

There are minimal risks of participation. Risks may include uncomfortable feelings for participants as they answer questions about sensitive topics.

The study has no direct benefits. Indirect benefits include an increased understanding of how yoga can be effectively used as an intervention with people struggling with eating disorders. This is beneficial to clinical social work because yoga has the potential to be used as a really helpful therapeutic intervention.

Confidentiality:

The records of this study will be kept confidential. Research records will be kept in a locked file. I will also keep the electronic copy of the transcripts in a password-protected file on my computer. A professional transcriber who has signed a confidentiality agreement will hear audiotapes and see interview transcripts, but will not know who you are. The audiotapes and transcripts will only refer to your first name or to a pseudo name if you prefer. Findings from the transcript will be presented at a clinical research presentation event that will be hosted by St. Catherine University/University of St. Thomas. Following completion of the paper, it will be accessible through the University of St Thomas Library System. The audiotape and transcript will be destroyed by June 1, 2013.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. In addition, your relationship with your agency of employment will not be affected. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, you will be given the option of whether or not you want your previously collected data to be used in the study or deleted/destroyed. 5-dollar Caribou Coffee gift cards will be given to all participants, regardless of how many questions they answer or whether they decide to terminate the interview early.

Contacts and Questions

My name is Jennifer McMahan. You may ask any questions you have now. If you have questions later, you may contact me at 612-720-3624. You may also contact my research chair: Sarah Ferguson at 651-690-6296. You may also contact John Schmitt, St. Catherine University IRB Chair, 651-690-7739; jsschmitt@stkate.edu.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix C. Interview Questions

Yoga and Eating Disorder Treatment

Questions:

- 1) What is your personal experience with yoga?
- 2) What is your perspective on why yoga is being used as an intervention for treatment of eating disorders?
- 3) How have you used yoga as an intervention for someone struggling with an eating disorder?
- 4) What are things a professional in the field would need to know or keep in mind when practicing yoga with people struggling with eating disorders?
- 5) How have you seen yoga as effective or not effective for working clients struggling with eating disorders?

Overall the aim of these interview questions is to look at the experience of using yoga for the treatment of eating disorders from a yoga instructor/therapist's point of view. What is the process/progression they see happening, how do they see it as being effective or not effective/ useful or not useful, what are cautionary measures that need to be taken with an ED population, what are issues that arise for people doing yoga? What are examples of different individual experiences people have? What kind of training background does a yoga instructor need to have?