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Abstract

Mindfulness-based therapies are becoming increasingly common in the treatment of mental health conditions. Whilst the popularity of yoga continues to rise in Western culture little has been done to explore the psychological benefits of yoga from a qualitative, clinical perspective. The current study explores participant experiences of the 'Yoga Therapy for the Mind 8-week course' (YTFTM), an international, manualized yoga and mindfulness-based intervention for depression and anxiety. Eight female participants took part in semi-structured interviews and transcripts were analyzed using an Interpretative Phenomenological Analysis, with four master themes emerging: 'Personal Journey of Change', 'Ambivalence', 'Mind/Body Connection' and 'Group Experience'. The findings highlight potential challenges of yoga and mindfulness-based interventions and the importance of providing adequate support in overcoming these. Findings also reveal that participants experience psychological benefits from the practice of yoga asana in addition to mindfulness, such as a more holistic understanding of psychological distress, adaptive coping strategies and enhanced wellbeing.

Keywords

yoga; mindfulness; emotional regulation; depression; anxiety; mental health

Introduction

Mental health professionals are increasingly adopting 'third-wave' behavioral therapies within clinical practice. As Hayes (2004) outlines, in the early twentieth century 'first wave' behaviorism focused on changing scientifically observable behaviors in order to directly address symptoms, using behaviorist principles such as operant and classical conditioning. In the late sixties the 'second wave' incorporated the contemporary metaphor of the mind as computer, leading to a shift in focus to irrational thinking and 'faulty information processing' and the birth of Cognitive-Behavioral Therapy (CBT). In the last twenty years the 'third wave' of behavioral therapies have incorporated many Buddhist ideas about the nature of human suffering. Third-wave therapies now focus on

changing relationship to distress, through mindful, non-judgmental acceptance of internal experiences and through an enhanced capacity to tolerate distress and self-soothe. Popular examples include Mindfulness-Based Cognitive Therapy (MBCT - Segal, Williams & Teasdale 2012), Dialectic Behaviour Therapy (DBT – Linehan, 1993), Compassion-Focused Therapy (CFT – Gilbert, 2009) and Acceptance and Commitment Therapy (ACT - Hayes, 2003).

For mental health professionals with a particular interest in third-wave therapies, yoga may offer additional tools for developing affect and attentional regulation and enhancing cognitive reappraisal of difficult emotional experience. These skills can be taught to clients, developing their distress tolerance and capacity to manage symptoms more effectively. The current study aimed to explore participant experiences of the YTFTM 8-week course. Results provided insight into specific benefits and challenges participants of this intervention experienced, contributing to the expanding field of mindfulness-based therapies.

Yoga Therapy for the Mind 8-week course

The international umbrella organisation, 'The Minded Institute*'* (TMI), offers a manualized 'Yoga Therapy for the Mind 8-week course' (YTFTM 8-week course) as a complementary treatment for depression and anxiety. Combining elements of yoga, Mindfulness-Based Cognitive Therapy (MBCT), psychotherapeutic holding and neuroscience, the YTFTM 8-week course aims to help students manage their own mental health with the aim of promoting short- and long-term affect regulation, self-awareness and self-acceptance.

Each two-hour class begins with an introduction to the week's theme (see Table 1), where psychoeducation based upon TMI philosophy is provided. Students are then invited to explore this theme through standard physical yoga practice, comprising of sun salutations (a common, energising sequences of postures in Hatha and Vinyasa yoga traditions), common traditional standing postures (such as Warrior pose and triangle pose), prone and supine postures (such as cobra and corpse pose) and seated postures (such as seated twists). Themes are then further explored through a focused group activity comprising of standard yogic breathing practices (such as ujjayi and yogic three part breathing), chanting and meditation (such as mindfulness, loving-kindness and walking meditation). Each class ends with a group discussion about the students' experiences of the practice. Students are encouraged to continue practice on this theme over the following week with recommended homework practices.

Table 1. *Summary of YTFTM 8-week course themes*

Weeks 1 - 2	Emotional regulation through the breath
Weeks 3 - 5	Emotional health through the body
Weeks 6 - 8	Awareness of the mind and habitual mental habits

Literature Review

Quantitative research has pointed towards many positive effects of yoga and mindfulness-based interventions on conditions including depression, anxiety and PTSD. However, these studies have often been criticised for their small sample sizes and other methodological inadequacies (Cabral, Meyer, & Ames, 2011; Kirkwood et al., 2005; Pilkington et al., 2005; Mehta & Sharma, 2010; Baer, 2003; Hofmann et al, 2010). In a more rigorous randomised, controlled, mixed methods study, Kinser, Bourguignon, Taylor and Steeves (2013) investigated the efficacy and acceptability of a manualized yoga intervention for women diagnosed with Major Depressive Disorder (MDD). The experimental group was compared with an eight week 'Health and Wellness Program' control group and whilst both groups demonstrated significantly lower depression scores, the yoga group showed a greater reduction in rumination.

From a qualitative perspective, there has been limited research into the experience of yoga-based interventions. However, Kinser, Bourguignon, Taylor and Steeves (2013) also used a phenomenological methodology to analyze interviews and daily practice logs from the 8-week yoga intervention. Participants experienced this intervention as a useful self-care technique to cope with stress and rumination leading to a sense of empowerment, competence and greater self-acceptance. In addition, they experienced the intervention as a helpful relational technique, facilitating a sense of connectedness and shared experience with others.

A number of studies have also been conducted exploring the experience of MBCT with clinical populations, including Mason & Hargreaves (2001), Finucane & Mercer (2006), Allen et al (2009), Williams et al (2011) and Hertenstein et al (2012). Key themes reoccurring throughout these studies include: motivating factors or experiences leading participants to enrolment on courses, the acquisition of coping strategies, improved symptom management, negative experiences/struggle as well as the need for modification and a variety of practice options. The therapeutic experience of the group itself has been noted, with participants typically experiencing the group as normalizing and supportive.

These initial qualitative findings support the quantitative data, as well as TMI's assertion that yoga and mindfulness are effective therapeutic interventions for depression and anxiety in clinical populations. However, further research is required to explore the experience of yoga-based interventions with clinical populations.

Neuroscientific research suggests a number of underlying mechanisms through which yoga affects emotional wellbeing. Several authors suggest that yogic breathing (pranayama) impacts the autonomic nervous system, via the vagal nerve and limbic areas of the brain, inducing a parasympathetic 'relaxation' response (Jareth, 2006; Brown and Gerbarg, 2005; Fields, 2011).

Other authors have argued that yoga practice enhances autonomic flexibility more generally, enabling practitioners to move more efficiently out of a sympathetic 'stress response' into parasympathetic 'relaxation' response after an emotionally triggering event (Telles, 2006, 2011; Cheema, 2011).

In two ground-breaking studies, Streeter et al (2010, 2012) found that yoga practice can enhance autonomic balance through increasing the brain's major inhibitory neurotransmitter, Gamma-aminobutyric acid (GABA), often lower in mood and anxiety disorders.

Exploring the impact of yoga on specific brain regions in Major Depressive Disorder, Kinser, Goehler & Taylor (2012) also propose a neurobiological model based on a wide body of literature. Extrapolating on a number of brain regions identified within their review, the authors conclude, "Techniques learned in yoga may help an individual change perception and appraisal of a stressor, altering his or her affective and physiological reactions to the situation" (Kinser, Goehler & Taylor, 2012, p. 8).

Methodology

Study Aim and Research Design

The present study aims to investigate the way in which the YTFTM 8-week course is experienced by its participants and the meanings participants attribute to these experiences. Interpretative Phenomenological Analysis (IPA) is a methodology designed specifically to investigate the lived experience of participants and the way in which participants make sense of this (Smith, 2007). Resting within the critical realist paradigm, IPA was selected as the most appropriate methodology for the current study.

Recruitment and Sampling

The study received ethical approval from [name of university institution], where the research was conducted. Three qualified TMI teachers were approached via email and agreed to recruit through their courses and forward Participant Information and Consent forms to their YTFTM students. The lead researcher then met students at the end of the final session of each course, offering further information and booking interview appointments. A self-selecting sample of eight female students from four YTFTM courses participated in the study.

Due to the very small pool of potential participants for the study, extra care has been taken to protect anonymity. For this reason, any potentially identifiable information has been excluded and a general narrative description of participant demographics is provided. Participants were all female, aged between 27 and 62 years of age (mean age of 46 years) and all except one participant identified themselves as 'White British'. All participants reported experiencing depression, anxiety and/or stress prior to enrolment on the course, with two reporting previous experiences of psychotherapy and two reporting using prescribed antidepressant medication. Seven of the eight participants had some previous experience of yoga and or meditation. Two participants had a background in body-based therapies, one was retired and the rest worked in the financial, security or IT sectors.

Procedure

Semi-structured interviews were conducted within ten days of the end of each course, at local yoga centres and a nearby public garden, public libraries and, in the case of one participant, at her place of work. To ensure coverage of different elements of the course, a more thematic approach was taken with the construction of the interview schedule (see Table 2).

Table 2. *Questions used within semi-structured interview with participants*

- In general, how did you find the course?
- How did you find the homework practices?
- How did you experience the classes?
- How did you feel before? During? After the classes?
- Did you notice any changes in yourself, your thoughts or feelings during/after the classes?

- If you did experience any changes in yourself, can you say more about what you think brought about those changes?
- If you didn't experience any changes, why do you think might be?
- If you did experience any changes, to what extent do you expect these changes to last?
- What, if anything, do you think you might take away from the course?
- What effect, if any, did the course have on the difficulties you were having beforehand?

With written participant consent, interviews were taped, taking between 40 minutes and 1 hour each. Interviews were then transcribed verbatim, by the lead researcher, and analyzed using IPA (Smith, 2007; Langdridge, 2007; Willig, 2012): Transcripts were repeatedly read and annotated. First-order themes were noted, summarising each unit of meaning in the transcript margins. These themes were then listed in a fresh document and organized into second-order themes. Each interview was analyzed in turn and second-order themes, from across all interviews, were collated in a summary table and organised into higher-order themes, with four master themes and thirteen subordinate themes emerging.

Reflexivity

Elliot (1999) suggests that qualitative researchers may never completely 'bracket off' their own perspectives, however through detailing their own assumptions the reader is better positioned to understand and interpret the research data for themselves, considering alternative interpretations in light of the researcher's disclosures.

In the current study, the lead researcher trained as a TMI teacher and therefore held a number of assumptions about the course. These included the assumption of the interconnected nature of mind and body and that certain elements of the course might be experienced a challenging – for example long standing poses and extended periods of breathing practice or meditation.

Efforts were made to bracket off these existing assumptions by analysing transcripts in meticulous detail and through regular liaison with the research and peer supervisors. Consequently, several themes emerged that extended beyond the researcher's own experience of the course, including 'Group Experience' and participants' 'Broader Life Journeys'.

Results

Four master themes emerged from the analysis of participants' accounts: 'Personal Journey of Change', 'Ambivalence', 'Mind/Body Connection' and 'Group Experience'. A summary of master and subordinate themes has been presented in Table 3.

Table 3. *Master and sub-ordinate themes*

Master theme	Sub-ordinate theme	Participants experiencing sub-theme
Personal Journey of Change	The broader journey	P1, P2, P3, P4, P5, P6, P7, P8
	Change in relation to self	P1, P2, P3, P4, P5, P6, P7, P8
	Enhanced coping	P1, P2, P3, P4, P5, P6, P7, P8
	Enhanced wellbeing	P1, P2, P3, P4, P5, P6, P7, P8
Ambivalence	Resistance and barriers to practice	P1, P2, P3, P4, P5, P6, P7, P8
	Inconsistent and limited effects	P1, P3, P4, P5, P6, P7, P8
	Cognitive dissonance	P1, P3, P4, P5, P6, P7, P8
	Resolution	P1, P2, P3, P4, P5, P6, P7, P8
Mind/body connection	Intellectual understanding	P1, P2, P3, P4, P5, P6, P7, P8
	Holistic experience	P1, P3, P5, P6, P7, P8
The Group Experience	Safety and vulnerability	P1, P3, P4, P5, P6, P7
	Social and emotional support	P1, P2, P3, P4, P5, P6, P7, P8

Theme 1 – Personal Journey of Change

This theme encapsulated a journey of change on two levels: firstly the journey participants experienced within their broader lives ('Broader Life Journey') and secondly the journey they experienced across the eight weeks of the course itself (including 'Changes in Relation to Self', 'Enhanced Coping' and a sense of 'Enhanced Wellbeing').

Within the sub-theme of the 'Broader Life Journey', participants described situations and experiences which had led them to enrol on the course, such as work-related stress or significant life or family changes. Several participants described past experiences of using medication and talking therapies to manage low mood or anxiety and expressed that they hoped to use the course either as a form of relapse prevention or as an alternative to pharmacological treatments.

Through the eight weeks of the course itself, participants described a journey of change on several levels. Firstly, participants described 'Changes in relation to Self'. This included becoming more self-compassionate, more self-aware and better able to tolerate distressing or unpleasant thoughts or feelings which ordinarily might be avoided. Participant 8 explicitly described working with her mind to overcome experiential avoidance. Here, she shifts from "I" into "my mind", highlighting f her capacity to step back and observe internal processes:

For a long time I actively would try not to do it [notice unpleasant internal experience] so to force my mind onto things, like looking inward to the body sensations was really hard because my mind didn't want to do it. (P8)

A second area of change across the eight weeks was the participant accounts of 'Enhanced Coping'. Specifically, participants described learning valuable coping strategies, or "tools" for managing distress, providing them with a sense of empowerment. In particular, breathing practices, such as slow, abdominal ujjayi breathing – a common yoga breathing practice that involves using a slight constriction of the glottis – were helpful in managing anxiety and work related stress. Participant 3 likened the ujjayi breath to taking "tranquilisers" or "a Valium", emphasising the potency of her experience.

Part of what made these strategies so useful was their "portability". The simplicity of breathing practices meant they could be taken and used anywhere and at any time. Participant 7's repetition of the phrase "when I" in this excerpt demonstrated the ubiquitous potential she perceived in this coping strategy. Furthermore, she suggested that this is a strategy that didn't even require her to "do" anything, just simply to breathe, emphasising its accessibility:

That is amazing – the breathing is with you all the time, wherever you are… in a meeting, feeling anxious, when I'm on a date, when I meet new people, when I'm on a cliff edge. You don't have to do anything, don't have to remember, just breathe! (P7)

Other participants described the utility of mindfulness practices, involving the non-judgmental, present-moment observation of thought processes or bodily sensations in managing distressing thoughts and feelings. Participants reported that as they mindfully observed their internal experience, it often began to lessen in intensity. One participant described a dramatic and moving experience of using ujjayi breathing to facilitate mindfulness practice in response to intense distress, highlighted by her use of the words "miraculous" and "'wow'":

We had to focus on the pain [of the emotion in the body]. I curled up on my side and just did the breathing, really, really strongly and it took ten minutes, when it went it was miraculous, it really felt like a 'wow' moment. (P1)

A final aspect of the participants' journey of change was an experience of 'Enhanced Wellbeing'. This involved a number of specific benefits from the course, such as improved concentration, improved sleep and greater physical ease and flexibility. It also encapsulated a general sense of wellbeing, with participants describing a feeling of being qualitatively "better" and more "relaxed".

Across the course as a whole, participants identified subtle, qualitative changes within themselves, giving way to a feeling of general wellbeing. However, participants often seemed to find it hard to put this aspect of their experience into words. Participant 4 repeated the phrase "right now", suggesting the relationship between present moment awareness and this newly found sense of ineffable wellbeing:

I don't know how I feel about it a lot of the time and part of me doesn't want to analyze it because a part of me just wants to get on with feeling a bit brighter, which was all part of it - being in the present moment. I feel ok, right now, I feel brighter, right now. (P4)

Theme 2 – Ambivalence

In addition to the positive changes and benefits reported, many participants also seemed ambivalent about their experiences. The experience of 'Ambivalence' involved four elements, 'Resistance and Barriers to Practice', as participants struggled to use the practices themselves; 'Inconsistent and Limited Effects', as practices may not have led to the desired outcome; 'Cognitive Dissonance', as participants often felt 'bad' about not practicing; and 'Resolution', as they found creative ways to resolve these difficulties.

Participants regularly reported 'Resistance and Barriers to Practice'. They described resistance towards practicing and frequently found themselves procrastinating:

Doing it at home when there's other things to do, like the ironing and stuff that has to be done… "I'll do it after that and I'll do it after that," and then, "Oh, I can't do it now because I've just eaten." There's always something. (P3)

Participants also shared a number of specific challenges, including physical barriers (such as hip or back problems, or a blocked nose, which obstructed the breath) and practical barriers (such as a genuine lack of time or privacy at home). Participants also described challenges with particular elements of the course, for example finding the mind racing during mindfulness meditation and difficulties with abdominal breathing.

A second issue for participants was the way in which practices could have 'Inconsistent and Limited Effects'. At times, participants could find the practice of mindfulness challenging as they became more aware of distressing thoughts and feelings they would usually try to avoid. Participant 7 created a powerful visual metaphor to demonstrate the painful and overwhelming feelings that arose during the silence of the practice of mindfulness. Her use of the words "immersed" and "flood" created the impression that she was almost drowning in the experience:

The first couple of classes it brought up a lot of difficult emotions for me. I would get myself into these panic attacks and I couldn't breathe. I was so immersed within the experience I would let all these feelings flood me. (P7)

Furthermore, several participants reported that in triggering situations where they experienced more severe hyperarousal, they no longer felt able to apply practices effectively. In such circumstances, practices were of limited benefit and Participant 8 described reverting back to old maladaptive patterns of coping:

Sometimes it would work and sometimes it wouldn't and when I'd exhausted the techniques I would revert back to my old sort of safety mechanisms. (P8)

Another aspect of participants' experience of 'Ambivalence' was 'Cognitive Dissonance'. Encouraged by their teachers, participants appeared to hold firm beliefs about the benefits of practices and the importance of maintaining a regular home practice. There was a sense amongst participants that if practice was not maintained, the benefits of the course would quickly diminish. Yet the concept of 'homework' itself held negative connotations, triggering resistance. Several participants described feeling "bad" about their inability to maintain a regular home practice. For Participant 5 this dominated her overall experience of the course. Her use of the words "beat myself up" and "dictated" highlight the power of this internal struggle:

[I had been] feeling bad about not necessarily doing the homework …having spoken with [name of yoga teacher] accepting not to beat myself up about the fact that I haven't been able to do the homework because the circumstances dictated… (P5)

However, as the course progressed, most participants found ways to resolve their dissonant feelings. One way to do this was to justify a conscious decision not to practice, perhaps aided by the course's emphasis on mindful and self-compassionate acceptance:

At least I've done something in the class and so anything else outside of that is just an added bonus. (P8)

Another way in which participants resolved their dissonance was through taking a more flexible and pragmatic approach, sometimes making practical changes to the homework practices, for example, shortening the practice, or leaving out particular poses:

You might be tired and you think, "Well, I'll only do six of the sun salutations." (P1)

Theme 3 –The Mind/Body Connection

Participants described the way in which the course provided them with a deeper understanding and awareness of the 'Mind/Body Connection'. Participants described how the course's psychoeducation facilitated an 'Intellectual Understanding' of this connection, which then deepened, through the practices, to a more 'Holistic Experience'. These experiences fostered a sense of 'Curiosity and Openness', with participants often eager to explore the topics further.

An 'Intellectual Understanding' of the 'Mind/Body Connection' seemed important to several participants. Psychoeducation, informed by a neuroscientific understanding of practices and provided at the start of each session, offered participants a scientific rationale that enabled them to 'buy into' practices, as demonstrated by Participant 8's repeated use of the word "fact":

Because there was such a physiological fact - that if you breathe slower on the outbreath the nervous system is brought down and engages the parasympathetic nervous system - it's easier to understand as a biological fact. It was a very physiological thing, which made perfect sense. (P8)

Furthermore, this knowledge appeared to enhance participants' sense of "empowerment" as they felt able to apply this new knowledge and understanding in order to feel better – Participant 3's use of the word "fix" here conveyed a sense of mechanical simplicity in her new understanding of emotional regulation principles:

I didn't realize there were two nervous systems going on. Understanding what happens to your body definitely helped me because once you're more aware of it happening you can fix it. (P3)

A second aspect of the 'Mind/Body Connection', was participants' 'Holistic Experience'. Participants described the course as offering a "*more* holistic" experience, compared with exercise classes or psychotherapy alone. On a superficial level, participants felt the course offered the opportunity to improve the body and the mind at the same time, however, participants also seemed to experience a connection between the mind and body on a deeper level. In her interview, Participant 7 spoke of a powerful shift in her perception of mind and body. In the following excerpt, she highlighted her new insight that the body, mind and emotions are interconnected by repeatedly punctuating her speech with "and":

It helped me to see that body and mind and feelings and emotions are all connected and that they all work together, they're not separate. (P7)

This sense of interconnectedness also manifested within the practices themselves. Participant 7 described the intense body sensations she became aware of as bodily responses to difficult memories arose during meditation:

I was looking at my body and how it reacts [to the memories], like my muscles would clench and my stomach would hurt and I would feel a bit nauseous and heat in my body was coming out. (P7)

Within the course, physically demanding postures are held for long periods in order to induce a mild stress response, offering participants the opportunity to practice coping strategies such as slow abdominal breathing and mindfulness. Several participants felt that the repeated practice and rehearsal of coping strategies within the practice of yoga helped consolidate their learning, making strategies easier to then apply in other contexts. One participant contrasted her experience of YTFTM with MBCT, which she had also completed:

Because you're doing it [applying the coping strategies] within the practice, within the yoga every day, it's easier to then assimilate. Because with the other you were just sitting down doing something in the meditation and then to try to step out of that and do it in your normal life seemed a bigger jump. (P6)

A further element to the 'Mind/Body Connection' was the way in which participants' experiences led them to a sense of 'Curiosity and Openness'. One aspect of this was a sense of anticipation, as participants looked forward to finding out what would come next, demonstrated by Participant 1's use of the word "gripped":

I was gripped to know what the next instalment was. (P1)

Several participants expressed excitement about their learning, on both an intellectual and experiential level. This was particularly the case for Participant 4, who was new to yoga and who described amazement as she reflected on her experiences of the course:

It opened my eyes to the stuff out there I didn't know existed, I mean, ujjayi breath! What's that all about?! (P4)

Theme 4 – The Group Experience

Participants repeatedly referred to their experiences of the groups themselves within the subordinate themes of 'Safety and Vulnerability' and 'Social and Emotional Support'. Initially participants reported often feeling self-consciousness or nervous, particularly in anticipation of becoming vulnerable in the group, something which eased as the course progressed:

You could see that everyone was a bit…[anxious]! I get very anxious when I have to [open up], it was a place where sooner or later you would have to open up, so initially it made me a bit..! …[However] there was a lot of respect for each other's feelings and it offered a safe space in a way (P7)

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

It helps you identify…you're not the only person that goes through certain things or experiences, certain sorts of feelings or situations (P5)

It was always interesting to see, 'Oh that person's got something completely different out of it…', or sometimes … you would think, 'It's exactly that, that was exactly how I was feeling' (P8)

Discussion

The current study investigated participant experience of the YTFTM 8-week course, a manualized yoga and mindfulness-based intervention for depression and anxiety. Eight women from four courses participated in the study and were interviewed. Transcripts were analyzed using an IPA methodology, with four master themes emerging: 'Personal Journey of Change', 'Ambivalence', the 'Mind/Body Connection' and 'Group Experience'.

The findings of the current study are consistent with previous research into the efficacy of yoga-based interventions as a treatment for depression and anxiety (Cabral, Meyer, & Ames, 2011; Kirkwood et al., 2005; Pilkington et al., 2005; Mehta & Sharma, 2010; Kinser et al, 2013). Furthermore, the study echoes existing qualitative research on the experience of yoga and mindfulness-based interventions, which has identified several comparable themes, including: the factors leading to participant enrolment, enhanced coping strategies and symptom management, specific challenges and the group experience (Kinser, Bourguignon, Taylor, Steeves, 2013; Mason & Hargreaves, 2001; Finucane & Mercer, 2006; Allen et al, 2009; Williams et al, 2011; Hertenstein et al, 2012).

This current study extends previous findings by highlighting a number of potential additional benefits to yoga-based interventions over MBCT including the utility of ujjayi breathing and a better understanding of embodied emotional wellbeing.

Utility of Ujjayi Breathing

Participants repeatedly identified ujjayi breathing as a useful tool for emotional regulation. Previous findings have already identified the utility of the '3 minute breathing space', a mindfulness practice focusing on the sensation of the breath in the nostrils or abdomen (Hertenstein et al, 2012; Allen et al, 2009; Finucane and Mercer, 2006; Mason & Hargreaves, 2001). Existing research also indicates the potential for slow, abdominal breathing to increase parasympathetic 'relaxation' response (Jerath, 2006; Fields, 2011).

In addition to slowing and lowering the breath, however, ujjayi also involves a slight contraction of the glottis muscles, creating a noise in the throat, said to sound like the ocean. This sound and its accompanying sensations is believed to promote attentional regulation, as well as enabling the practitioner greater control over the breath (Muktibodhananda, 1993; van Lysebeth, 2007).

Ujjayi breathing may therefore offer an additional tool for mental health professionals to use with clinical populations. Further research would be useful to investigate the experience and impact of ujjayi, perhaps in contrast to existing techniques within psychology.

Impact of Psychoeducation

Participants frequently expressed the importance of having a scientific rationale in encouraging them to use the practices. The importance of psychoeducation is supported by the Health Belief Model (Hochbaum, Rosenstock & Kegels, 1952), which recognizes the impact of belief on health behaviours. Psychoeducation may also enhance the physiological benefits of practices, as past research has also highlighted the positive impact expectation and belief can have on the outcomes of medical treatments (Benedetti, 2004; Bausell et al, 2005).

This finding suggests that mental health professionals consider providing clients with more in-depth psychoeducation around coping strategies, such as breathing strategies, offered in therapy.

Embodied Experiential Learning

In addition to the benefits of psychoeducation, the experiential element of the practice on the mat meant participants felt more able to use their coping strategies. This can be better understood through David Kolb's (2005) 4 stage learning cycle in which he emphasises the importance of active experimentation, concrete experience, reflective observation and abstract conceptualisation in his four-stage learning cycle. Having received abstract conceptualisation through psychoeducation at the start of each session, participants in the course are encouraged to experiment with using self-regulatory practices, such as the ujjayi breathing during challenging asanas, gaining a concrete experience upon which they are invited to reflect during the discussion at the end of class. Within the yoga community, Douglass (2011) similarly suggests that yoga can offer an 'experiential adjunct' to other forms of therapy, offering students the opportunity to explore habitual, maladaptive patterns of reacting and to experiment with new, more adaptive ways of responding and being.

The implication for mental health professionals is that yoga could offer a further opportunity for self-exploration and learning within the therapy session.

Supporting Clients in Overcoming Barriers to Practice

In addition to resistance, participants reported a number of other barriers to practice which they needed to overcome in order to engage effectively with the course. Perceived barriers are an important factor in predicting engagement with healthy behaviours (Health Belief Model, 1952) and therefore it is essential to support clients to explicitly think through ways of tackling these. Making time to practice, is a particular issue that should arguably be tackled early on in therapeutic work, encouraging clients to consider their own schedule and time constraints and to explore ways in which they might best manage a daily practice. Another example might be to offer a number of different practice options of varying lengths, from which clients can choose.

Limitations and Future Research

Recruiting participants through the YTFTM teachers meant that participants were volunteers and as such may not have been representative of the general population – indeed the sample was largely white-British, middle-class and female, meaning further research is required to explore the experience of the YTFTM course from the perspective of different populations. Participants were not psychiatrically assessed or diagnosed as part of the IPA methodology, in keeping with the critical-realist (post-positivist) epistemological stance assumed in the present study. Future researchers interested in a positivist epistemology might consider a quantitative approach to assess the statistical significance of self-reported symptom change and from this perspective a medical diagnosis would be appropriate. Due to the time frame and resources available a follow-up was not included and it would be interesting for future research to focus on this.

Conclusions

The current study explored the experience of the YTFTM 8-week course. The findings of the study consist with existing literature exploring the experience of MBCT, a comparable, mindfulness-based approach. The findings highlight the importance of supporting clients to overcome their 'Resistance and Barriers to Practice' but also point to several potential additional benefits to this approach. Firstly, the use of neuroscientific psychoeducation coupled with physical yoga practice may offer clients greater insight, on both an intellectual and experiential level, into the body's affect regulation processes. Secondly, through practicing coping strategies, such as ujjayi breathing and mindfulness through yoga practice, clients may have additional opportunity to explore and assimilate their learning over MBCT. Through this understanding and first-hand experience of the benefits of coping strategies on the yoga mat, clients may feel more empowered to use these strategies in the outside world. Finally, yoga-

based therapy may serve to enhance clients' wellbeing more generally, offering a more holistic therapeutic approach to be used within psychology.

Funding

The study did not receive funding.

Conflict of interests

The authors declare that they have no conflict of interest.

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