

Institute for Clinical Social Work

The Impact of Yoga on the Lives of Psychotherapists

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By

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ABSTRACT

This study explored the impact of the practice of yoga on the personal and professional lives of psychotherapists. The study was qualitative, using Interpretive Phenomenological Analysis (IPA). Eight licensed psychotherapists were interviewed in-depth, about their perceptions regarding the influence of their yoga practices on their personal lives and professional work. The five major findings of this study were that yogi psychotherapists:

1. think integrative-relationally and secular-spiritually,
2. have significant traumas in their pasts,
3. experience trauma and healing in their work,
4. experience yoga as healing traumas, and
5. “live” their yoga.

To my colleagues who work to nurture their well-being, as they better that of others.

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Chapter I

Introduction

General Statement of Purpose

The purpose of this research project was to study the perceived impact of yoga practice on the personal and professional lives of psychotherapists. Yoga practice is generally defined for this study as: mental and physical exercises originating as part of the Hindu discipline and practiced to promote control of the body and mind, boost awareness, mindfulness and tranquility, and achieve liberation of the self. The study used a phenomenological approach to gain understanding about who these yoga-practicing, or “yogi” psychotherapists are, in terms of: professional and theoretical beliefs, educational and professional history, spiritual beliefs and practices, personal and familial history, and self-care and health history. This fundamental knowledge supports and contributes to the study’s primary objective, which was to gain understanding of what these yogi psychotherapists are experiencing in terms of benefits from yoga practice, including: mental, physical and emotional health changes, self-understanding and mindfulness, worldview and relational changes, and life decision alterations.

Significance for Clinical Social Work

This study is significant, in part, because psychotherapists have a need for self-awareness to insure competency in their work (Coster & Schwebel, 1997). Additionally, therapists have special need for self-care to offset vicarious trauma, compassion fatigue

and burnout because of the intense emotional nature of their work (Barrow, English & Pinkerton, 1987; Pearlman & Mac Ian, 1995; Coster & Schwebel, 1997). Research into rate of burnout shows 40% of polled clinical psychologists reporting high levels of emotional exhaustion, and 35% reporting high levels of depersonalization; 21% even indicated they would choose some other career if they had it to do again (Ackerley, Burnell, Holder, & Kurdek, 1988).

Meanwhile, yoga is experiencing a boom worldwide, with the numbers of American practitioners jumping 30% in just the last 5 years, to 20 million; now almost a tenth of America reports practicing yoga on a regular basis (Macy, 2012). A rapidly growing body of research details the wide spectrum of health benefits of yoga for various populations, both with and without specific physical, mental and emotional challenges (Wood, 1993; Schell, Allolio, & Schonecke, 1994; Gura, 2007; Yang, 2007; Sharma, Gupta & Bijlani, 2008; Atkinson & Levine, 2009; Subramanya & Telles, 2009; Telles, Gaur & Balkrishna, 2009; Ross & Thomas, 2010; Wren, Wright, Carson, & Keefe, 2011; Yoshihara, Hiramoto, Sudo & Kubo, 2011; Rocha et al, 2012).

Yoga has recently gained attention as an effective reducer of stress for health caregivers, specifically, helping to decrease anxiety levels and increase immune response rates to combat potential stress-related health problems (Schure, Christopher, & Christopher, 2008; Christopher & Maris, 2010; Newsome, 2010; Black et al, 2012). The number of psychotherapists becoming yoga instructors is on the rise. Perhaps this is a result of recent research supporting yoga's health benefits. Psychotherapists are training to instruct in traditional yoga and also a relatively new field, "yoga therapy"; this

combines traditional psychotherapy with yoga practice. The International Association of Yoga Therapists has tripled its membership in the last decade (Kornfeld, 2009).

In summary, psychotherapists have special need for self-awareness and self-care for their work and health. And yoga is becoming accepted as a more mainstream means of achieving greater health and self-awareness. This study is therefore significant to the field of clinical social work, as “social workers make up the largest group of clinically trained mental health providers in the United States” (NASW, 2014, p. 1)—and this study aimed to help understand how and why psychotherapists are using yoga, specifically, as a means to improve not only self-awareness and self-care but also other aspects of their personal and professional lives. Additionally, this study provides insights into other self-care and professional development practices used successfully by therapists. Ultimately, this discussion and new information about ways for therapists to take care of themselves and better their work benefits the field of clinical social work, psychotherapy and clients as a whole.

Formulation of the Problem

This study addressed the problem of psychotherapists needing self-awareness for effective practice, while additionally needing effective self-care to avoid vicarious trauma, compassion fatigue and emotional burnout. This study explored and sought to understand how and to what extent therapists use yoga to help them in their personal and professional lives. To date, very limited research has been done regarding yoga and its impact on the personal and professional lives of licensed psychotherapists. One study

attempted to explore this question, finding that yoga affected psychotherapists positively in the areas of self-awareness, personal balance and acceptance of self and others (Valente & Marotta, 2005). This study did not include information about participants' spiritual, personal, health, educational and professional backgrounds and beliefs; it thereby neglected to portray the whole person choosing to engage in yoga and psychotherapeutic practice. Additionally, the study involved few participants, its results were brief and participant questions were not shared in its publication.

There has been research exploring the benefits of incorporating mindfulness training into counselor training; mindfulness training enhanced physical and psychological well-being of trainees while also improving counseling skills and relationships (Schure, Christopher & Christopher, 2008; Chambers & Maris, 2010; Newsome, 2010).

Chapter II

Literature Review

Yoga History

Yoga is an ancient system of philosophy that can be traced back to the Indian subcontinent in 3000 B.C. (Feuerstein, 1998). The word *yoga* comes from the ancient Sankrit root *yuj*, or yoke, meaning "to bind, join or unite" (Feuerstein, 1998, p. 6). Yoga scholars have varying interpretations of "yoking" as it relates to yoga, including: a unification of the actions of the body, breath and mind, a harnessing of oneself to a discipline or way of life, and a connection between the soul (individual) and spirit (God or universe) (Feuerstein, 1998, p. 6). Yoga originated as a general term for spiritual disciplines in Hinduism and Buddhism, directed toward attaining higher consciousness and liberation from ignorance, suffering and rebirth (Nayak & Shankar, 2004). More specifically, yoga is the name of one of six orthodox systems of Hindu philosophy. Its basic text is the Yoga Sutras of Patanjali and its practice is traditionally under the guidance of a guru, or "spiritual guide" (Feuerstein, 1998, p. 5).

Because the technique of yoga is spiritual rather than religious, it has attained universal appeal and been adopted widely in the West. Today, yoga is commonly understood by Westerners as a method to bring balance and health to the physical, mental and emotional dimensions of its practitioners (Langenberg, 2010). There are several types of yoga, with Hatha yoga being the school most commonly followed in the West (Nayak

& Shankar, 2004). Hatha yoga translates to "union by bodily mastery" and involves disciplining the mind and body through relaxation, breath control and various physical postures called asanas (Feuerstein, 1998, p. 33). Asana means "posture" in Sanskrit (Feuerstein, 1998, p. 24). Asanas involve standing, sitting, kneeling, lying, balancing, inverted positions, stretching, twisting, and contraction and relaxation of muscles (Nayak & Shankar, 2004). Asanas are usually performed in quiet, peaceful areas and emphasize slow, smooth and steady coordinated movements with full breath control at every stage (Nayak & Shankar, 2004). Essential to the asanas is the practice of pranayama, or "the science of breath" (Feuerstein, 1998, p. 24). Prana in Sanskrit means "breath, life, vitality and energy" and ayama means "length, expansion, stretching or restraint" (Feuerstein, 1998, p. 24). Conscious observation and control of one's breathing, as asana action happens, is considered the way to achieve unification of the body, breath and ultimately the mind (Langenberg, 2010). This convergence is considered essential to reaching the optimal meditative state in yoga, and the optimal meditative state in turn leads to self-realization or the realization of one's true essence (Langenberg, 2010).

“At the heart of Yoga is the understanding that there exists that which is in constant fluctuation (our physical condition, emotions, thoughts, and external objects) and that which does not change (our true essence)” (Langenberg, 2010, p. 3). The primary goal of yoga is the realization of one's true, inherent nature, and a conscious or mindful linking with it. By learning to practice yoga, and to let go of unnecessary tension within the body and mind, the link with one's true nature can be made repeatedly (Rocha et al, 2012). Famed psychotherapist and theorist Carl Jung was an avid yogi (or

practitioner of yoga) who studied its practice and described it as “playing the role of broadening and heightening one’s experience of consciousness, by stimulating and increasing awareness” (Coward, 1978, p. 334). Jung also claimed that he had to do certain yoga exercises in order to “hold his emotions in check” (Coward, 1978, p. 344). On a physical level, yoga exercises strengthen and increase tone of weak muscles and help with conscious control over autonomic functions of the body (Langenberg, 2010). Asanas correct breathing patterns while establishing natural harmony and balance between various organ systems, as well as relieving muscular and nerve tension (Nayak & Shankar, 2004).

There is some modern-day confusion regarding meditation and how it relates to yoga. Meditation comes from the Sanskrit word *dyana*, meaning "a state of awareness or consciousness," and it is traditionally considered a component of yoga (Feuerstein, 1998, p. 24). Because *dyana* is not a verb or act, so one cannot truly meditate; rather, one can bring about the state of mediation, or mindfulness, only through yoga (Benson, 2000). However, in the West, meditation has also come to be considered a stand-alone practice. It is widely understood as “a stilling of the mind” and non-physical means of achieving mental relaxation and attentiveness through focused breathing (Langenberg, 2010, p. 4). Meditation essentially serves to center awareness to the present moment (Brisbon & Lowery, 2009). It is described as a practice of “non-doing” or “practicing being,” in which one achieves mindfulness by actively tuning into each moment with a deliberate awareness; this practice allows the body and mind to essentially stop and rest in the moment without trying to change the moment, or what is on the mind or in the body

(Kabat-Zinn, 1990, p. 20). Practicing meditation to achieve mindfulness is considered a matter of simply “tuning into the basic experiences of living” (Kabat-Zinn, 1990, p. 20)

Yoga Popularity & Practice

Yoga has gained rapid popularity in the United States in the last decade, with its number of practitioners jumping 30% over a recent five-year period (Macy, 2012). Twenty million Americans, or a tenth of the country, have reported practicing yoga on a regular basis (Macy, 2012). This is facilitated, in large part, by the more than 75% of U.S. health clubs that offer yoga classes today (Corliss, 2001). Yoga's popularity is being fueled by a growing body of evidence that supports the belief that its practice results in substantially increased physical and mental health (Corliss, 2001). Dozens of studies in the last decade document positive results from yoga, in both chronically ill as well as healthy populations of all ages and backgrounds. Specifically, yoga has been studied for the management of chronic and persistent pain, proving physiological and psychological effects that show great promise for treatment (Gura, 2007; Wren, Wright, Carson, & Keefe, 2011). Its practice has also been proven to significantly impact four leading risk factors for the major chronic illnesses of heart disease, stroke and diabetes, by effectively reducing inflated body weight, blood pressure, glucose and cholesterol levels (Yang, 2007). In other studies, yoga has proven to be a potentially better health intervention than mere exercise, due to its impact on the down-regulation of the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system (Ross and Thomas, 2010; Rocha et al, 2012). And yoga has clearly proven itself as a more effective

health intervention than stand-alone meditation, with greater impacts on cognition, energy levels and mood, than non-physical relaxation techniques (Wood, 1993; Subramanya & Telles 2009).

Yoga's stress-reducing benefits are perhaps its biggest health draw in the U.S., with yogis consistently reporting lower levels of stress, anxiety and depression than non-yogis (Telles, Gaur & Balkrishna, 2009; Rocha et al, 2012). Yogis have experienced lower cortisol levels and reduced rates of mental disturbances like anger, tension, aggressiveness and emotionality, in addition to less fatigue and fewer somatic complaints (Schell, 1994; Atkinson & Levine, 2009). Conversely, yogis also report higher mood and better spirits, greater openness to others and acceptance of self, and higher resilience overall (Yoshihara, Hiramoto, Sudo, & Kubo, 2011). In other studies of subjective well-being levels of both healthy and ill persons, those practicing yoga reported better feelings and attitude in the areas of happiness, achievement and interpersonal relationships (Sharma, Gupta, & Biljani, 2008). Perhaps yogis' increased sense of well being emanates from yoga's specific aim of awareness, or mindfulness, as correlations have been found between yogis' higher mindfulness scores and more advanced experiences of yoga (Brisbon & Lowery, 2009). Mindfulness in these studies was considered as "moment-to-moment, nonjudgmental awareness leading to decreased attachment to ruminative thoughts" (Hofmann, Grossman & Hinton, 2011). Yet another outgrowth of this mindfulness attained through yoga appears to be yogis' increased feelings of compassion for self and others, as well as heightened sense of spirituality (Büssing et al, 2012).

Yoga Therapy

Considering the consistently positive results of so many relatively recent yoga studies, it is not surprising that yoga has newly become standard treatment for American war veterans. Dedicated yoga programs are quickly popping up across the country, using the technique to treat soldiers' post-traumatic stress disorder, or PTSD (Kaplan, 2013). This trend logically follows the psychotherapy world's increasing attention to the idea of treating emotional trauma with a dual mind-body approach. There is much recent research on what are being called mindfulness-based therapies (alternative interventions rooted in yoga) that have entered the health care field and are rapidly becoming part of treatment protocol in hospitals and other health care settings (Ringel & Brandell, 2012). These mindfulness-based approaches normally include yoga, meditation, qigong movements, visualizations and other techniques as part of therapies like: dialectical behavior therapy, mindfulness-based cognitive therapy and mindfulness-based stress reduction (Brisbon & Lowery, 2009). The greater principles that these various, modern treatment models have in common are: accepting internal experiences as they are and observing them with curiosity, openness and compassion, holding an attitude of patience and acceptance with an emphasis on change, and observing experiences as transitory mental states (Salzberg, 2011). These approaches aim at nurturing self-exploration and insight, developing wisdom and compassion, and living in accordance with values like compassion and integrity. The results from numerous studies of mindfulness-based therapies and interventions indeed support their value, demonstrating their effectiveness in not only increasing self-awareness and self-compassion, but decreasing absent-

mindfulness, fear of emotions, anger, aggression, worry and emotionality (Robins, Keng, Ekblad, & Brantley, 2012).

The mindfulness-based therapies appear to be a natural outgrowth of traumatic stress being increasingly viewed in the psychotherapy world as treatable with focus not on thoughts alone, but rather the interaction of thought, feeling, bodily sensation and movement (Ringel & Brandell, 2012). The driving force behind this shift in thinking is likely the psychotherapy world's increasing understanding of neuroscience as it relates to emotions. Clinical social worker and psychoanalytic researcher Judith Ruskin writes that "the neuroscience view of emotion refers specifically to subcortical, often body-based experiences and not the conscious awareness of feeling" (Ruskin, 2013, p. 82). Ruskin describes the body-based experience as serving "as a platform or scaffolding upon which the subsequent consciously experienced feeling or affect is built" (Ruskin, 2013, p. 82). She believes that most psychodynamic psychotherapists today would agree that "the body as a source of understanding emotion is underutilized in mainstream clinical practice," but that there is now consensus in the neuroscience and neuropsychology fields that "emotions are not necessarily 'felt' experiences, but are formed in the body prior to any conscious awareness of a feeling" (Ruskin, 2013, p. 83).

Supporting this concept of body-based experiences are some key researchers who theorize that body sensation is actually the key to healing trauma, with experiences of intense emotion requiring physical outlets through movement to trigger healing. In his book *Waking the Tiger*, medical and biological physicist Peter Levine describes trauma as a "frozen immobility response," akin to that of animals', that requires a literal, physical

discharge of energy to release psychological pain (Levine, 1997, p. 31). A physical and mental approach to healing trauma sees it as a natural process that can be accessed in therapy through an inner awareness of the body; if "frozen energy" in traumatized individuals is not released through physical means, then it persists in the body in the formation of a wide variety of symptoms, including anxiety, depression, headache and psychosomatic problems (Levine, 1997, p. 35). These symptoms are seen as "the human body's way of containing undischarged residual energy, that animals naturally shake off after trauma" (Levine, 1997, p. 35).

Other theorists see the mindfulness aspect of yoga as its chief aspect facilitating healing from trauma. In his book *Attachment in Psychotherapy*, clinical psychologist David Wallin describes mindfulness as crucial to the process of mentalizing, which must happen for psychotherapeutic change. Mentalizing is defined as "the process by which we realize that having a mind mediates our experience of the world"; it can be understood simply as the ability "to think about thinking," or stepping away from one's emotions to consider the states of one's mind (Wallin, 2007, p. 137). A mindful focus on breathing, as in yoga, is understood to reduce firing in the amygdala, "thus quieting the brain and increasing one's potential to enhance integration, emotional regulation and feelings of attachment" (Wallin, 2007, p. 162). So, mindfulness-based therapies essentially offer a way to heal painful trauma by "surrendering the need to reject it" and nurturing kindness to oneself (Wallin, 2007, p. 162).

Ultimately, the linking of the philosophy of yoga with the aims of psychotherapy is emerging as an increasingly useful concept, as psychotherapists are understanding yoga

as “a way to help put patients back in the driver's seat of their cognitive processes” (Simpkins & Simpkins, 2011, p. 105). And this understanding is leading to wide changes in psychotherapy practices, with greater numbers of psychotherapists becoming yoga instructors. These therapists are spurring the growth of a relatively new style of psychotherapy called yoga therapy, in which psychotherapists are incorporating yoga techniques into their otherwise traditional practices (Kornfeld, 2009). The International Association of Yoga Therapists reports its membership has tripled in the last decade (Kornfeld, 2009). And so therapy appears to be moving from the couch at least partially to the yoga mat, as many psychotherapists today aim to more directly change the physical experiences of patients, in order to then affect their mental and emotional states.

Therapist Trauma & Yoga

Recent research shows that yoga is also proving to be of benefit for psychotherapists, specifically. As therapists suffer prolonged exposure to stress and trauma in their everyday work, this can result in high levels of vicarious (or secondary) trauma, compassion fatigue and burnout. These conditions have the potential to negatively affect therapists' personal sense of meaning, connection, identity and worldview, often leading to anxiety, depression and other illness (Ackerley, Burnell, Holder, & Kurdek, 1988). With empathic engagement considered the primary conduit for transmission of traumatic stress from client to therapist, therapists are reporting clinical levels of emotional distress as a direct result of this trauma (Craig & Sprang, 2009). Burnout with PTSD symptoms is commonly seen in psychotherapists as a consequence of

not only exposure to clients' intense emotional trauma, but also high levels of job stress and personal frustration, and inadequate workplace support and insufficient coping skills (Hernandez, Engstrom, & Gangsei, 2010). Research into rate of burnout shows 40% of psychotherapists reporting high levels of emotional exhaustion and 35% reporting high levels of depersonalization; 21% of therapists indicate they would even choose another career if they had it to do again (Ackerley, Burnell, Holder, & Kurdek, 1988). A significant portion of therapists are indeed paying a dear price for absorption of trauma, in the form of compromised wellness and personal depletion. Because psychotherapists run this risk of harm as a direct result of their work, so self-care becomes a clear and inarguable priority for these professionals to remain intact and well. Research supports a negative correlation between therapist self-care and burnout syndrome, with self-care of therapists with their own history of significant personal trauma being even more crucial (Pearlman & Mac Ian, 1995).

Yoga has gained attention as an effective reducer of stress for health caregivers, specifically, helping to decrease anxiety levels and increase immune response rates to combat potential stress-related health problems (Black et al, 2013). Yoga-based mindfulness training is being included in some otherwise traditional training for mental health professionals, with results showing decreases in students' perceived stress, as well as increases in self-awareness and self-compassion (Newsome, 2006). Counseling and psychotherapy students exposed to yoga during their professional training are reporting significant positive effects on physical, emotional, mental, spiritual and interpersonal aspects of their lives (Schure, Christopher, & Christopher, 2008). They get sick less

frequently, feel increased capacity to deal with negative emotions, experience increased capacity for thought and reflection, and feel an increased trust and confidence in themselves and the direction of their lives. In addition, they report greater empathy and compassion, enhanced listening abilities and a general sense of groundedness (Schure, Christopher, & Christopher, 2008). In other studies of psychotherapy trainees using yoga, they report higher levels of global functioning and subjective experience, along with lower levels of somatic complaints; these students also report less obsessiveness and anger, feeling more secure about socializing, and experience of fewer phobias (Christopher & Maris, 2010). One limited study of seasoned psychotherapists who practiced yoga on a regular basis reported positive impacts on their lives in the areas of perceived self-awareness, personal balance and ability to accept oneself and others (Valente & Marotta, 2005). The benefits experienced by psychotherapists practicing yoga potentially appear to extend far beyond the therapists' personal experiences and into their work in a very meaningful way. Research has shown that therapists can specifically cultivate a greater therapeutic presence by practicing mindful meditation, thereby improving the therapeutic relationship. Clients of psychotherapists in one mindfulness program scored higher than those of therapists not in the program, in the areas of global functioning, physical health and subjective experience. (Campbell & Christopher, 2012).

Countertransference & Yoga

Yoga's potential impact on psychotherapists and the therapeutic process can be further considered by looking through a countertransference lens. Sigmund Freud

originally named the concept of countertransference, as an outgrowth of his initial recognition of a phenomenon called transference on the part of analytic patient; this was, namely, the patient's unconscious feelings toward the analyst (Jacobs, 1999). Freud then followed with this notion of countertransference, being the influence of the patient on the analyst's unconscious in the analysis setting (Jacobs, 1999). Freud believed that these unconscious forces rise in the analyst and impede his ability to receive and correctly understand those communications (Jacobs, 1999). He strongly felt that the analyst must dominate this countertransference, and exclude these forces from the analytic process entirely, as an impurity or contamination that become an obstacle to the analytic process (Ackerman, 1959). Freud feared that countertransference might "spoil the mirror" in the mirroring process, and so the analyst must behave "like the surface of a well-polished mirror, or a lifeless thing" (Balint & Balint, 1939, p. 223). Freud essentially believed that if and when the analyst influenced the transference situation by any means other than his interpretations, he had made a grave mistake (Balint & Balint, 1939).

Freud's original notion of countertransference has since been expanded upon many times over, and also altered greatly by the theorists who followed him. Other, more friendly views of countertransference have emerged, that look upon the dynamic as a potential source of vital confirmation of the patient's personality, and emotional stance toward the therapist (Jacobs, 1999). Countertransference has ceased being viewed as simply an interference in the therapy process, and instead has become an important diagnostic tool, giving the therapist information on the degree of regression in the patient and feelings of the patient toward the therapist (Kernberg, 1965).

Now, countertransference has ultimately evolved into being viewed as “totalistic” in the treatment setting - or as the total emotional reaction of the therapist to the patient - where the therapist’s conscious and unconscious reactions to the patient are considered to be reactions to the patient’s reality as well as to this transference, and also reactions to the analyst’s own reality needs, as well as neurotic needs (Kernberg, 1965, p. 38). There has evolved a real recognition of the fact of mutuality in analysis, between the analyst and the patient, where the analyst’s emotional participation in the analysis, through countertransference responses, is an indispensable element in the therapeutic action of analysis (Sandler, 1976). Thus, contemporary understanding of countertransference regards it not only as a potentially useful, but also a jointly created phenomenon between the therapist and the patient - where the patient pressures the therapist, through transference, into playing a role congruent in the patient’s internal world, and the specific dimensions of that role are indeed colored by the therapist’s own personality, history and needs (Sandler, 1976; Gabbard, 1995).

Naturally, a therapist's countertransference frequently translates into real action and behaviors in the treatment setting. Modern-day understanding of countertransference in the world of psychotherapy is that it needs to be clearly recognized, understood, and carefully and consciously managed for the safety and betterment of the therapeutic relationship and process. However, this deep-level rapport that the therapist has with the client can come to surface abruptly and surprisingly, making it unexpected and at times confusing in the moment for the therapist experiencing it (Heimann, 1950). At worst, the therapist's countertransference can hinder or hamper the treatment process, by revealing

itself inappropriately and becoming carried over into action without the therapist's conscious decision to make it so (Sandler, 1976). And so, therapist self-awareness emerges as a key tool in the therapist's kit for preventing unrecognized or unconscious countertransference from getting in the way of the therapy process. This self-awareness, or mindfulness, becomes an essential need of the therapist to do his best work. And any relaxing in the therapist's effort to make the countertransference conscious can potentially create the most damaging results in therapy (Kraemer, 1958). Conversely, studies conducted on therapist self-awareness in treatment show that greater therapist self-awareness in session translates directly to more positive emotion toward clients - which in turn translates to clients feeling more positive about the therapy process (Williams & Fauth, 2004).

Therapist self-awareness can be compromised in the treatment setting by a myriad of clinical issues, with vicarious trauma and burnout being important ones to consider with regard to countertransference. As therapists are exposed to patient trauma, and the patient's adaptations coincide without the therapist's defenses and greatest anxieties, the therapist's emotional load increases along with the tough task of psychological coping (Saakvitne, 2002). The therapist can easily become flooded with emotion, at worst becoming traumatized by the content of the patient's reports as they potentially overwhelm the therapist's self-capacities (Saakvitne, 2002). Vicarious traumatization affects therapists' abilities to manage extreme affect, sometimes resulting in "numbing" (Saakvitne, 2002, p. 446). This can happen in response to clients taking therapists to very difficult mental places, where therapists' understanding of themselves are disrupted and

values and ethics can be put at risk (Saakvitne, 2002). In fact, the therapist's mental life can be severely affected if the dramatic countertransference responses patients elicit in them are not effectively managed (Heimann, 1950). Without management, vicarious trauma of the therapist can also lead to "troubling impasses" in treatment (Heimann, 1950, p. 83). Therapists can become alarmed at the intensity of their own countertransference and compensate by becoming completely unfeeling and detached (Heimann). When countertransferences turn "abnormal" in the therapist, they become interfering, excessive, fixed or unworkable (Tower, 1956, p. 225). This happens when countertransference becomes so complex that sorting out the objective from the subjective becomes extraordinarily difficult for the therapist, and his feelings about his feelings become muddled and confused (Morrel, 1992).

Indeed, therapist countertransference can help, distort or hinder the perception of the unconscious processes in therapy, and so they affect the therapeutic process itself (Racker, 1988). But in the ideal countertransference situation, the therapist can harness personal emotional reactions through mindfulness and use them as an important technical instrument for understanding and helping the patient (Racker, 1988). The therapist then feels free to face personal emotions evoked by the patient's transference and has little need to block or defend against these reactions for his own protection (Kernberg, 1965). The therapist is not afraid of destabilizing the emotional equilibrium of the session, and can therefore make attempts to deepen the therapeutic process, even when it means potentially eliciting more intense transference from the client (Wilson, 2009). The client's intense emotions do not lead to over-strong emotion or inappropriately strong responses

in the therapist, triggering rigid defenses or blank spots leading to misunderstanding of the client or blocking of information or emotion (Wilson, 2009).

If there is over-strong emotion from the therapist that leads to any blocking, it clearly impinges directly on the therapeutic work (Jacobs, 1986). And if the therapist acts unconsciously in response to his own countertransference, this can be called a “countertransference enactment,” or “a defensive interaction experienced as a consequence of the patient's felt transference” (Chused, 1991, p. 634). Another way to conceptualize this enactment is an action-oriented “interlocking of the transference-countertransference” (Gabbard, 1995, p. 478). Certain attitudes of the analyst toward his own countertransference can also serve to block the natural unfolding of the therapeutic process - among them, the therapist seeking specific responses from the patient that could serve to calm the therapist's own anxieties about the process (Lacan, 1996). There is great risk of countertransference being misused and becoming a threat to therapeutic efforts, so it is incumbent upon the therapist to learn to use it with not only awareness, but sensitivity and genuineness. And if there is a perceived danger on the part of the therapist to being flooded with feeling of any kind of rage, anxiety or love in relation to the patient, countertransference can translate to unconscious avoidance or denial (Ehrenberg, 1985). Traumatized and fearful therapists run the risk of abandoning their patients through noninvolvement and defensive withdrawal (Ehrenberg, 1985). And conversely, therapists also run the risk of failing patients through excessive empathic identification, practiced in the service of avoidance of provoking the patient's anger, or the avoidance of awareness of the therapist's self and feelings (Ehrenberg, 1985). Either way,

countertransference resistance, or the therapists' resistance to his own countertransference, can severely limit the success of the therapy (Ehrenberg). And since countertransference resistance precludes understanding of the therapist's self, therapists must turn their attention to ways of becoming more self-aware and increasing sensitivity in their own sense of identity as they work (Ehrenberg, 1985). With refined sensitivities and discernment of one's self, the therapist will be less likely to allow countertransference resistance to pose a risk to therapeutic process.

Another specific risk of the therapist's mismanagement of countertransference is an "inner frame break" in the treatment process, which can be understood as a failure of empathy on the part of the therapist, or "inexact interpretation" in the treatment process (Bohm, 2004, p. 3). If the therapist is unaware of his countertransference and intervenes with the client from that place of unawareness, he can unconsciously sabotage the forward movement of the treatment process. This happens as the therapist essentially puts a stop to further exploration with the client by a "too early, unfounded or superficial interpretation" (Bohm, 2004, p. 2). Empathic failures along other lines might also happen in treatment as a result of what some theorists call "the burnout syndrome," leading to limitations on therapeutic success and effectiveness (Cooper, 1986). Burnout syndrome, like vicarious trauma, is liable to occur in therapists working in settings of great emotional intensity. These settings demand high degrees of affective awareness and control, empathy, and tolerance of uncertainty (Cooper, 1986). One real clinical risk of burnout syndrome is a masochistic or narcissistic form of burnout taking shape in a psychotherapist, where the therapist adopts particularly damaging defenses as a result of

his being overwhelmed. Because therapists operate in a climate of extraordinary isolation with no data to determine relative success in treatment, so they are particularly vulnerable and prone to deficits in confidence and self-esteem (Cooper, 1986). Therapists run great risk of what's called "masochistic victimization, replete with extreme inner guilt and self-recriminations" (Cooper, 1986, p. 579). For therapists suffering this form of masochism, depression is always on the horizon and chronic boredom or lack of pleasure in their patients can result. These therapists "sometimes resort to unconsciously bullying patients with their interpretations, condescension and anger, as the therapist unconsciously seeks narcissistic comfort to avoid private humiliation from unmet personal expectations" (Cooper, 1986, p. 582).

Along with the constant challenge of maintaining "narcissistic balance," therapists are faced with regular, heavy demands of treatment that include "instinctual restraint, evenly hovering attention, neutrality and patience" (Horner, 1993, p. 138). These demands often prove too much for a therapist to manage in a mindful way in order to ensure the integrity of treatment, and so patients get hurt or go untended in the process of what should be productive treatment. In short, burnout can be seen as a depressive reaction that comes about as a consequence of "narcissistic depletion," leading to loss of therapist ideals, loss of purpose, loss of self-definition, loss of self-esteem, and ultimately the loss of positive client interactions in which the therapist and the client feel valued and validated (Horner, 1993). And, when the therapist happens to also have a substantial narcissistic core to his personality, the experience of this depletion is even more acute. But with or without this core at the outset, "therapists can easily come to feel like victims

vis-a-vis their patients and their profession” (Vanheule & Verhaeghe, 2005, p. 289).

Because this study will ultimately look at yoga’s impact on psychotherapists and the therapeutic process through the lens of Relational Theory, we must consider countertransference as it relates to Relational Theory specifically.

Relational theory holds that “it is essentially meaningless to speak about the patient without considering the influence of the analyst on the patient” (Frawley-O’Dea, 2001, p. 54). Relational Theory is a truly two-person psychodynamic theory that places especially great importance on the therapist’s “unintended forms of participation” (Mitchell, 1998, p. 293). In this way, Relational branches off from other theories before it by being “constructivist” in nature, with the therapist and patient believed to “create and re-create one another over the course of treatment, with transference and countertransference being mutually determined and shaped by each of the two participant observers in the analytic dyad” (Frawley-O’Dea, 2001, p. 54). Relational Theory stresses the therapist’s constant influence on the therapeutic dyad and transference paradigms. It maintains that the therapist brings a personal “tapestry of historical and current relationally mediated experiences, affects, cognitions, somatic states and multiple organizations of self that engage with the same dimensions in the patient” (Frawley-O’Dea, 2001, p. 55). Together, the two parties mutually create a dynamic space in which to work, and in which therapeutic change ideally happens (Frawley-O’Dea, 2001). Relational thinking supposes that therapy happens in “an intermediate state, or transitional space, between introspection and attunement” where “influence flows in both directions” between the therapist and patient (Aron, 1991, p. 41).

As with other psychodynamic theories, Relational Theory holds interpretations as key in helping to create analytic change. But Relational Theory supposes that interpretations are not made by the therapist alone; rather they emerge from the transitional space between therapist and client (Aron, 1992). In this way, the therapist is seen as a “co-participant in collaborative inquiry” (Aron, p. 12). But the therapist must be able to unconsciously be “pulled out” of himself and his usual relational patterns, into countertransference enactments with the patient (Aron, 1992, p. 12). The therapist must be temporarily and unconsciously out of control and immersed in the transferences, with both neutrality and abstinence (Frawley-O’Dea, 2001). Neutrality is considered to be essentially fluidity and flexibility, while abstinence is seen as openness and malleability (Frawley-O’Dea, 2001). Ultimately, the therapist needs to find a way out of the patient’s rigid relational matrix, helped by the art of interpretation and struggles with countertransferences; but the therapist must first become lost in the countertransference, then find a way out of it (Mitchell, 1988). Relational Theory holds that a therapist “cannot master something which he has not first been transformed by,” and so the therapist cannot significantly influence the patient relationship and patient’s relational matrix without first becoming “a co-factor in a passionate drama” (Mitchell, 1988, p. 295). To participate in this drama fully, the therapist must walk intricate lines between “being fused versus detached, seductive nor rejecting and victim nor executioner,” while finding an internal voice with which to engage the patient (Mitchell, 1988, p. 295). The ultimate goal for the therapist is to gradually become disentangled from the countertransference, after “giving over” to it with the patient, and together understanding

“troubling configurations” of relational engagement; this then opens up new relational lines for both therapist and patient (Mitchell, 1988, p. 292). In this way, the central process of “relinquishment of old ties to maladaptive relational patterns” is ideally achieved (Seligman, 2012, p. 79). In this process, the therapist as well as the patient also “discover and re-integrate aspects of self-experience that have been fragmented and detached” (Seligman, 2012, p. 84).

Compassion, Yoga & Psychotherapy

Because of the many inherent risks of countertransference, it makes sense that therapists can fear it greatly. And fear of countertransference can ultimately deprive therapists of the privilege or use of all of their feelings, and especially the feelings of compassion for their patients (Bernstein, 2001). Compassion is the natural and socially complementary role response to another's need of help, and it is ordinarily expected to be present in a therapist with a client. Though, due to countertransference issues, this “compassion is often hampered and replaced with coldness, objectivity and withdrawal” (Bernstein, 2001, p. 35). But compassion, even more than empathy, is perhaps the most important tool of the therapist in relating to and helping not only the client, but the therapist as well. Compassion indeed might be the most logical, as well as accessible, tool to prevent and heal narcissistic injury experienced by therapists. Compassion as a way of relating to oneself has been studied extensively, and is proven to be a kind, connected and clear-sighted approach to relating to oneself, even in instances of failure, perceived inadequacy and imperfection (Birnie, Speca, & Carlson, 2010). Self-

compassion in fact provides greater emotional resilience and stability than the notion of self-esteem, while it involves less self-evaluation, ego-defensiveness and self-enhancement. Whereas self-esteem entails evaluating oneself positively and involves the need to be measurably successful, self-compassion does not require such measures (Birnie, Speca, & Carlson, 2010).

Self-compassion can be thought to entail three main components which overlap and naturally interact: self-kindness (versus self-judgment), feelings of common humanity (versus isolation), and mindfulness (versus over-identification) (Birnie, Speca, & Carlson, 2010). Mindfulness, as it has been considered as a component to self-compassion, involves "being aware of the present moment experience in a clear and balanced manner, so that one neither ignores nor ruminates on disliked aspects of oneself or one's life" (Birnie, Speca, & Carlson, 2010, p. 364). Compassion and mindfulness have been linked directly through research, with mindfulness being one solid means of achieving self-compassion. Mindfulness-based stress reduction programs incorporating yogic techniques are shown to impact self-compassion as well as empathy positively, while lessening symptoms of stress and mood disturbance (Birnie, Speca, & Carlson, 2010). Mindfulness affects self-compassion in that it strengthens one's sense of an "internal observer" that can be aware of having thoughts, feelings and sensations, without being entirely identified with them (Neff & Germer, 2013, p. 29). And studies show self-compassion is strongly associated with psychological health, including: greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism and positive affect, as well as less self-

criticism, depression, anxiety, fear of failure, thought suppression, perfectionism and performance goals (Neff & Germer, 2013). In addition, self-compassion has significant negative correlation with neuroticism and positive correlations with agreeableness, extroversion, conscientiousness (Neff & Germer, 2013).

Ultimately, high levels of self-compassion are linked to decreases in anxiety, depression and trauma-related symptoms (Beaumont, Galpin, & Jenkins, 2012). And the beauty of self-compassion, in terms of ease of attainability, is that it stems simply from the way one relates to oneself without defining the worth or essence of who one is; it sidesteps labels, judgments and evaluations of self, and culminates in only positive affect (Beaumont, Galpin, & Jenkins, 2012). When considering how self-compassion potentially affects not only a therapist, but the therapy process, it must be recognized that therapist self-compassion directly leads to compassion for clients; conversely, fear of self-compassion correlates significantly with fear of compassion for others (Gilbert, McEwan, Matos, & Ravis, 2011). And although both compassion and empathy can certainly be present in therapeutic relationships, often empathy is recognized as a necessary component to the therapeutic alliance while compassion is unfortunately not (Patsiopoulos & Buchanan, 2011).

Therapist Psychotherapy

If use of yogic techniques is one method of achieving therapist mindfulness and compassion, thereby potentially improving therapeutic outcome -- this then begs the question: what are others? Sigmund Freud proposed that personal therapy was “the

deepest and most rigorous part of anyone's clinical education" (Bellows, 2007, p. 205). And so it is not surprising that the most common method for psychotherapists to achieve self-awareness and self-compassion today appears to be through their own psychotherapy. It is estimated that somewhere between 65% and 85% of psychotherapists have participated in their own psychotherapy, with large numbers of therapists having received their therapy as a component and requirement of professional training (Bellows, 2007). In more than one study, at least 90% of therapists who had undergone personal therapy reported it had value for them, not only for their own good health but also as a learning model for therapist behavior (Bellows, 2007). Some psychotherapists even cite their own personal psychotherapy as second only to practical experience as the most important contributor to their professional development (Bellows, 2007).

Though, other studies raise questions about the personal risks of negative effects of therapy for therapists' professional development, and some psychotherapists even report they have been psychologically harmed by therapy (Macran, 1999). The therapists who are raising questions about the risks of personal therapy most often question its use as a required component of professional training, with concern that it creates additional psychological stress for therapy students at a time when stress levels are already high (King, 2011). These students report negative effects due to excessive preoccupation with their own personal issues, while having to manage clients' issues in training. Some see required therapy as a "negative enforced destabilizing experience" (King, 2011, p. 192). Other therapists report blocked therapeutic effectiveness in their own personal therapy due to role confusion, with their dual self-identity as therapist and client becoming too

complicated (Rake & Paley, 2009).

Though, the majority of therapists who do personal therapy report greater empathy, self-reflectiveness, self-understanding, self-awareness, enhanced self-esteem and self-confidence, reduced characterological conflicts, symptom alleviation, improved interpersonal relationships and enhanced therapeutic skills including empathy (Murphy, 2005). One major, and relatively unanticipated, positive finding in studies has been therapists' attainment of acceptance of self and their own imperfectability, which is viewed as enhancing clinical work by increasing therapists' compassion for struggles and limitations of change, for themselves and their patients (Oteiza, 2010). Therapists speak of their own therapy as helping them to know themselves and not disowning aspects of themselves, thereby helping them to be a more available presence as a therapist. (Bellows, 2007; Rizq & Target, 2008). But, while these positive impacts have been widely recorded, other research into the benefits of personal therapy for treatment outcomes has provided conflicting evidence (Daw & Joseph, 2007). There is still a lack of consistent evidence rooted in research supporting improved therapeutic outcomes for therapists who have undergone their own therapy. In other words, studies looking at patient outcomes are simply inconclusive in linking therapists' personal therapy to subsequent therapeutic efficacy (Daw & Joseph, 2007).

Benefits of Yoga for Psychotherapists

If therapists' own personal therapy is proven to be helpful to therapists personally, but is not proven to ensure better therapeutic outcomes for patients (Daw & Joseph,

2007)—while therapists’ practice of yoga is personally helpful to therapists and also beneficial to therapist-client relationships (Campbell & Christopher, 2012)—why not take a deeper look at yoga as another health intervention in addition to therapy, to help therapists improve not only themselves but their practices? With up to a third of therapists not even attempting to use personal therapy to better themselves and their work today (Bellows, 2007), it surely stands that yoga remains - at least - a very promising addition to the traditional intervention of psychotherapy for therapist self-care and professional enrichment.

Every day in their work, psychotherapists are facing vicarious traumatization and burnout that can perilously affect not only their personal lives but their therapeutic relationships, with detrimental outcomes (Saakvitne, 2002). In trying to do good work, therapists face a precarious host of complicated countertransference issues that can damage alliances and debilitate therapy processes (Morrel, 1992); conversely, therapeutic alliances are proven to profit from therapist self-awareness, that fosters good use of countertransferences to enlighten, further and deepen therapy processes (Wallin, 2007).

Therapists and their clients appear as poised now as ever to reap potentially rich benefits of a centuries-old spiritual practice with consistently proven positive outcomes. In yoga, therapists have a solid source for greater self and other compassion, that they can use to enrich their work as well as their lives (Gilbert, McEwan, Matos, & Ravis, 2011). And this source can be easily accessed in their homes and communities, without mental health stigma or professional complications.

In the psychotherapy world, yoga is indeed emerging as part of a modern mind-

body approach to better mental health through physical as well as mental means (Wallin, 2007; Kornfeld, 2009). With more than a third of psychotherapists reporting exhaustion as a result of their work (Ackerley, Burnell, Holder, & Kurdek, 1988), who better to benefit from mind-body health maintenance and improvement via yoga than these valuable and vulnerable caretakers of so many suffering others—psychotherapists.

Relational Theory

Relational Theory is the most applicable and potentially enlightening psychodynamic lens to use in considering how yoga impacts psychotherapists' personal lives and work. This is because Relational Theory is a two-person psychology with a correlating two-person model of development. Relational Theory sees individual development as happening in the context of relationships that are desired and needed, but from which individuals eventually attempt to remove themselves (Frawley-O'Dea, 2001). Intrapsychic and interpersonal development are seen as interwoven and “structured in dialectical tension throughout the life span” (Frawley-O'Dea, 2001, p. 51). Drawing in part from Objects Relations Theory created before it, Relational Theory considers relationships to be the primary components of peoples' psychic structures, with the mind ultimately becoming “organized by units of internalized relationships” (Frawley-O'Dea, 2001, p. 51). Relational Theory does not consider an individual's development in terms of the realization of one self, but rather multiple “self-states” that are ideally bridged to become a “normative multiple self” (Frawley-O'Dea, 2001, p. 51) or “softly-assembled self” (Seligman, 2012, p. 83).

In Relational Theory, psychopathology is regarded with respect to “degree of early adhesion to one’s relational matrix” (Mitchell, 1998, p. 277). This means that individuals in early childhood build an internalized, interpersonal world of relationships from only what is available to them, with these “conflictual relational configurations” eventually serving to limit later relations into adulthood (Mitchell, 1998, p. 277) And in order to change early, limited relational patterns that are being repeated and problematically adhered to, the individual must alter object ties and transactional patterns with the help of therapy (Mitchell, 1998). Anxiety is seen as a the driving force behind the individual’s adherence to repetitive, constricted relational patterns, as individuals seek to avoid disloyalty to and disconnection from early, crucial objects (Mitchell, 1998). Thus, the therapist’s role is to give individuals a new relational experience that ultimately helps them loosen ties to old objects and troublesome patterns of relating (Mitchell, 1998).

The challenge of the therapist in this process is multi-fold, as she is faced with the complicated role of “offering security, responsiveness and recognition” amid frequent disturbing and highly-emotional countertransferences (Seligman, 2012, p. 87). The therapist’s role in Relational Theory requires him to become “a hearty explorer, willing to take greater risks and confront more intense dangers in order to enrich the journey” of therapy (Davies, 1999, p. 203). Perhaps the greatest challenge for the therapist is to allow himself to necessarily “become the patient’s ‘bad object’ without losing self-reflective capacities” (Davies, 2004, p. 716). The therapist’s own “history of extruded self-states” come into play, making it exceeding difficult to “fend off intolerable, shame-riddled, self-

representations” of his own, which can undermine not only the therapist’s self-esteem but also the therapist’s efforts to co-construct a transitional, safe space for good work (Davies, 2004, p. 729). Because the therapist and patient are “inextricably intertwined in mutuality and interdependence, ” therapy can in fact be a “dizzying, destabilizing and occasionally overwhelming project” (Davies, 1999, p. 205). In order to create real therapeutic change, the therapist must truly witness the patient’s trauma and then be ultimately be willing to change, along with the patient (Stern, 2012). For, “if the patient is to change, the analyst must as well” (Stern, 2012, p. 402).

While Relational Theory is dyadic and reciprocal, is it also asymmetrical, for “mutuality is not synonymous with equality” (Frawley-O’Dea, 2001, p. 57). This theory recognizes power gradients that are undeniable and unavoidable, with the therapist maintaining more authority over the therapeutic process than the patient. However, the therapist’s authority is seen as “authorized and repeatedly reauthorized through the mutually negotiated ongoing-ness of the analytic relationship, rather than being unilaterally assumed by the therapist” (Frawley-O’Dea, 2001, p. 58). In this way, therapist and patient work together toward some mutually negotiated truth about the patient’s life narrative and psychological organization (Frawley-O’Dea, 2001). In this process, the therapist cannot deny the “real power, expertise and experience differential” necessary for his work, but relies on negotiation to mediate his undeniable power in the asymmetrical therapeutic process. (Frawley-O’Dea, 2001).

In this Relational therapeutic process that recognizes asymmetry between therapist and patient, thoughtful and appropriate self-disclosures on the part of the

therapist are seen to promote equality and symmetry (Bass, 2001). Yet these self-disclosures are fraught with responsibilities that are quite different than those of the patient in the analytic situation, and therapists cannot function well without taking these differences and responsibilities seriously (Bass, 2001). Among these responsibilities is that of never operating according to “strict doctrine or prescription” in the therapeutic process (Bass, 2001, p. 5). Therapists need to continually strive toward flexibility and intuitiveness, versus prescribed method, and “questions of technique are always contextual” (Bass, p. 5). Relationally-oriented therapists cannot impose any model of treatment on patients, or push for any specific kind of integration, as this would “constrain transformative potential and limit prospects for genuine discovery and change” for both therapist and patient (Bass, p. 5). The therapist must instead bear responsibility of walking a fine line in struggling and collaborating with the patient, “negotiating the ever-shifting edge between process and relationship” (Bass, 2001, p. 5).

In negotiating this edge, the therapist must continually struggle to “stand in the spaces” between his own realities and self-states in therapy, “without losing any of them” (Bromberg, 1996, p. 515). This means the therapist must be able to bridge his own self-states in a healthful manner, in order to maintain creative imagination and playfulness in the therapeutic process (Bromberg). In order to do this, the therapist recognizes his own, and the patient’s, “dissociative processes” as a dynamic element in the therapeutic process (Bromberg, 1996, p. 515). In Relational Theory, the analyst’s dissociation is not a mistake, but rather it is intrinsic to the normal process of human communication (Bromberg, 1996, p. 527). It is “a basic process that allows individual self-states to

function optimally, and a means through which a human being maintains personal continuity” (Bromberg, 1996, p. 514). Relational thinking considers health as the ability to “feel like one self while being many” (Bromberg, 1996, p. 515). So, the Relational therapist must “have a whim of iron” in being able to stand in the spaces with the client, as the client ideally, simultaneously does the same in an effort at good health (Bromberg, 1996, p. 515). In this way, the therapist inevitably shifts his self-state when the patient shifts his, and vice-versa, leading to eventual insight and growth (Bromberg, 1996). The therapist ideally “maintains dual citizenship in two domains of reality, with passports to the multiple self-states of the patient” (Bromberg, 1996, p. 528).

Yoga & Relational Theory

Parallels can be drawn between concepts of Relational Theory and the basic tenets of yoga. Perhaps the most obvious is the Relational concept of the therapist “standing in the spaces” between introspection and attunement and comfortably existing in a “transitional space” (Bromberg, 1996, p. 515). The practice of yoga is indeed conducted in an entirely transitional, meditational space that requires practitioners to leave their normal, daily states of being and enter more present-focused states of awareness. Yoga encourages avoidance of attachments to specific ideas or thoughts – rather, encouraging practitioners to wholly focus attentions on breathing and mindfulness. And, as with Relational Theory, yoga adheres to a belief that all change happens in this transitional, safe and therapeutic space (Bromberg, 1996). As Bromberg stated, the Relational therapist “should try to be experientially accessible to moments of awareness of a shift in

self-state and the details of his own self-reflection” (Bromberg, 1996, p. 519)—and so yoga essentially challenges yogis to do the same. For Relational therapists, their own attainment of inner freedom ultimately causes a therapeutic shift in the patient (Aron, 1992)—while, for yogis, inner freedom from thoughts, attachments and judgment bring an eventual, therapeutic shift in body, mind and sense of self.

In order to allow for this therapeutic change, yogis—like Relational therapists—must achieve comfort with uncertainty and not knowing, as both therapy and yoga processes involve countless movements, transitions and variations in performance and ability (Aron, 1992). Yogis faced with challenging yoga practice—like Relational therapists—must remain, fluid, flexible, open and malleable (Frawley-O’Dea, 2001) in their practices as they work through unpredictable difficulties in their positions, that in turn affect their mental states and efforts. Yogis, like Relational therapists, must essentially “give themselves over” (Aron, 1992) to the process of yoga and become immersed without judgment or constriction, in order to participate fully in their practice and achieve optimal physical and spiritual change.

Additionally, parallels can be drawn between the dyad of the yoga teacher/practitioner and the Relational therapist/patient. In Relational theory, therapy provides mutuality between therapist and patient, but also asymmetry; in yoga, there too is mutual relationship between yoga teacher and practitioner, that is also asymmetric due to the teacher’s greater knowledge, power and authority in the yoga setting. The yoga teacher engages with his practitioners both verbally and physically, with practitioners responding primarily physically. The yoga teacher’s power is reauthorized and

renegotiated in the relationship—as in Relational therapy—(Frawley-O’Dea, 2001) as the yoga practitioners continually make choices to follow the teacher’s instructions. In this way, the yoga teacher/practitioner relationship is not only dyadic but also mutual and reciprocal, as in Relational Therapy (Bass, 2001). And as the Relational therapist cannot blindly impose a model of treatment on a patient, but must instead work in tandem with a patient create process and relationship - (Bass, 2001) so the yoga teacher must also remain creative, attuned and collaborative with yoga practitioners to lead a practice effectively and artfully.

As Relational therapy is constructivist, so is the yoga process; the yoga teacher/practitioner and therapist/patient can create and re-create their process together, attempting to loosen personal restraints, subdue anxieties, challenge stasis and create greater strength and personal change (Mitchell, 1988). Interestingly, in yoga, the yogi can individually – with or without an instructor present as part of the process - repeatedly entangle his body in itself in order to ultimately disentangle both the body and mind from old, constricted ways of being; while Relational therapy calls for the therapist and patient to become entangled, in order to then follow a “a gradual process of disentanglement” (Mitchell, 1988, p. 295) in order for both the therapist and patient to ultimately discovering new ways to engage each other and world.

Theoretical & Operational Definitions of Major Concepts

For the purposes of this study, terms will be defined as follows:

1. *Burnout* is a psychotherapist’s feelings of emotional and physical exhaustion,

coupled with feelings of frustration and failure, in response to managing client concerns.

2. *Compassion fatigue* is psychotherapist fatigue, emotional distress or apathy resulting from demands of caring for clients.
3. *Depersonalization* is state in which one's thoughts and feelings seem unreal or not to belong to oneself, or in which one loses all sense of identity.
4. *Mindfulness* is paying attention in a particular way, intentionally, in the present moment and non-judgmentally.
5. *Psychotherapist* is any trained mental health therapist practicing with the licensed accreditations of MD, PhD, PsyD, LCSW, LMFT and/or LCPC.
6. *Spirituality* is the realm of inner life, inner experience and the individual aspect, not necessarily connected with religion.
7. *Self-awareness* is awareness of oneself, including traits, feelings and behaviors.
8. *Vicarious, or secondary, trauma* is a stress reaction experienced by psychotherapists who are exposed to disclosures of trauma, suffering and need from clients, as well as negative changes that happen to psychotherapists over time as result of exposure to their clients' experiences of trauma.
9. *Yoga* is a system of mental and physical exercises originally practiced as part of the Hindu discipline to promote control of the body and mind, boost awareness/mindfulness and tranquility and achieve liberation of the self.
10. *Yoga therapy* is a form of therapy that combines psychotherapy with yoga practice.

11. *Hatha yoga* is the foundation of all yoga styles, that incorporates *asanas* (postures) and *pranayama* (regulated breathing)
12. *Savasana* is a resting corpse pose, or asana lying on one's back, that normally happens at the very end of a yoga practice.
13. *Sun salutations* are warm-up asanas involving standing with arms reached skyward, bending forward touching toes, then standing with arms reached once again.
14. *Vinyasa* is a high-exertion, flowing yoga involving both standing and floor asanas.
15. *Bikram* is “hot” yoga done in a room normally above 90-degrees, in a sequence of 26 static poses.
16. *Iyengar* is a posture and alignment-focused yoga involving various physical props.
17. *Yin yoga*, or “restorative” yoga, involves passive asanas with minimal exertion.
18. *Ashtanga yoga* mimics the vinyasa (flow) style in its high exertion, but differs in that it follows a strict sequence of asanas.
19. *Child's pose (balasana)* is a resting asana involving kneeling and bending forward over one's thighs, placing forehead on the ground with arms resting above.
20. *Self-state* is “a state of being that includes the ‘me’ and the ‘not me’ self states, that originated in the approval and disapproval of significant people in our lives—and together, they make up what each of us feels as me or self” (Stern,

2012, p. 87).

21. *Transference-countertransference* refer to aspects of a single intersubjective totality experienced separately (and individually) by analyst and analysand (Ogden, 1995).
22. *Countertransference* is the form through which the analyst attempts to reach the patient (Mitchell, 1998, p. 146).
23. *Enactment* is “the dissociated experience with one mind that is experienced between two or across two minds,” or, “the interpersonalization of dissociated self-states” where the conflict cannot be experienced within one mind (the patient's), but rather is experienced between two minds—the patient and analyst. (Stern, 2012, p. 86).
24. *Dyad* is a two-person relationship between a therapist and patient in psychotherapy.
25. *Transitional space* is a psychological “in-between” space created in a therapeutic setting that allows for a therapeutic shift or change.
26. *Asymmetry* is an inequality of power in the therapeutic relationship, in which the therapist has greater authority than the patient.
27. *Constructivism* is a theory of therapeutic process in which the therapy experience is co-created by the therapist and patient together.

Statement of Assumptions

Clinical experience and theoretical research has led to a number of assumptions that will have an impact on the interview process and the analysis of the data. These assumptions are:

1. Psychotherapists have unique professional and personal needs for self-awareness and self-care,
2. increased self-awareness and self-care positively affect psychotherapists' professional and personal lives,
3. psychotherapists experience compassion fatigue, vicarious trauma and burnout as a result of their work, and
4. yoga is beneficial for mental, physical and emotional health.

Chapter III

Methodology

Study Design

This study utilized qualitative Interpretive Phenomenological Analysis, or IPA, based on methodology outlined by Smith, Flowers and Larkin (2009). IPA is based on phenomenological theory in that it is concerned with exploring a phenomenon - an experience, or the “meaningful concrete relations in the context of a particular situation in its own terms” (Moustakas, 1994, p. 14). The IPA approach specifically aims to understand how people make sense of and understand a specific life experience. IPA is rooted in philosopher and phenomenologist Edmund Husserl’s ideas of “going back to the things themselves” to understand a human experience in detail, as opposed to considering some “philosophical account of lived experience” (Smith, Flowers & Larkin, 2009, p. 1 & p. 33). Data for this study was obtained from interviews with 8 respondents. Each respondent was chosen with consideration of three criteria: they work as a psychodynamic psychotherapist, they practice yoga on a regular basis, and they are able to communicate some impacts of yoga on their personal and professional lives.

Scope of Study, Population & Sampling

Purposeful sampling was used (Cresswell, 1998), considering both criterion and convenience. A relatively small sample size was used, in keeping with the sample sizes normally included in studies using the IPA approach (Smith, Flowers & Larkin, 2009).

IPA approach uses small sample sizes in order to facilitate high-quality, in-depth analysis and interpretations of data, as well as to “examine convergence and divergence of data in some detail” (Smith, Flowers & Larkin, 2009, p. 3). Furthermore, a sample of size of seven to ten respondents has been shown to be optimal for validity in a multitude of phenomenological studies examining related topics to this study – specifically, studies examining the phenomena of psychotherapists doing their own psychotherapy and how this practice impacts their lives.

I recruited respondents for this study through my professional contacts in the large urban setting of Chicago. Candidates were critically selected for the study as their experiences could allow for some generalization to the larger population – in this case, psychodynamic psychotherapists doing yoga. The purpose of purposive sampling is to select information-rich cases whose study will illuminate the question currently under study. What is true for the candidates chosen for the study is likely to be true for most others, thus allowing such cases to be generalized. This method is commonly used in qualitative research as it is shown to be strong in quality assurance (Creswell, 1998). Candidates meeting the study criterion were uncovered through process of personal referral. I notified my professional contacts about the study - in-person, via email and/or by phone - informing them of the criterion for participation; some of these contacts then chose to notify their professional contacts and inform them of the study. Any interested candidates were directed to contact me about participation in the study. I received emails and phone calls from eleven interested candidates, then pre-interviewed all candidates individually by phone, to ascertain their appropriateness as participants, based on quality

of criterion as well as practical convenience. All candidates turned out to be local, and eight met the criterion for the study. The remaining three candidates did not meet the study criterion because they: did not consider psychodynamic theory in their practice, did not primarily do psychotherapy, or did not currently practice therapy at all.

Data Collection Methods & Instruments

Data was collected and validated through two interview sessions with each individual respondent. I was the first respondent in the study, offering my own answers to the study questions, in writing, at two different periods in time in advance of all other respondent interviews. This procedure is in keeping with a recommended IPA process called “bracketing.” In explaining the importance of bracketing, Cresswell maintains the researcher simply must “set aside, as far as humanly possible, all preconceived experiences to best understand the experiences of the participants in the study” (Cresswell, 1998, p. 235). Smith, Flowers and Larkin maintain that this attempt at “suspending preconceptions” is important for the research, particularly in the areas of data collection and interpretation of data with the IPA approach (Smith, Flowers & Larkin, 2009, p. 42).

I then conducted initial interviews with each of the eight respondents. Each interview lasted a duration of between two and four hours, and took place in either the homes or offices of the respondents. The conversations were audiotaped digitally on a professional audio recorder, and transcribed solely by me. To ensure confidentiality, each respondent chose their own false name for the study, and those names were included in

the audiotapes and subsequent transcriptions. Following the taping of each conversation, I made memos of my own impressions of the process and responses.

The primary interviews were semi-structured, in keeping with a typical IPA approach (Smith, Flowers & Larkin, 2009). This includes a flexible questioning style and an allowance for the respondent to dictate some direction of the interview, to feel they “have a stake” in the process (Smith, Flowers & Larkin, 2009, p. 3). The questions were initially organized into the following seven categories: 1) Professional History, 2) Personal History, 3) Self-Care, 4) Spirituality, 5) Yoga History, 6) Personal Yoga Benefits and 7) Professional Yoga Benefits. Each category of questions began with one or more open-ended questions, followed by more in-depth and specific questions that were asked only if needed to round out the data:

Study Questionnaire

Professional History

- Tell me about your education, training and work history.
- What is your theoretical orientation in doing therapy?
- What are your philosophies around the therapist/client relationship?
- Is your job taxing - physically, mentally, spiritually?
- What is your degree and profession, and how long have you been practicing? In what setting?
- What are your major beliefs and approaches to therapy?
- How did you choose to enter this field and how has it been for you so far?
- How many clients do you see daily, who are your clients and what issues are you dealing with?
- How do you normally feel during, and after, the workday?
- Have you experienced burnout (secondary trauma)?

Personal History

- Tell me about your family of origin and personal history.
- What has been your role in your family of origin?
- Are you married – if not, who do you consider to be your current family?

- Have you experienced major trauma or illness?
- What is your history with anxiety and depression?
- What is your history with substances?

Self-Care

- How do you take care of yourself, physically and mentally?
- Do you prioritize your health?
- What exercise do you do?
- Are you conscious of needing to offset your work stress with self-care?
- Where do you access emotional support?
- What is your history with psychotherapy/counseling for yourself?
- How would you compare the benefits of yoga to benefits of psychotherapy for you?

Spirituality

- Do you consider yourself to be a spiritual person?
- Do you have creative outlets?
- Do you practice religion?

Yoga History

- Tell me about your yoga history and current yoga practice.
- What is yoga for you?
- What do you know of mindfulness and from where does that understanding emanate?
- Why did you start and how has your practice morphed through the years?
- Do you meditate separately?
- How often do you do yoga, what style and in what setting exactly?
- How do you feel in the yoga room? Would you call it womb-like, or how would you describe it?

Yoga Benefits – Personal

- What are the benefits of yoga for you personally?
- How has yoga affected your mindfulness?
- How has yoga changed your self-awareness?
- How has yoga changed the way you see, and interact with, the world?
- Has yoga helped you through any traumas or illness?
- What has been surprising about yoga in your life?
- How has yoga impacted your: body, mind, spirituality, relationships, ability to focus and be patient, judgment of yourself and others, regulation of emotions, goodwill toward yourself and others, boundaries, self-care, life decisions

Yoga Benefits – Professional

- What are the benefits of yoga for you professionally?
- How does yoga affect your subjective experience and self-awareness while doing therapy?
- How has yoga impacted your ability to manage general stress of the workplace setting?

- How does yoga impact your ability to: manage affect/emotions in the therapeutic setting (both positive and negative), maintain an approach of 'curiosity and awe' (stay open and relinquish control), manage secondary trauma/burnout, maintain focus and patience, maintain boundaries, cultivate body/mind awareness, manage your career path

Because of the deeply thought-provoking and personal nature of some questions, this questionnaire was emailed to each respondent at the time of the respondent's commitment to the study. This allowed ample time for the respondent to mentally and emotionally prepare to answer the questions, in addition to giving the respondent more sense of personal stake in the interview. The order of questioning intentionally includes the questions regarding yoga toward the end of the interview, to allow time for respondents to become comfortable, and substantially reflective, prior to these more abstract and complicated areas of questioning. Immediately following each interview, I transcribed and promptly emailed the written interview to the respondent, requesting his/her careful review before our next interview together.

The primary interviews with each respondent were then followed, two weeks later, by secondary interviews. Staggering these first and second interviews intentionally allowed a gap in time for respondents to adequately reflect on their first interview experiences and the complex subject matter at hand. Five of these secondary interviews were completed in-person, with an additional three completed by combination of phone and email, at the respondents' determination. These secondary interviews allowed respondents to discuss their primary interview transcripts, adding edits or perspective wherever they felt necessary. Most respondents chose to adjust some minor wording, and two respondents offered answers to a few questions they could not answer in the primary

interview, due to time constraints; with the exception of these two, all respondents communicated that they had exhausted the entirety of their ideas during the primary interviews. These second conversations therefore primarily served to ensure the validity of the data gained in the primary interviews; and conducting multiple conversations with each respondent allowed me to analyze a respondent's data "in pieces", as I collected and gained additional perspective on it. This ultimately served to positively impact my understanding of a respondent's experience as time passed. This also served to inform the ongoing process with all respondents. This fluidity of analysis is central to the process of qualitative study, with the processes of data collection and data analysis happening concurrently and ultimately influencing the direction of the study.

Procedures for Data Analysis

Data analysis in phenomenological study is a highly structured approach with detailed form (Moustakas, 1994). Smith, Flowers and Larkin call the data analysis procedure for Interpretative Phenomenological Analysis a "live, dynamic approach that is sustained and systematic," rather than a "scholarly collection of ideas" (Smith, Flowers and Larkin, 2009, p. 33). They maintain that when people deal with an important life experience, "the multidimensional aspect of their response to that experience comes to the fore, and so a holistic phenomenological analysis is particularly apposite" (Smith, Flowers and Larkin, 2009, p. 34). IPA involves a "double hermeneutic" approach, where the researcher is making sense of the respondent, while the respondent is making sense of his own experience (Smith, Flowers and Larkin, 2009, p. 34). There are different levels

of interpretation that the researcher works through, to eventually reach deeper levels of analysis. These interpretations must always be rooted in the “meeting of the researcher and the text” of the data (Smith, Flowers and Larkin, 2009, p. 34). The researcher commits to “exploring, describing, interpreting and situating the means by which respondents make sense of their experiences” (Smith, Flowers and Larkin, 2009, p. 40). And successful analysis with IPA requires not only a systematic application of ideas, but also a combination of reflective, critical and conceptual thinking (Smith, Flowers and Larkin, 2009). The IPA researcher aims to “stand in the shoes” of the respondents and see the world from their point of view (Smith, Flowers and Larkin, 2009, p. 44).

In keeping with IPA approach, for this study each individual transcript was analyzed “case by case, for a systematic, qualitative analysis,” beginning with my own interview transcript (Smith, Flowers and Larkin, 2009, P. 4). The transcripts were first read, then re-read, for the initial process of “horizontalization” in which every expression or personal statement, relevant to the respondents’ experience that is being studied, is compiled into a list and given equal value (Moustakas, 1994, p. 120). From this list, I created “meaning units,” by grouping relevant personal statements of experience into separate and like units of meaning (Creswell, 1998, p. 176). Then I clustered meaning units under umbrellas of overarching “core themes” of experience (Moustakas, 1994, p. 121). I created an “individual textural description” for each of these themes of experience, explaining in narrative form *what* happened in the experience. Moustakas maintains these descriptions should describe the experience from “many sides, angles and views, until a sense of fulfillment is reached” on the part of the researcher (Moustakas,

1994, p. 78). For each textural description, I also created an “individual structural description”, explaining *how* the phenomenon was experienced - again looking at all possible meanings and perspectives (Moustakas, 1994, p. 78). I employed the “imagining variation process” here, thereby utilizing my imagination to “vary frames of reference, employ polarities and reversals, and review divergent perspectives” (Moustakas, 1994, p. 121). Then, I used these compiled narrative textural and structural descriptions, integrating the two into “an exhaustive description of the essential invariant structure,” or “essence of the experience” (Cresswell, 1994, p. 176). This “essence of the experience” takes into account the “textural qualities, including the feelings, sense experiences and thoughts – and the structural qualities that underlie the textures and are bound within them” (Moustakas, 1994, p. 78).

The final step of the data analysis was a seeking of respondent validation of themes of experience, to ensure interpretive validity of the respondents’ communicated experience. I did this by providing each respondent with the final narrative integrations of compiled themes of experience, via email. I then followed up with each respondent, via phone and/or email, to obtain their clearance on the totality of their interview offerings in the greater context of the study analysis. All respondents responded positively to these narrative integrations.

It is important to note that I continually collaborated with my committee research chair throughout the process of data collection and analysis, to ensure that interpretations of data did not happen “in a vacuum.” This standard practice of qualitative study advances the validity of data by allowing for a crucial outside perspective in determining

meaning from respondents' offerings. This collaboration also served to further bracket my own bias from the study, by continuing to highlight and analyze my preconceptions and assumptions as I moved through the study process.

Statement on Protecting the Rights of Human Subjects

All respondents in this study were volunteers. There was no physical risk in this study, but there was potential for emotional distress of respondents as they reflected upon and communicated personal experiences. In order to minimize this potential for emotional distress, I used my skills as an experienced clinical social worker to assess respondents' emotional vulnerabilities in the early recruiting stages of the study, as well as during and after all interviews. Any respondent who might have appeared to experience extreme stress and disturbance in communicating responses for the study would have been disqualified from participating further, for their own well being. This study aimed to inform the psychotherapy field as a whole about potential, wide-ranging benefits of yoga for therapy professionals. Given these potential benefits and their potential positive impacts on the field, the benefits of this study did appear to outweigh the risks.

The respondents in this study were members of a non-vulnerable adult population. Each participant read and signed an informed consent form prior to starting the study. The form is the Institute for Clinical Social Work Individual Consent for Participation in Research form – which briefly describes the purpose, procedure, costs/benefits and potential risks/side effects of the study. The form also contains information on privacy

issues and confidentiality. If a potential respondent chose not to sign this form, they would not have participated in the study.

Confidentiality and privacy of all respondents in this study were protected and ensured to the maximum extent possible. Respondents did not use their real names as part of the study; rather, they created false names to be included, in advance of their participation. All interviews were private and held at a location, or by means, determined by the respondent. Interviews were transcribed by the researcher and only false first names were used in transcriptions. All interview audio files were to be destroyed immediately following completion of the study - with interview transcripts kept in the researcher's own personal hard drive files for three years following completion of the study, then destroyed. All analytical work was to be kept, password-protected, on the researcher's computer hard drive for a period of three years following completion of the study, then destroyed. Study respondents could review the results of this study upon its completion; the study was to be supplied to them in written form, if requested.

Chapter IV

Introduction to Results

The following three chapters present the results obtained from analyses of interviews conducted with eight participants. Each chapter title is a “core theme.” As it is described in the Methodology section of this dissertation, a core theme is the result of breaking down respondents’ interview offerings with a process of “horizontalization” that is used to create a list of “meaning units”; the meaning units are then clustered under umbrellas of over-arching core themes of experience (Moustakas, 1994, p. 120-121).

This introductory chapter provides a description of the three chapters - including the analytically derived “essence” of each of the three core themes - in addition to brief descriptions of every listed meaning unit under each umbrella (Moustakas, 1994, p. 78). Please note that all core theme and meaning unit names include a Sanskrit translation, in parenthesis; this simply serves to reflect the authentic, spoken language of Yoga that is followed throughout the world by yogis in their practices.

The first core theme chapter is titled Yogi Psychotherapists: Diverse Nature & Nurture (Yogi Guruvats: Mizra Dharma oba Posa). The analytically derived essence of this core theme follows that: Psychotherapists who do yoga have diverse and various natures, which are the result of their origins and the nurturing received. Also, psychotherapists who do yoga nurture others using methods derived from their origins of

nurturing, in combination with their personal natures. This core theme has four meaning units that fall under its umbrella:

The first meaning unit to fall under this core theme is titled: Yogi Psychotherapists (Yogi Guruvats). This unit will include all fundamental, participant background information gathered in the research interview process, including: chosen fictional name for the study participant, gender, race, current family constellation, schooling relevant to psychotherapy practice, and professional credentials/certifications.

The second meaning unit to fall under this core theme is called: Work Callings (Karman Ahvanas). This unit will contain participants' personal stories of their "callings," or original draws toward working in the psychotherapy profession.

The third meaning unit to fall under this core theme is called: Big & Small Traumas (Mahan andati Alpa Viparyasas). This unit will contain participants' descriptions of their most significant personal, life traumas.

The fourth meaning unit to fall under this core theme is called: Put Into Practice (Putayati Indu Hinakarman). This unit will contain participants' own descriptions of their current psychotherapy practices, including clientele, and theoretical approaches and orientation.

The second core theme chapter is titled: Balance of Stress (Antara ova Ayasa). The analytically derived essence of this core theme follows that: Psychotherapists face an unhealthy overage of stress that disturbs both their internal balance, and also the balance in and among their work and personal lives. Therefore, psychotherapists attempt to achieve a state of internal balance, as well as a balance in and between work and personal

lives, through practicing self-care. This core theme has three meaning units that fall under its umbrella:

The first meaning unit to fall under this core theme is called: Heavy Endeavors (Alasa Aindavas). This unit will include participants' stories and descriptions of the psychologically and emotionally heavy weight of their psychotherapy work. They will further describe personal experiences of trauma in their work, as well as profound experiences of personal healing.

The second meaning unit to fall under this core theme is called: Workplace Peace (Vyapara Zama). This unit will contain participants' stories of perceived threats to their physical well being in their work, as well as environmental stressors and supports experienced in their various work settings.

The third meaning unit to fall under this core theme is called: Self-Care (Zulb-Raksa). This unit will include data on participants' personal and professional support systems, that serve to buoy them in their life and work. It will also include participants' own descriptions of their chosen health regimens, work-life ideologies, and spiritual beliefs and habits.

The third core theme chapter is titled: Yoga Karma. The analytically derived essence of this core theme follows that: Karma is the consequence or fate effected from the action or aim of practicing yoga, or mind-body union through breath. Conversely, yoga is a consequence or fate of unification of mind and body effected through the action, or Karma, of breath. This core theme has twelve meaning units that fall under its umbrella:

The first meaning unit to fall under this core theme is called: Put Into Motion (Putayati Indu Pati). This unit will contain participants' descriptions of their yoga practices, as well as personal stories of attraction to, and first experiences of, yoga.

The second meaning unit to fall under this core theme is called: Individual Souls & Teachers (Jeevas oba Gurus). This unit will contain participants' descriptions of what yoga means to them personally, as well as their feelings about the role and impact of the yoga room and its teachers.

The third meaning unit to fall under this core theme is called: Kind Communities (Dayalu Kulas). This unit will contain participants' stories of how yoga has expanded and impacted their relationships with others, and with the greater world - including shifts in worldviews.

The fourth meaning unit to fall under this core theme is called: Spiritual Seat (Yogayatra Asana). This unit will include participants' personal feelings about the role of spirituality in their yoga practices.

The fifth meaning unit to fall under this core theme is called: Healing Discipline (Halini Sadhana). This unit will contain participants' stories of their yoga practices bringing forth and healing their emotional and physically stored traumas.

The sixth meaning unit to fall under this core theme is called: Peace, Power & Awe (Shaanthi, Shakthi oba Sambrhama). This unit will contain participants' stories about their yoga practices increasing their patience, strength, and curiosity.

The seventh meaning unit to fall under this core theme is called: Presence of Mind (Vartamanatva oba Manas). This unit will contain participants' stories of increased self-

awareness, mindfulness, and sense of personal boundaries resulting from their yoga practices.

The eighth meaning unit to fall under this core theme is called: Cultivating Compassion (Bhavana Karuna). This unit will contain participants' stories of their yoga practices increasing their compassion for themselves and others.

The ninth meaning unit to fall under this core theme is called: Career Energy (Presana Chi). This unit will contain participants' perspectives on how their yoga practices have provided internal guidance for decision-making processes in their careers.

The tenth meaning unit to fall under this core theme is called: Complete Consciousness (Samaadhi). This unit will contain participants' stories of how yoga has become interwoven with their greater lives, as well as selves.

The eleventh meaning unit to fall under this core theme is called: Out of the Blue (Bahis Uparistat). This unit will contain participants' descriptions of how yoga has most surprised them in their lives.

The twelfth, and final, unit to fall under this core theme is called: Work Flow (Karman Andolana). This unit will contain participants' integrations of yoga into their psychotherapy work, as well as varying perspectives on whether yoga should be combined with psychotherapy processes.

Chapter V

Yogi Psychotherapists: Diverse Nature & Nurture

(Yogi Guruvats: Mizra Dharma Oba Posa)

The yogi psychotherapists interviewed for this study prove to be, not only of diverse ages, but also origins and life experiences. They span four decades: one is in her 30s, three are in their 40s, another three are in their 50s, and one is in her 60s. In some cases, the participants have little more in common than their yoga practices and chosen careers; and even within those, there are significant dissimilarities in their beliefs and approaches.

Most, but not all, all of the participants come from intact families of origin; all experienced felt some attachment to an early caretaker. Most have experienced significant trauma in their lives, with some experiencing major trauma. Four originally hail from the East Coast, two are from the West Coast, and two were born and raised locally. The majority come from affluent upbringings, with a few from extreme affluence, and one not nearly so economically advantaged. Three were raised in the Jewish religion, four were raised Christian, and one was raised Atheist; all but two follow no religion, but all consider themselves to be spiritual. One is bi-racial and the rest are Caucasian. Most have married, two have divorced, and one is re-married; all have, or had, a spouse of the opposing gender. Most have biological children, and one has adopted a child. All but two of the participants are female, with the remaining two male.

Three of the participants are yoga instructors, as well as practitioners. The participants' professional degrees and accreditations range, from LCSW to LCPC, PhD, and PsyD; one has an additional, related degree in somatics. All have psychodynamic underpinnings to their therapy practices, while their more specific theoretical orientations and approaches are heavily mixed in nature. Some employ frequent behavior-oriented interventions in their practices, while others use meditation, physical movement and art with clients. One does yoga poses with clients. Another consciously incorporates religious philosophy into his practice. And yet another adheres to Self-Psychology beliefs—with all others leaning toward a decidedly Relational Theory bent in thinking about their work.

They have a wide range of years spent in their professions, from seven to 40. All but two participants felt an early, natural calling to a psychotherapy career. All but one values highly their personal therapy experiences. They have a wide range of clientele, in terms of mental health issues and socioeconomics. All but one practices primarily with adults. Two participants practice in agency and government settings, with the remaining six working in individual, shared or group private practices.

Yogi Therapists (Yogi Guruvats)

Following are individual descriptions of the participants' personal and professional backgrounds, with regard to: chosen fictional first name for this study, age, self-described race, psychotherapy and related degrees, yoga teaching certifications, therapy practice settings and clientele, family of origin constellations, early

socioeconomic status and geographical origin, past and current religious beliefs and practices, and marital and parental statuses.

Jean is 63 years old, Caucasian, has an LCSW, and works with children, adolescents and adults in a shared private practice in Chicago. She has been practicing therapy for 40 years, and is a longtime yoga instructor. She was raised in a somewhat intact but also quite estranged family, with two older sisters and one younger brother, in an affluent area on the West Coast. She was raised Christian but no longer practices religion. She is married, with one child.

John is 41 years old, Bi-Racial (Caucasian/African-American), has a PsyD in clinical psychology and works with military veterans in a hospital in Chicago; he himself is former military, stationed in Guantanamo, Cuba as a psychologist. He has been practicing therapy for 19 years. He comes from a divorced family, with one older sister and one younger brother. He was raised in a lower-middle class neighborhood in Baltimore, in a Christian family; he no longer practices religion. He is married, without children.

Leah is 32 years old, Caucasian, has an LCSW, and works with adults in private practice in Chicago. She has been practicing therapy for seven years, and was a dance instructor prior to this career. She was raised in an intact family, with one younger brother, in an affluent suburb of Chicago. She was raised Jewish but no longer practices religion. She is unmarried but residing with a longtime, male partner.

Levi is 49 years old, Caucasian, has an LCSW, and works with adults in a community counseling center in Chicago. He has been practicing therapy for 11 years;

his first career was in business and public relations. He was also a professional ballet dancer in childhood, and has long been certified as a yoga instructor. He comes from a divorced family, with one younger brother. He was raised in New York City, in an extremely affluent, Christian family; he no longer practices religion. He is married, with two children.

Maya is 51 years old, Caucasian, has an LCPC, and works with adults in a group private practice in Chicago. She has been practicing therapy for 10 years. She was raised in an intact family, with one younger brother, in an affluent area of Maryland. She was raised Jewish but no longer practices religion. She is divorced and re-married, with one child.

Michelle is 55 years old, Caucasian, and has an LCSW as well as a graduate degree in somatics. She works with adults in a group private practice in Chicago. She has been practicing therapy for 25 years. She was raised in an intact family, with two older brothers - in California, New Mexico, then Chicago. Her family was solidly middle class and she was raised Catholic, though she now follows Buddhism. She is divorced, with one adopted child.

Serena is 47 years old, Caucasian, has a PhD in Psychology, and works with adults in a group private practice in Chicago. She has been practicing therapy for 15 years. She was raised in an intact family with one younger sister, in middle class areas of Boston, then Seattle and Chicago. She was raised atheist, but now follows Buddhism. She is married, with two children.

Zia is 58 years old, Caucasian, has a PhD in neuroscience-based psychology, and works with adults in an individual private practice in Chicago. She has been practicing for 30 years, and is a newly-certified yoga instructor; she is also currently training to treat injured and disabled clients with “yoga therapy.” She is from an intact, affluent family, in the suburbs of Chicago. She was raised Jewish but no longer practices religion. She is married, without children.

Work Callings (Karman Ahvanas)

When asked specifically what drew them to psychotherapy practice as a profession, all of the participants described some organic attraction, based at least in part on significant family of origin experiences. Two moved to psychotherapy as a second career. And all but one began with a strong desire to help others.

One participant is drawn to help clients with major physical traumas hitting very close to home. Other participants gravitate toward clientele with the same mental health challenges as their own parents. And many are taking the clear chance to heal themselves through their work; whether by gaining some sense of control over the unknown world around them, or employing a part of themselves never adequately appreciated or satisfied. A few followed therapist models in their families of origin, and current families.

(Jean)

I was working in a related field, with children. And it took me about five minutes, after I got in the door of the institution where I worked, to realize that I had a lot more to learn about just being with crazy kids! So it was kind of a

surprise that I found myself pursuing my studies in something therapy-related. Then, about 10 minutes after I started with the kids, I knew that I had found the right place to settle in, and get serious about my own family background – which is not a pretty picture.

(John)

In school they would talk about “wounded healers” who came into the profession to try to heal themselves or figure out their problems. But I wanted to figure out other people! I wanted to figure out how to control and manipulate others. It was a very childish, 22-year-old way of protecting myself in the world - so strange and “other” and scary. And then, somewhere along the way I realized that that’s not what therapy is really about.

(Leah)

There’s a reason that I do this, and that’s because I get it. That’s the power in being a “survivor therapist.” The work that I do is not always completely consistent with my own personal story - but anyone that’s experienced major trauma is part of this group of people that understands what that’s like, to have that plaguing you. I’m just able to say what I wouldn’t know how to say, otherwise: “The good news is that you’ve already survived everything we’re talking about. Your body has survived, you have survived, you have this life!”

Because it's true! And this is definitely something I've told myself, too. It didn't come from a textbook; it came from *me* knowing that that is helpful.

(Levi)

I was good at PR, but I hated it. And it eventually became clear that I was much more interested in – rather than manipulating people, with PR—just healing them, knowing them, collaborating with them on what's most meaningful. I eventually just said, “I can't take this anymore! Gotta try, gotta do it, gotta make the leap of faith!” So that led me to the healing arts and psychotherapy. And my dad was a psychotherapist. And my wife and her mom are as well. It's like Woody Allen, big time, for Thanksgiving. So it was all in the water system.

(Maya)

My father was a psychoanalyst, and I had my own treatment in my 20s and 30s. Then, in my 30s, my father died suddenly. Him dying made me feel like I wanted to go into what he was doing—in part because I was realizing I was a lot like him in personality, and temperament, and ability to be empathic. It really wasn't as much about following in his footsteps, as much as it was, “He did this, he helped people. I could do this!”

(Michelle)

I was just much more emotionally in tune than everybody else. My family was not very forthcoming with their emotions—they were much more held, and I was not. If I knew somebody in the family was feeling discontent, I would “take it on” in a way that would help. Emotionally, I felt very responsible. That’s my nature, and I can remember that from way back. So the idea of therapy resonated with that part of me.

(Serena)

When I was 11 years old, I read Joanna Greenberg’s *I Never Promised You A Rose Garden*, and that was it. I just thought, “That seems like a great idea!” I think I wasn’t aware of it, but I also wanted to be the client. That was a big part of it, too; but I was just conscious of wanting to be the therapist.

(Zia)

I really came by this career quite by chance. I didn’t have a calling. I feel like I fell into it—it was fate! My father wanted me to get an MD, but a PhD was “okay.” I had always wanted to be in some helping profession. I think I was bred to be a caretaker – my parents always said, “Take care of your brother and sister.” So it comes naturally.

Big & Small Traumas (Mahan andati Alpa Viparyasas)

The big and small traumas reported by study participants were substantial, varied greatly in nature, and nearly all resoundingly impactful to their well being, their lives and their psychotherapy work. Their high levels of vulnerability and impressive personal exposure in sharing these clearly painful and complex stories were incredibly humbling for me; not only as the interviewer for this study, but as a fellow clinician, and also as a person with her own complex history.

The stories shared by these participants left me immeasurably grateful and honored to be their recipient and private custodian, but I also felt a tremendous responsibility to appropriately translate and honor these “gems” of generously laid offerings. Ultimately, I came away from each participant interview pleasantly surprised, simply touched and generally overwhelmed by the beauty, strength and resilience of these clinicians - who continue to survive, thrive and courageously choose to help others, while also dealing with their own damaging upheavals from the past.

In interviewing these participants, it was very clear to me that they consider very seriously their own trauma histories, as they carefully work with them, and around them, in their psychotherapy work. Each participant essentially showed him or herself to be an impressive agent for change, with some facing very considerable life hurdles. And their weighty task of managing and working through past traumas continues each day, in the service of fruitful work and satisfying personal lives.

(Jean)

A crazy mother, an alcoholic father, two sisters and a brother; we were never close, an alcoholic family never is. The family home was bad enough that, as soon as we could, we all just dispersed. My parents were really seriously depressed, and disturbed in a narcissistic kind of way. My father literally had two separate, simultaneous families—us and my mother, and then another family out of state.

My mother had an encapsulated psychosis. It was along the lines of her exhibiting bodily processes to me that were really just primitive—upsetting, and inappropriate. She made multiple suicide attempts. The first serious attempt, I was in high school. And, while my mother was hospitalized for several months, I became the caretaker for my brother and grandmother. I had a pass from school to get out at noon, and do all the things I had to do, shopping-wise and laundry-wise.

(John)

I grew up in Baltimore when there was so much violence going on for young males. I've been in fights and been shot at twice, when I was 19 and 20. My great uncle was killed in a bar fight, and my great uncle was killed in a fight with his son.

My father's a white dude and my mother's African-American. She didn't really talk about race, I think it was deeply shameful for her. And there was a lot of angst for me, being bi-racial. The whole confusion, like, "there's no category

here for me, just black or white?” And I was pretty much able to “pass” [for white], so hearing what people really think about people of color in racist Baltimore—it was really eye-opening.

My father left my mother when I was about five. I was a parentified kid, because she took his leaving very hard. I was her little confidante, the little man of the house. She started talking to me like her friend. My father was cheating on her and she showed me letters that other women wrote to him—and that was tough for me, confusing. She asked me one day, “Is this too much?” And I hesitated, I could tell she felt bad. And so she stopped. But I felt like she also withdrew then, somehow. She was hurt, because I couldn’t be there for her.

(Leah)

My mother had post-partum depression-anxiety, undiagnosed forever. So I think there was a lot of growing up quickly, emotionally, that I did. I became an independent person as a result of that. I learned to get what I needed elsewhere, and I feel like that’s how it’s always been.

I was raped in high school by my first boyfriend—he was also stalking me, to make sure I wouldn’t tell anyone. It was terrifying, and I really didn’t think I could tell my parents, mostly because I thought they would do something and I would be in danger. And I was also molested, in the family, by someone, starting at age 11 up until I was 24. And my mom, for 6 years, continued to blame me for

trying to come forward about it! I really can't believe how I got through it all. I really just went through it by myself.

(Levi)

My parents had a horrible marriage, they were married 23 years. It was a tough environment. I was so pulled into their drama that I didn't even know what was going on inside of me. I was parentified. I was the "good kid" and very, very interested in pleasing people and succeeding in environments which were extraordinarily competitive. I didn't want to do ballet. I was so nervous when dad took me to the cattle call that I felt like I was going to throw up. I had my tightie-whities on, and tights down to my knees, and all the girls were twittering at me—but it was really important to dad. And Barishnykov, Nureyev, I would dance in classes with them; there was all this power, so dad was excited about that. It was heady and terrifying, and I never asked for it or really wanted it. When I was 13, I sustained a back injury, which is what got me out of ballet. That was definitely traumatic, too.

(Maya)

My mother lost her own mother right after she was born. And I think that made her have difficulty being a mother to me—not on the surface at all, but in terms of the emotional connection. She was just a more narcissistic parent. So I

grew up doing whatever she needed me to do. I had to be super competent, and while not getting that much back from her.

When my son was born, I had post-partum depression—which I think does relate back to my mother’s own experience, possibly of having me. And that was very bad, really terrible, because I could not do this ‘baby thing’ at all, as a new mother. I wasn’t psychotic, but just very depressed. It was very traumatic, and still upsets me sometimes now. And then I got divorced, right after that.

(Michelle)

When I was a kid, we moved a lot. I was in 3 different schools for 6th grade. From kindergarten to 8th, I was in 5 or 6 different schools. That was traumatic for me.

(Serena)

I had a father who didn’t have a helpful view of women, and that included some unrealistic body ideals. He started to tell me I was getting fat when I hit puberty. It was terrible. When I was 14, we had a contest to see who could diet better, and I didn’t need to diet at all. I never had an eating disorder proper, but I lost 10 pounds. And for several years I was just gaining and losing this 10 pounds. My dad was also a little sexualized, with inappropriate boundaries. There was pornography out, the magazines were just sitting on the coffee table, and I was

reading everything in the house. I thought I was very knowledgeable and worldly, but it definitely made me confused.

My mother was a social worker, and there was this subtle way that she always needed to be the helper—but it was more insidious than that. She needed to make the other person the “sick” one. I think she needed me as to be that, as a kid. So I was kind of the “screw up.” But I wasn’t really screwed up.

Put Into Practice (Putayati Indu Hinakarman)

In their psychotherapy practices, the participants see a wide range of numbers of clientele—from six clients a week, on up to 35. Most see clients once a week, but one sees some clients three times. In doing their work, most participants cite psychodynamic theory, and Relational Theory specifically, as a chief, guiding system of thought; but most participants see their even greater guiding theory as *that, plus* a smattering of other principles, philosophies and practices that are all rolled into one - with different approaches and interventions employed at different therapy junctures, to meet a client’s individual need. All but one participant holds the client-therapist relationship as the ultimate source of healing in their work. One participant practices with a one-person psychology, focusing more on empathy and the client’s sense of self and internal world.

Participants’ clientele range in age from 20-60, and many of their clients appear with co-morbidity. All the clinicians work with commonly seen: minor traumas, depression, anxiety, relationship issues, and life stage transitions. And many work regularly with major trauma victims; one sees military sexual assault victims, and two

others work often with sexual assault and physical violence. Another clinician has a lengthy career of expertise working expressly with the profoundly mentally ill, while two others focus mainly on issues of compulsion and addictions. Three participants express great confidence in handling highly challenging personality disorders. And a few more do extensive work with often intractable eating disorders. All the participants come face-to-face with suicidal and self-injurious clients; though some, a lot more often than others.

Interestingly, two of the participants are in the process of career transitions - to move at least partially into related healing or health fields.

(Jean)

I see a wide spectrum of patients—about 30-35 a week—including some personality disorders and a few schizophrenics; I have a lot of experience and training in that area. Typically my patients range from ages 20-60.

I'm probably more self-psychological than anything else. Mostly in my work with patients, I'm looking for the role of self-objects and self-object failures, and what really makes somebody tick. Why do they experience a certain event the way they do? What is it about their template that brings them to react the way they do and see things the way they do? I really try to put myself in the other person's shoes, from back and back and back, all through the different stages of development.

(John)

Lately I've been pulling back from seeing so many clients, because I've been burnt out - and want to eventually move away from doing psychotherapy, to do more public health work.

I'm in a post-deployment therapy clinic now, so our therapy clientele are exclusively Operation Enduring Freedom, Operating Iraqi Freedom, Operation New Dawn; all these clients have been deployed overseas in combat zones. Half of my time is devoted to PTSD, and the other half I do brief therapy interventions for a range of readjustment issues - like panic, anxiety, depression.

In my practice, I'm kind of trans-theoretical. On the one hand I'm existentialist-humanist, then also psychodynamic-Relational, then pragmatic. Zen Buddhism and Daoism are big influences that have trickled over as well. From a psychodynamic perspective, I think everyone has emotional blind spots. Even the therapist does, so it's this weird mixture of worldviews that come together. It's important to be open to the idea that things could be otherwise, always. And there's no magic bullet. There's many roads to the mountaintop.

(Leah)

On some days I see 5 or 6 clients in a row, which is kind of a lot—and I'm really *there* all day long. It's mostly women that I see, in their 20s to 60s. It's a trauma-informed practice—you know, anything that has happened to you that you just can't shake, the patterns of your life and the patterns of your relationships.

I think therapy is a relationship—that's really the point of it. There really are two of us. And even though one of us is doing a lot of the sharing of our life, the other one can equalize that without sharing in the same way. So I try to match that as much as possible. I don't believe in this "shielded therapist" concept.

(Levi)

I'm in kind of a transition space right now, in my life, and I don't really know where it's going to take me. I'm in the process of downsizing my clinical practice, to create more time for teaching yoga. I have a 6-person therapy practice now, with individuals of all different ages.

In therapy, relationships are, to me, the most meaningful unit of study. The Relationalists are saying things that deal with experience-near, news-you-can-use in the room, and that's what I've leaned on. I've learned to appreciate that, regardless of the technique or the competence in the theoretical model, the relationship is really the crucible. When good work happens, the relationship has been used, and all parties know that. And it also can be the very thing that blows everything up, too.

(Maya)

I have about 16 or 17 clients a week. I see most of those once a week. And then I have three groups. I see only adults, no couples, mostly relationship issues and a lot of Axis II stuff - I'm pretty interested in that and I feel like a lot of

people are on that spectrum of having a fragile sense of self. Also, I do depression and anxiety, and lots and lots of trauma.

Psychodynamic is what I'm most interested in, the Relational work. I think about the transference a lot, and I'll bring that up to people. I think what's healing about it is just sitting with people, frankly. And listening. And also, working with people to have more choice and more flexibility. Cause they already know how to do that one thing they had to do to survive, but what other things could they do?

(Michelle)

On the average, it's about 25 clients a week. I have a lot of people that are in their 20s and 30s, dealing with career issues, relationship issues, starting to have a family. And I have one woman who's almost 70. So, a lot of life transitions. And then within that, there's a lot of eating disorder clients and people with various degrees of trauma—whether it's sexual abuse or physical abuse, or just lots of emotional abandonment.

My therapy approach is always developing, and there's so many things that I've pulled at and integrated. But my basis is psychodynamic, the more contemporary, Relational pieces. So that's running through everything. And then, body movement and Somatic work is definitely a lens that I look through, as well as Jungian psychology. All those things are just percolating in me.

(Serena)

I see a lot of people for compulsions: Eating, internet, sex, gambling, shopping, substances. And also, people with personality disorders and who are emotionally dysregulated. And then I see the other regular things like anxiety, depression, relationship issues, couples.

I'm Integrative-Relational, so I think of things psychodynamically. I'm always thinking about what's happening, what each person brings and how those meet. I ask a lot of questions and I can be pretty directive. But I'm always thinking psychodynamically.

(Zia)

I average 24-28 clients per week, with adults about aged 24-60. I work with a lot of adult children of alcoholics, and people in 12-step recovery programs. Also, anxiety and depression, couples, relationship issues, and plenty of trauma.

I'm very holistic. We talk about history and upbringing, diet, exercise, spirituality, cognitive-behavioral rethinking, art, music. Psychodynamic has its place, absolutely. It's very Relational. I think it's important to know how we got to be who we are. So let's identify the story, and bring the unconscious to conscious awareness. I see our relationship as another intimate relationship - a lot of what goes on in here, goes on outside of here. The relationship is at the very

foundation of the transformation. I see myself as teacher, guide, mentor, who holds the space for someone to heal.

Chapter VI

Balance of Stress (Antara Ova Ayasa)

Nearly all the participants in this study share stories of extreme stress and frustration in their workplaces, and in their work itself. These stresses often translate to vicarious traumas as participants are faced with struggling to manage their own trauma histories while experiencing their clients' additional, frequent and extreme emotional turbulence.

As a result of this occupational hazard, all the participants report consciously striving to keep a crucial internal balance, as well as a balance between work and their personal lives. And this requires their diligent self-care, in multiple forms. Still, in times of profound stress, they do experience slides into physical and mental illness, compassion fatigue and burnout. Though, some participants do also recognize an important and tangible healing aspect to their work.

Heavy Endeavors (Alasa Aindavas)

All but one of the participants shed light on their careers as being heavily taxing for them, both emotionally and physically. This is, in part, because of the trauma histories they bring with them into their work—and in part, due to the sheer gravity of what they see and hear daily with their clients.

(Jean)

When I worked in a partial hospitalization program, a patient of mine suicided. We worked as a team there and we worked with everybody, all the patients. It was a day program, so they were in groups and individual therapy. I was her individual therapist. She had been in the program a couple of times, and was a really chronic anorexic/borderline. She jumped off the parking garage and killed herself.

(John)

Seven percent of active duty forces are women, and a quarter of those women have military sexual trauma. It's much harder for me to hear their trauma, versus combat trauma. The injustice, you know? One victim I worked with, part of her treatments were just going over these horrible things, over and over and over. And hearing this woman tell her stories of being drugged and gang raped by Special Forces, and being stalked afterwards—it was just the worst. You have this kind of a rage, you wanna do something, you wanna protect her. It's just like—this happened! This could happen! We live in a world where people do horrible things to each other, and that's a fact. And most people live in this little box and aren't privy—have no awareness of this. And I gotta come in and hear about it every day! So, there's helplessness in that sense. It made me pessimistic.

(Leah)

One of the first clients that I got was a male who was perpetrating rape—and was way too triggering for me to see the other side of it. So I disclosed to my supervisor, “This just can’t be me, I can’t help him.” Also, at first in my healing process I would connect a lot more with clients that had been through something like [rape]. But now, I feel like I’m far enough in my own processing that that doesn’t happen as much, which is good. Because it’s much safer sitting with their story and reminding myself that, as similar as it may sound, it is not my story. But there are still moments where I’ll go home and think about my story—I’ll find myself ruminating about mine, in response to theirs.

(Levi)

My first patient was terminal with ALS. Her pain and her loss were just exquisite, and her body was literally shutting down. She had more and more apparatuses, her room was really tiny, and her gear was very big. We were very intimate - I mean, I was practically in her lap. And I would just curl up in the fetal position sometimes at the end of the day.

I think that there’s a level of strain which social workers are given license to really put on the table. It feels like the hardest job I’ve ever even heard of. We have the hardest job in the world. It is taxing on all levels. And there are hazards in this trade. Energetically, all this stuff is coming at you—physically, psychologically, emotionally, spiritually. It’s a lot. And it’s all housed in one

body. And the issue of trauma, and that we all have skin in the game here—not turning your mind to that as an essential fact of what’s going on here, can be problematic.

(Maya)

I sometimes can be like, “Ugh, I have to deal with this, this is so hard.” Especially when they’re very self-injurious or suicidal. One of my clients had a “faux” suicide attempt—I was hysterical and up all night and she wasn’t answering her phone. Sometimes I still get rattled like that. Some days it’s just really, really, tough work.

The biggest trigger that I deal with—when someone’s like, “Fix me! Why aren’t you doing anything, therapy isn’t working!” I can feel like I have to do something. It’s like, “I need to do something for you, you’re in pain, I have to make it stop!” So that happens on, like, a daily basis.

(Michelle)

I have one client, she has a really intense trauma history - sexual abuse from her father, and from a cult. So that has been really taxing, just listening to her stories, that are just horrific. Things I could never even imagine, you know? The stories stay with me, and the disbelief and horror.

Then, also it’s been traumatic for me when clients are going through losses of relationships—that triggers me, it’s just a “button.” When I went through

a divorce, some clients, all of sudden their relationships were breaking up, and it was like, “Now I have to deal with this person, as I’m dealing with it myself!” Also, when I went through infertility—at the same time some clients were coming in pregnant, and that was really hard, to be in that place.

(Serena)

Narcissistic people can make me angry and push my buttons. It’s challenging for me to work with somaticizers, specifically; I think because there’s something about that, that’s similar to my parents’ character, being kind of brittle and defended and in denial. So, people who are like, “Now I have fibromyalgia. And, now I have Epstein-Barr!” I just want to shake them and say, “You’re just not feeling your feelings! Why won’t you feel your feelings?!” That grates on me.

(Zia)

I sometimes get angry, frustrated and really sad for what I call the “Yes, but” clients—who you know aren’t gonna do anything you just talked about, and that’s been going on for years. A person who’s just not gonna quit drinking and they keep saying they will, while their world is falling apart around them. They’re losing their relationships and jobs. Part of me understands it’s an addiction, and the other part is like, “Your life is falling apart!” And the person is probably never gonna have what they really want in life, because they’re not willing to give up something, or work at it, or follow through.

All but one of the participants noted paying real and inarguable personal tolls for regular, weighty professional experiences. These tolls come in measurable physical forms, as well as mental and emotional – and often with frequent, troubling outcomes like the inability to: connect with others, regulate emotions and behaviors in their work, and suffer partial or complete loss of desire to continue doing therapy.

(Jean)

I think I'm always trying to regulate my emotional energy and deal with my own stuff that comes up with my patients. I might get really tired, and it's all I can do to keep my eyes open and listen to what they're saying. Or maybe I'll get a little too excited in a positive way. I've also caught myself plenty of times blurting something out that I really shouldn't have said, or that I wasn't intending to say - and more often than not, I shouldn't have said it. All that tends to happen when I'm drained. I also used to get a real tensing up of the muscles around my skull, just shaking like my head was in a vice. It was very uncomfortable, a very PTSD-like symptom.

(John)

I've had burnout and compassion fatigue. How I feel fatigue is when I come home—I can't hear, I don't want to listen to anyone else, I don't want to listen to my wife, I don't want to listen to my friends, and I have very little patience. There was one point when I was really burnt, and I came home after a

long day and my wife just was talking at me, and she needed from me what felt like work. And I just was like, “I can’t do it!” I actually blamed her and really distanced myself and thought I didn’t want to be in a relationship. I actually left her for a while.

I’ve also had lower back sciatica, a herniated disk, L4 and L5. I had intense, intense pain, and sitting for work made it so much worse. It made me depressed, cause a year passed and it just wouldn’t go away. And it was all connected to the stress of work, it’s undeniable.

(Leah)

It was Thanksgiving, I’m with my family at my parents’ lake house, and I can’t stop crying. I’m lying on the couch, and I’m sleeping late, and my stomach is killing me, and I just can’t stop crying. I can’t think about anything else, I can’t stop ruminating on the case, talking about the case. It was *everything*. It just had taken over everything I was. Because I was so worried. I think those cases where I feel the compassion fatigue is really hard and burnout is likely to happen. Because if I really don’t think I can help you, but you’re coming to me every day for help—but you’re in a system that is just beyond me, way beyond, where even the cops won’t do anything. It is just awful to sit with that.

(Levi)

We hold a lot of cards, and sometimes they're heavy, and it's hard to know how to play them. And I think there's some variant of a god complex that can happen in therapists, knowing all we know. It's a close struggle I personally have around heroism, perfectionism and competence. If I don't keep my eye on the ball, then I wind up burnt out and traumatized. I have definitely struggled with all that; I have suffered depression and anxiety, I have had periods with secondary trauma and PTSD. And also times of just not being able to be present, and going into a self-protective place. I'll think, "I thought I heard the worst story in my life, and now I'm hearing this! I just can't do it anymore!"

(Maya)

I feel sometimes just the weight of, "Wow, you experienced this your whole life, and this is so deep and so old. How am I gonna help you?" And I deal with enough hopelessness, including my own hopelessness, that I just can't deal with any more hopelessness [in the world]—like, screwing around with Obama, politics, or Israel, Iran, Iraq. I cannot think about that stuff. I can only keep up with that in a really vague way, and I can't read the newspaper very often. I'll read the Food section. And I don't read for pleasure as much anymore, because I feel too tired.

(Michelle)

It can be very isolating, this work. And there have been times when I have just felt less invested, like “What am I really doing here? What’s therapy again?” Just feeling lost, like, “I don’t have it. I don’t have it in myself to give right now, I’m just too depleted.” And it’s when I haven’t taken enough breaks or gone on vacation, or I just have a particularly heavy load. Or maybe I’m going through something personally, and also trying to do therapy. In retrospect, there are days I probably just shouldn’t have come in. I think certainly the frame of mind with a lot of therapists is, “I just have to push through and do it.” And that causes a lot of burnout and depression.

(Serena)

Of course there’s moments when you’re in something that’s very sticky. I’ve had self-injurers who would try to get 200 stitches, to break their record of stitches. Most people can’t take that. Of course it makes me sad, but I don’t get stuck there.

(Zia)

It’s the pain—just when there’s a lot of pain. I’ll feel the pain, I’m a highly sensitive person. There’s times I’m near tears, there’s death, there are horrible stories of childhood trauma. I feel it, I might have increased heart rate and a pit in my stomach. Sometimes it affects my lower back, my very

foundation! So, when it's one person after the next, holding that space for many people in a row can be taxing. I'll get tired. If I'm really feeling taxed by it all, it's like, "I really don't want to do this. Maybe I don't want to be a therapist anymore, maybe this isn't for me."

Participants who report a profitable healing aspect to their work share stories of learning from, and finding comfort with, clients; especially if their issues hit close to home. But this benefit of personal healing can be hard-won, in an often-tenuous therapy process.

(Jean)

I'd say my work has been my therapy all my life. I've been doing it all my adult life, and I was doing it as a kid in my family too. Now, I'm constantly digging in and working through—you know, just the stuff of my everyday psychotherapy practice. People come in and sit down and talk about what's going on their lives. And I try very hard to relate to just about all of it.

(Leah)

It allows me to feel like I'm not alone, in some respects. Which has been really nice. It's sort of like my secret countertransference. I'm allowed to hear their story and think, "Man, when I was 11, I thought this was just me!" And when I was 16 and 17, I thought, "Well this is definitely just me." And so that has been really good, and really joining.

(Maya)

I feel like some things that I know from my own experience and my own treatment, I can pass on to other people and see in other people. It helps me understand myself more, so that I can see where I was before, versus now, and wherever I'm trying to go in my life.

(Michelle)

Sometimes struggling with people in their pain - there's a reason we're doing this, it's gonna lead somewhere. And I do find it healing. But there's also the cases where people really don't change. Or they leave treatment. Or they just don't feel like they get much better.

(Serena)

I think you get to play all the roles. By healing the client, you can give the client what you wish you had gotten, and somehow that is healing, even though you're the giver, not the recipient. You kind of get to be both. And then of course, feeling like you've helped them is healing. And most importantly, the idea that it's a setting where your job is to try to be honest and face things as well as you possibly can, and to help the other person do that; I think that feels very counter to my particular history of trauma.

(Zia)

Just the whole idea of self-study and self-knowledge, and developing compassion for self and others, definitely is healing. And I see myself in everyone that I meet, whether it's clients or otherwise. It keeps you in touch with yourself. If I lose touch with myself, then I don't think I can do the work. So—it's continuous healing and exploring.

Workplace Peace (Vyapara Zama)

Major stresses due to workplace issues are commonly shared by the participants, with stories of perceived threats to their personal safety recited very seriously. In some cases, participants report traumatizing stories emanating from glitches in security at their work sites. And others report a complete absence of security, in the face of potential danger. One participant tells a story of stumbling upon a mass suicide attempt at a Naval base. And another describes the aftermath of a DCFS call for sexual abuse, to protect a teen client's infant daughter.

(Leah)

I had to have one of the school guards walk me to my office. She was calling me all these names and coming after me, and had to be restrained. Her perpetrator, who she was living with, relayed this message to me: "I know what your license plate is." I tried to go to the police with the case but they wouldn't take it, because he was threatening them and their families, too. I was going home

with nightmares, just trying to figure out where to park—just all kinds of crazy, crazy things! I told my supervisors about the threat, and said, “I can’t go to this girl’s house anymore.” And they were like, “You know we need this for the grant.” And I was like, “Well, I’m not going, you know—I need to live! And I’m not sure what will happen if I go to this house.”

(John)

I’ve worked with mean, angry people, and been terrified for the safety of other people. In Guantanamo, the detainees spit at us and threatened our lives. We had to cover up our names; it’s hard when people are threatening your life. There were 5-600 detainees. One guy got his jaw broken by a detainee who was the martial arts trainer for Al Qaida. And I just remember, I was being given a tour there on my first day, and I hear this rustling sound behind me. We were in this one part of the camp that was for mental health, and anybody that tried to kill themselves automatically went to this D Block. Well, I look behind me, and there are seven guys hanging! They had strung themselves up in a coordinated suicide effort. I just froze. And in that month I got there, there were like 33 attempt.

(Levi)

I grew up in a New York that no longer exists, and danger was very much a part of my day-to-day, so cortisol and I know each other well. So, later (as a therapist) when I would come into these workplaces where crises were happening,

and I would hear muffled yelps and cries, you know, as you walk through the soundproof hallway, and you don't know what's around the corner, you don't know what's gonna happen in this session with this person! It was not rare at all for me to feel flooded with adrenaline, the sympathetic nervous system just ratcheted way up.

(Maya)

A woman I've seen for many, many years used to be self-injurious, acting out, and suicidal. And my husband once reminded me, "You actually gave me her full name, so that I would know it in case something happened!" So I must have been really afraid of her, initially.

(Michelle)

I had a part-time job in an agency, and there wasn't anyone at a reception desk or anything. I just had this key and this office. And a mother brought in her son, maybe he was 12. And I don't know why, but they brought in all these kittens. And he started to hurt these little kittens—it was so horrible. He was starting to strangle them. So I had to get him away from the kittens. And there was nobody around! It was very traumatic to be in that situation, to not having any help around and have to witness that.

(Serena)

I was seeing somebody that we ended up kicking out of a program, for non-compliance. And I had felt with him, in the room, like there was something wrong. You know when you're with somebody that kind of makes your hair stand on end? Then, maybe three or four weeks after he left the program, he ended up killing his ex-wife and killing himself. So maybe I was in danger. I don't know.

(Zia)

When I worked inpatient in a hospital, and at Cook County Jail, there were times I was nervous. And here in private practice, I'm careful. I try not to schedule male, first-time clients late at night when I'm here by myself. In couples work, I've had men who have been very angry, so I'll sit close to the door where I feel like I always have an "out."

One time, I did have a situation where I believed a client was having a bad reaction to medication, and I didn't think he was safe; I had to call and have someone come take him. And there have been other therapists here in the building who have had scary situations, too. Once, there was a strange guy sitting out in the foyer all day long, on his computer, into the night. And when I was leaving he was still sitting there! But he actually turned out to be 'security' for another therapist, because they were concerned about safety!

Participants also share less dangerous, but still perilous, workplace stresses, including: high-pressure clinical situations with unrealistic employer expectations, unethical agency practices, unsupportive and undermining supervisors, interpersonal clashes over differing clinical approaches, insurance billing headaches, and concerns about adequate income.

(Leah)

The agency—talk about a “no self-care zone!” Oh my god. Like, beyond. Such unethical practices happening, and so much abusive stuff going down. And interactions with other staff that just wouldn’t happen if people were taking care of themselves. It was a lot of toxic conversation. And I had a boss that just didn’t understand why I was burnt out. It overwhelmingly stressed me out much more than any case, and was all I could talk about when I needed to vent - never the cases, always the workplace. There was nothing that would have helped me, except just leaving. And now, in my new private practice, I haven’t taken a vacation at all yet. And that’s obviously because I don’t get paid if I’m not working, and also I worry about my clients. And it’s been a year already, and I’m like, “C’mon you know you need to do that!” I really need to go somewhere, anywhere, and just do it. And I still can’t seem to do it.

(John)

I received my commission in the U.S. Navy on the day before 9/11, and my first station was at a base with the only boot camp. The number one reason people leave the military is for mental health reasons, and I was seeing these kids having psychotic breaks in boot camp, or stress, or suicide, or personality disorders that compromise the safety of others. Psychologists and psychiatrists make the decisions about who's suitable or not, and make recommendations to the commanding officer, who ultimately makes the decision about who stays in or not. And 80% of the people who walked through our door said they were going to kill themselves! So it was just a stressful situation.

And then, when I was stationed at Guantanamo, at the time there was so much media focus on the detainees, it was like, "Another one tried to kill himself!" The Navy was so worried about suicide. And if there was any kind of gesture, the psychologist and psychiatrist were the only ones who could go in there and make the call. Then we had to write a report that went up the chain of command and ended up on Donald Rumsfeld's desk—within 3 hours! Very stressful.

(Michelle)

The practice that I was with before, with a woman who ran an eating disorder clinic, it was really tough. We had different visions of the practice, we had different ways of working with people. There were lots of conflicts that

would come up, and there was questioning around the way she was working with people. And with the staff, she was very controlling. So that was very stressful. It made an environment where you just couldn't be yourself and feel that freedom. So we finally came to the conclusion that, "This just isn't working." But I didn't know that right away, and got tangled up in it a lot.

(Zia)

Sometimes when my client load goes down for a week, I'll get nervous. I'll start to think, "Well, maybe I should just go be an artist," because I do already paint. I have to make a certain amount of money to cover my bills, and also go on vacations. And when insurance checks don't come in, and the insurance companies start being a hassle, it's like, "I don't wanna call them and deal with this bill again." I would love to not have to deal with the insurance companies at all, but that's my bread and butter. They give me lots of money. And I can't really imagine doing anything else

Self-Care (Zulb-Raksa)

When it comes to self-care - the participants practice mostly like approaches, employing solid boundaries and important others for safety and support. All but one of the participants cites personal therapy as an important form of help and guidance. And all look to family, friends, colleagues, and professional consultation for emotional and professional stability.

One already burned out participant takes boundaries so far, that he consciously avoids obviously difficult and unresponsive clients. And, interestingly, all but two of the participants lean solely on yoga as a source of spirituality - having rejected the religions of their upbringing. One participant lands specifically on the attribute of resilience, as the key to therapist self-care; but, surprisingly, not the therapist's resilience.

(Jean)

I rely pretty much exclusively on yoga for the physical and spiritual. And I wouldn't be a therapist myself, if I hadn't been a patient, and had that support. I really believe as a therapist—whether psychodynamic or behavioral—you really need to know yourself and know what it's like on the other side of the couch. And know what's likely to get triggered in you.

It's very taxing work, and what helps with that is this real, concerted effort to understand people from their point of view. And then, to take care of myself in my own analysis, doing consultation, talking to colleagues; doing what I need to do to stay strong myself, in the very tumultuous lives of my patients.

(John)

I've recently started supervising more, and handing client cases to students. I've also become sensitive to certain types of clients who are more draining than others - to stop wasting my time, where I'm working harder than my

patients. That was a big part of the burnout. I've started connecting with people at work too, and that's made a big difference.

And Vitamin X is so important, I exercise every day. I have a 12-mile commute to work on my bicycle, I swim, do jujitsu, and do yoga. After a hard day's work, a strong yoga class cleanses, every time. Yoga has been better than any therapy I've had, ever.

I'm also very inspired by Zen and Buddhism and Daoism; for me, they're not religions, they're philosophies of life. I have a disdain for organized religion and this whole God idea. 'Does God exist' is not an important question! The important question is: What gives meaning and value in your life?

(Leah)

"Trust your clients"—I think that's the big self-care lesson. I have a few clients now that I regularly worry about. But they are always surviving, so I tell myself their "resiliency story." I name all of the resources they have and all the reasons why they are survivors. And then I can do all my other self-care. I do lots of running and lots of yoga. And also, therapy. There have been times that I've walked out of my therapist's office just like, "ah," something is lighter. And that's how I walk out of yoga. So, something happens where we let go of something that we were holding onto, I think that happens in both spaces.

(Levi)

The way I deal with all of this is through my yoga practice. And that's how I do it, that's how I've always done it. I just couldn't do this work without doing yoga, I don't know how else to say it. I think my own therapy has also been extraordinarily helpful. There's just something about being there and having been there, in that seat. And then preaching what you practice, and that being evident in the work itself. It has been arguably the most effective part of what I would call my life education, and professional education, to be willing to do what I am asking my patients to do.

(Maya)

I don't have 35 clients, I think that's nuts. I don't go back-to-back, I give myself time in between sessions. I bring lots of food. I try to take care of myself in terms of the work. I do yoga and exercise, because that's when I turn my brain completely off. And I take a lot less work home now. I used to check my voicemail all the time, and now I won't listen to it that much. I try to take vacations and have someone cover for me so I'm not listening to my messages. I'm better at ending sessions on time, to keep boundaries. And I try to meditate, to calm myself down and stop thinking about stuff.

My own therapy has also been really, really great and really helpful. It helps me learn about myself and my work - the more I know, the better I feel about things. And the fact that I know what it's like to really need that and benefit from that, really helps me to feel secure in what I'm doing with people.

(Michelle)

I think therapy is invaluable. I can't imagine doing this work without doing my own personal work. Sometimes you need to tell your story and have someone witness that. But sometimes, it's more about being with yourself, and with a deeper sense of yourself. And with yoga, learning to have that place on your own can be really helpful - and even more desirable at times. Sometimes you're just all talked out, and it's like, "I wanna go do my yoga, and have nobody interfere with that," So, yoga and meditating are essential.

I was raised Catholic, but right now I lean toward the Buddhist philosophy. It just feels right to me, it makes sense. I think with Buddhism there's a lot about working on yourself, and really looking at your intentions, your actions and the exchanges that you have with people. It's about how we treat one another and treat ourselves.

(Serena)

I do a lot of exercise. I work out pretty much every day at the gym, and I do yoga every week. I will also engage in like 30 seconds of mindfulness meditation. I'm spiritual. I was raised atheist, my parents were very anti, so, of course, I had find something different for myself! And I did, which is Buddhism and yoga.

(Zia)

I do yoga, read, do art, get massages and chiropractic help. I've had to take some people out of my life who took more than they gave, I've had to break up with some friends. I have a healthy detachment from clients and know I can't be responsible for what's happening in their lives. I consider myself a very spiritual person, I pray and meditate. I'll ask for help from the universal consciousness. I believe in energy, and that I am being helped and assisted and guided. The Dalai Lama's religion is "loving kindness," and that's kind of "me."

Chapter VII

Yoga Karma

The last of the core themes refers to the consequences—or in Sanskrit, karma—of the participants’ personal yoga practices. They were asked about their yoga from nearly every angle that could be considered, as it might relate to their work and personal lives. And they shared everything from specific details of their yoga regimens, to how spirituality plays a role in their practice, to their numerous personality traits that have been altered by yoga, and how the practice actually heals the emotional via the physical. Participants also shared their feelings about using yoga in their work, how their yoga practices influence their therapy career, what yoga has brought them that’s a total surprise, and how their practice has ultimately become just part of their lives.

Put Into Motion (Putayati Indu Pati)

The participants’ yoga practices started for them at widely varying ages – from the teen years, for some, to mid-life for others. They now practice anywhere from one to seven days a week, with the majority doing vinyasa style, challenging “flow” yoga; but many have and do dabble in various forms and styles. One participant shared originally starting his practice to counter a painful false sense of self. While two others were attracted to yoga’s ease with the body, as they look to aging past mid-life. All the participants report a centering and presence that brings them back to their practices again, and again.

(Jean)

I do yoga almost every day, in various forms, and I also teach it. I started doing it a bit in college, and then started again in my early 40s. I just had an instinct that it might be a kinder, gentler form of keeping in shape—physically, mentally, emotionally. And I was also struggling with fertility problems, so I started to take regular classes as a way of accepting that loss. The older I get and the more physical limitations I run up against, the more I'm trying to take advantage of the other aspects of yoga that I might have poo-pooed before. I want to go into old age prepared with something that I can do for decades to come.

(John)

I do yoga twice a week. My wife initially asked me to go to with her, and I couldn't do half of these damn moves! But the 7 minute savasana (corpse pose) afterwards, it was like getting high! That 7 minutes, I felt complete stillness—it was almost like I had this bubble, this force field, this shield around me. I felt relaxed and my mind was clear. And that's why I come back to yoga.

(Leah)

I go probably four to five times a week, and I mostly do vinyasa. I actually transitioned from dance to yoga about nine years ago, when I was in social work school, because I felt that social work was taking the same part of me that dance

did – this emoting and playing a part and really “going there.” And yoga just allowed me to replenish, it immediately felt like that.

(Levi)

I probably do four classes a week. I do everything but bikram. I also sit and meditate every day. I’ve been doing that for about 10 years now, and I study with a meditation mentor. Also, I just started to teach yoga again, after a long hiatus of about 15 years. I initially found yoga along the way of my previous career, and it was explicitly, in my mind, a corrective to what was a very painful “false self” that I was propping up at that time.

(Maya)

I practice three to five times a week, vinyasa style yoga. I actually started in the mid-to-late 80s, and have no memory of why I wanted to do it. But I was kind of new age-y. It was the most gentle, non-challenging stuff, done in this little room that wasn't very well lit, and with wall-to-wall carpeting. But I loved it and went every week. I'm sure I wore sweatpants and a T-shirt. I know that I liked the metaphysical aspect of it—one teacher would have us visualize stuff as we did postures.

(Michelle)

I usually get to a class a couple times a week, and then I do my own practice at home. I started doing yoga when I was 21—nobody was doing yoga then, and everyone thought it was weird. But I loved it, I really gravitated to it. Now I really like the balance of a good flow class and some yin yoga. Sometimes I need a class that's going to push me and be a little more active, and sometimes I need things that are gonna be a little more slowed down. If I haven't been doing it for a while, I can really tell the difference—not just physically, but mentally, being less present and clear. I tend to be always worrying or thinking about something, and so I can get distracted. And yoga helps to let that stuff move out a little bit, to get some space so that I can be more present.

(Serena)

I go to the gym and do yoga there, which tends to be vinyasa or ashtanga based - which isn't my favorite, but is convenient. I'm also a member of Yoga Today, which streams classes online; going to a class is better, but doing it at home is more realistic. I found my first teacher was when I was 20, and it was this hippie man. And I got really into it, it made my body feel great. At that time it was very serious, that, "If you don't do this you won't get rid of your ego." I really bought into that. Like, it was urgent, it was your duty as a human being to do this!

(Zia)

I do yoga six times a week—vinyasa, iyengar, restorative-yin, hatha yoga. I used to work out with a trainer and my body hurt morning, noon and night, 24/7. I was 53 years old and couldn't do it anymore. I wanted to find something good for my body, and my body image, that also could connect body, mind and spirit. And I had the most wonderful teacher that got me addicted to it, and we're still friends.

Individual Souls & Teachers (Jeevas oba Gurus)

The participants shared many thoughts about what yoga means specifically to them, as individuals. And often, those thoughts reflect some practical benefits of their practices. One clear theme of yoga helping them to just “be” emerged as perhaps the most important perk creating meaning in their practices.

(Jean)

It's a way for me to be in my body. As physical as I am, and as proud as I am of my fit 63-year-old self, I can really cut get off from myself. And yoga is a way to pull me back into my skin and my feelings.

(John)

It's a praxis. I spend so much time in my head, thinking, but really my connection to the world is through my body. So it gives the mind a break and gets me back to my body. It becomes a practice that helps ground me back to the here

and now. You're concentrated on the moment, you're here. And it's interesting - even though you're giving your mind a break - often times you'll have insights or awareness. But the best thing is, it increases my willingness and acceptance of whatever "is." And I think that shift is the biggest piece of what yoga does for me.

(Leah)

It just feels like it allows me to the time and energy to "go there" and really get present with what's going on. And I have had such breakthroughs practicing yoga, about my life. They just don't happen the same way, if I'm not on that mat.

(Levi)

It is both a state of mind, and a practice to cultivate that state of mind. It's a state of being that is meaningful. It's all the stuff that gets the headlines too—it's movement, it's breath, it's practice, it's intention. It is holistic, it's all these things that seem to demand or suggest doing. So it's being, and doing in support of this being. And it is a therapeutic modality - I've experienced it on both sides of the couch as such.

(Maya)

It is my favorite thing to do. It's my strongest interest, outside of my family. It's something that I love. It's really challenging, but I'm good at it. It's great physical, mental, emotional and spiritual stuff for me. So, it's super fun and

interesting, and also a personal growth practice and spiritual practice - in the way of accepting things the way they are, tolerating emotions and experiences.

(Michelle)

It's a place that I go to connect to myself, to replenish and refuel. I think that all is spiritual. I think that's part of why it's stayed around so long - that there's something healing about it. It's not just a physical exercise.

(Serena)

Yoga has been a spiritual path that makes sense, that has a ring of truth to it, compared to Western religions. It is also the spiritual practice that I have stuck with the most regularly because of the body-mind aspect - I have more motivation to do it, to make both my body and my mind feel better at the same time.

(Zia)

It's centering, grounding, self-care, self-knowledge, self-compassion. Those I can take from yoga, for everything I do in the rest of my life - whether it's work, or relationships with other people, or whatever else I have to do.

The participants share eloquent descriptions of how the teacher, fellow students and physical space of the yoga room heavily influence their yoga experience. The fellow yogis emerge as important sources of energy for the participants. The role of the teacher is repeatedly described as that of a therapist in the room. Transferences are said to be

happening, between students and teachers. And the room itself is likened to a safe, therapeutic, transitional space or “holding environment” for participants.

(Leah)

I met my yoga teacher on a yoga retreat, and it was life changing. What she reflected to me was: “I think you can do more, I think you’re scared.” So I saw that trust was an issue for me. If it’s too much for me to be in charge of it myself, I can now feel held by her, and that can be really, really good. I always say to my clients, “Let me know when you want me to go there.” I will ask their permission before I confront in a new way. Because I want that in a yoga class, just as much as I want that from my therapist.

(Levi)

I’m fascinated in the room. It’s always safe. There’s been blissful experiences of the room and its ability to contain; that same containment can be very, very dark and very, very stark. Things just get laid bare there, in ways that can be extraordinarily painful. It’s the teacher and her seat. There’s the other bodies, all the people, the faces. I almost want to call it a “subliminal space,” a “potential space” in yoga. The room itself is not unlike a consulting room where we work. It’s magical, illusory, authentic, artificial, holistic; it’s all these dimensions.

(Jean)

A lot is made out of the “sacred space,” and there’s something about that. It’s a holding environment, is what it is. And the teacher is a transference magnet. Yoga teachers everywhere are idealized by their students! It very much is like a therapist-client relationship. And the teacher is touching you and looking real closely at your body. I’m very picky about what teachers I go to. But when it works, I get this wonderful feeling of just being able to be taken care of.

(John)

I don’t do yoga alone, hardly ever. I like the class environment. I like the community. I don’t like a real preachy teacher. But some of my teachers are so wise in what they say. They relate, and might start off with a quote and how it could apply to your class. Or they ask you to dedicate yourself to forgiveness that day, and that’s helpful and good. I think that’s the real importance of the yoga teacher, just to keep people engaged on why they’re there, why we come to our mat. It’s not to hold a pretty pose.

(Maya)

There’s a lot of energy, and I like the big classes. I also really like to go to a class because I can just do what the teachers tell me. So I don’t practice at home, ever, and this is a way that I manage burnout and trauma. I just turn it all off and do what they say. Because here at work, I have to be thinking all the time,

I always have to manage when I don't know what the f---k is going on. So I love being the student, and I think that's kind of a holding environment thing. They're caring and I feel very cared for.

(Michelle)

I've met a lot of people through the yoga world. And even if I don't really personally know anybody – I still know this class, you know? I know this teacher, in a way that feels soothing. I think it's about being around people and being fed by that energy. And also having a teacher that is guiding in some way. I just love the feeling of coming to class and giving over to it. It's just about knowing that the class is there.

(Serena)

I think I'm more likely to push myself in a class. There's the teacher and all the other people. There's just a camaraderie that we're all doing the same thing. It's less isolating.

(Zia)

I like being guided, and I like to feel really connected to the teacher. I don't need to know them, but just feel like I've got that 'click' – that relationship thing that is the same thing that's important to have with a therapist. I want to be

comfortable, and feel safe, so that's probably why I have to like the teacher to enjoy the class.

Kind Communities (Dayalu Kulas)

The participants often describe the important communities that form around yoga, and how their relationships with fellow yogis impact their lives. The trait of kindness among yogis is mentioned again and again, as a positive influence. And the value system espoused in yoga appears to nurture not only its practitioners' relationships, but also their bigger worldviews. And from just finding a confidante to becoming a better friend, the participants tell of huge impacts made by the human side of yoga practice –the people doing it.

(Jean)

It's definitely brought new relationships into my life. I met my best friend in a yoga studio. I do "karma yoga" whenever I can, teaching a volunteer class. My studio also does a program to plant yoga seeds in the community. I think the best way to change the world is get as many people as possible to do yoga.

(John)

The practice is so intense that I've made friendships that are lasting and deep - it's really cool. To be involved in people's lives that are so diverse and different, with

the only thing bringing us together being our shared, common interest in yoga – I think that’s kinda neat. And it happens in the yoga community.

(Leah)

Some really close relationships have come out of yoga - and especially with other therapists that practice yoga. There was another therapist on my retreat who I was really close to, and who actually helped me find this office space! It’s been magical how relationships have formed and also gotten stronger as a result of yoga.

(Levi)

My social surround has radically changed because of my yoga practice. And I would start, and maybe even end, around this idea of “presence.” I have cultivated ways to “show up” that I can’t when I don’t practice. My clients will tell me that I’m “more in the room” when I am doing more yoga. And the other huge piece in any kind of intimate relationship is the “getting out of the way” part. And yoga is also very helpful with that—physiologically, the breath work and meditation in particular—it just gives you a degree of a degree of a degree, before that reflexivity or reaction, so that you can breathe or step back. And that is maybe the most relevant here, that ability.

(Maya)

I have a community there and I like the people. Almost everyone I've met through yoga is really nice, and it feels like people care. And I can pay more attention to myself there, am more relaxed in myself, so then I'm better in most relationships. It just makes me a calmer, more accepting, more flexible person - so then that affects my relationships.

(Michelle)

My family of origin stayed together, but I just didn't have a kind of steadiness there. There was a lot of upheaval. And even though yoga teachers change over time, and I might like a class only for a while - with yoga, there is always this community to go to. And there is a steadiness in that.

(Zia)

It's certainly supported the strong relationships I had, and I've met some wonderful people. It's only been beneficial. I don't think yoga's changed my worldview, but I think it's helped me identify it, and validate it and nurture it. Yoga informs your life. The yamas and the niyamas, truthfulness and non-harming - those are all things I teach day-in, day-out in therapy - with relationships, and the self. It just all connects!

Spiritual Seat (Yogayatra Asana)

When asked about spirituality's role in their yoga practices, all the participants shared feelings of spirituality being central to their experiences of yoga. They gave much thought to their own definitions of spirituality, and how it is defined in terms of the benefits of their yoga practice, for them. For the participants the major benefit of yoga, from a spiritual perspective, appears to be its ability to give them a connection to themselves and to the greater world.

(Jean)

It is so much more than physical exercise. Just sitting down, closing my eyes, opening my inner eyes, opening my ears and turning on my senses. I try to open up to something bigger. I sit down, start to breathe, and try to reflect on what's going on with me today. Cause that's gonna come out in my yoga practice. That sort of makes spirituality sound like it's just getting in touch with yourself, which probably isn't the normative definition; but for me, it is. To know that I'm being true to myself, that I'm trying to accept myself the way I am.

(John)

Yoga connects me to my body, it connects me to other people, it connects me to all living things. I don't give too much thought about it, other than that I notice a difference and I appreciate it. Yoga's emphasis on non-judgmental acceptance of the moment is an importance piece of spirituality.

(Levi)

I believe that what drew me to be a psychotherapist is maybe the same thing as what has drawn me to be a yogi. That it's sacred. And it seems that much of psychotherapy has been suspicious of this kind of talk, whereas with yoga, it's been right out there in the open. For me, accepting what is, seeing what is, loving what and who is—as far as I can tell, that's why I'm on the planet. And these practices are aligned with that. And it seems like what I might be tapping into personally, the knowledge of the ancients or whatever, is going with that kind of movement. Surrendering what needs to be surrendered and striving what needs to be strived for. That's what yoga is about for me.

(Maya)

Yoga sutras are very interesting to me, and some of the gods that are associated with Indian religion. But my spirituality is really just trying to accept life like it is, because I have a lot of anxiety. So that's what I strive to understand and believe.

(Michelle)

Yoga and meditation definitely feel spiritual to me – I just feel like there's a connection to something bigger. That's how I think of spirituality, that there's more to our lives than just our own little personal life. Jung talked about that, in terms of the collective. And Buddhism talks about that. I think that when you

have time to stop and pause and meditate, and get into your body with yoga, that that just naturally opens those doors to being able to see the bigger picture.

(Serena)

I think at the beginning, I was sort of harsh, like a super-ego harshness. I thought I had to attain some kind of “nirvana” or enlightenment. And it’s better that I don’t think that way anymore. It’s more spiritual and subtle and integrated. I think just the “doing it” calms everything down and focuses, which I consider to be spiritual.

(Zia)

Spirituality is being in tune with something bigger than myself, but it’s within myself. So, it’s taking the time and creating the space to have that connection, and then that guides everything else. If I have that peace, that calm that I get from my yoga practice—and that’s not just the asana, that’s the meditation and the pranayama and the concentration, and all the aspects of it. Then I am better in everything else I do.

Healing Discipline (Halini Sadhana)

Stories of yoga being healing for the participants emerged again, and again in interviews. And yoga’s properties of healing appear to be emotional, as much or more than physical. Participants speak of having major traumas initially uncovered, and

literally moved, through the practice of asanas, or poses. They speak of re-establishing balance in the body, by inducing the calming physical effects of yoga. And they repeatedly draw metaphors of “pushing to the edge” of poses, to discharge energy and fear, and heal themselves. Some participants share that even their greatest experiences of personal grief and loss have been - or will be – surely addressed through this healing practice.

(Jean)

Yoga can create an altered state of consciousness, what we call “yoga brain,” but it brings up the crap, too. It can do as much to stir the pot, and bring uncomfortable things up and out, as it can to quell and settle anxiety and depression. But both are necessary. Sometimes yoga has forced me to deal with something that’s troubling me, even before my therapy session did. Yoga has opened up so much for me, as a way of experiencing on a cell tissue level what I’m wrestling with. And something that happens in yoga a lot is that you’ll get to a tough part of a pose, like getting to the edge of something and start to shake. And it can be pretty disconcerting. But I think it’s that instinct of animals, shaking off the build-up of stress hormones. And when we can’t shake it off and it gets stored in our cell tissue, then we’re in trouble!

(John)

Every part of your nervous system is connected to survival. And talking has its limitations, medications have their limitations. In a traumatized person, you have to reestablish the homeostasis of the body through the bottom, up - not top down. I learned this and it opened my mind to yoga. And then I experienced it myself. Yoga allows you the opposite of arousal. And that's what's so unique. Where you're engaging the parasympathetic nervous system, where you're decreasing arousal - but at the same time sweating and in difficult positions. I think that's what makes it helpful for trauma. That's what makes it helpful for life.

(Leah)

When I first started practicing yoga, and would try to be in child's pose, my inner thighs were clenching and shaking and trying to stay shut. They were kind of frozen, and anytime they would open at all, it would be like that. And I would just start crying. I know now that yoga was healing for me the things that I could not say. At the time, I was not in therapy, and had never even been, so I was recognizing this stuff through yoga first. My body had been holding this for a long time. And now I was ready to release it, I didn't want it anymore. And I ended up doing that through body-centered work as much, if not more, than through talking in therapy.

(Levi)

I have had to work on and heal some of my own traumas, so that they are not so much in the therapy room that I can't be in the service of this other person. That's an ongoing process, like a garden that has to be tended. And because our work itself generates its own type of trauma, where we have a front row seat, we therefore are impacted. So, why I'm putting my hand up and saying to the universe that I'm interested in both these traditions, therapy and yoga, and how they can come together, is for that healing and meaning. I hear this in stereo! There is absolutely the corrective experience of being healed.

(Maya)

I have not had a positive image of my body for most of my life, so yoga has been very healing that way. And even though I'm older than a lot of people, or I don't weigh the same as some, I can do a lot of the same stuff they can do, or more! So it's helped me to be comfortable in my own skin, and that's reduced a lot of negativity that I feel about myself. I've also experienced processing grief about my father's death during yoga. And I do think we store emotions in certain parts of our body.

(Michelle)

When I'm in a bad place, I know that I should do yoga, but I don't want to. I think, when there's sadness or depression, you know you're going to contact

that in yoga. Because you're more vulnerable, and you're going "in." So there's a resistance. But when I get there, it's always a good thing. It helps to meet up with those places, and be there without any kind of agenda or judgment.

(Serena)

I think just this idea of acceptance, and not pushing, that's healing. I could get really lost in the "pushing through" yoga. But I just want to push to the edge, enough to be in that zone, and the point of it is not to attain something. I feel that and take that with me – that acceptance, making space for everything, being humble, humility. And not in a lowering oneself way, but just sort of being a regular human being. And that being fine.

(Zia)

I consider trauma to be a form of energy, and yoga moves the energy that gets stuck in our bodies. Yoga creates space for us to heal. Yoga opens up space for trauma to come to the surface, when it hasn't yet been dealt with. People will cry from a yoga practice. And I imagine yoga for me, someday, when I have to experience my parents' deaths; I think about that, for moving the emotional-spiritual energy of that grief process. It's very reassuring to know I have that process.

Peace, Power & Awe (Shaanthi, Shakthi oba Sambrhama)

The participants hit upon three important attributes gained from their yoga practices, with all three affecting both their personal and work lives positively. These attributes are: being more at peace and calm about “what is,” feeling more physical and emotional strength, and feeling a capability for greater curiosity and less control. They share examples of these heightened attributes boding well for them, and why.

(Leah)

I’m able to take in how strong my body is, which has helped me feel strong psychologically. I’ve realized that my body is a really big container in a really small frame. Sometimes I don’t think I’m as malleable, or able to weather things, as I really am. And so the strength is a good metaphor for me, that I can grab onto easily. I think both spaces have helped me realize how resilient everybody is, and there’s a parallel for me in moving forward in both spaces. If we go too far, in a pose or in psychotherapy, we can come out of that.

(Levi)

There’s nothing like this experience of feeling this new kind of strength. There is some kind of translation for me, in body and in my life, from being in a good physical condition to being psychologically resilient. And you just cannot do this practice and not also feel some relaxation response. That is really at the essence of what these practices can do. I find myself to be one of those people

who has, comparatively, a short fuse. But with yoga, there is no question, I'm just a nicer person.

(Maya)

I'm afraid of my own strength and power in a lot of ways. And that's something I've been working on in yoga. I can do more power now, and not be afraid of it. And I'm better at confronting people in therapy – and even more important and more challenging for me, inviting their power and their aggression towards me. So, trying not to be afraid.

Yoga also helps me work on my general anxiety and my patience. I'm not naturally very patient, and always think things should be different; so having to accept more in yoga, and getting to the point where I even sort of enjoy that, I think really helps me with family and work.

Yoga is just a practice, so I'm just going to do it again tomorrow, or the next day. So, if I can't do this handstand today, well there's tomorrow! And, the same thing with a client session – even if I had a bad session, I'm like, "Well, I'll see them next week, and we'll see what happens! That's what happened today, and there's some meaning to it. I don't know what it is, but we'll find out!"

(Michelle)

I think the practice challenges our strengths and our weaknesses. I will push that edge of myself that's more assertive. And I need that, because it

balances the yin and the yang. Yoga and meditation make me more open, steady and self-assured as a therapist - because I'm in my body and grounded enough to be with what's coming up with this other person.

The yoga teacher that I have, he's a strong presence; there's something we're doing, and he's holding the discipline of that. But there's also this freedom to go "in," and that's also the way with therapists. We have to follow the will of the client and not have too much of our own agenda. And yet we have to hold this container, and then, sort of shake it when somebody's spinning in something that's unproductive. Yoga definitely makes me less controlled, but I also know when to push back a little. Jung talks about "the tension of opposites," that's the art of therapy. And in yoga, we have to figure that out, too.

(Serena)

I think it really helps to have a strong, healthy body. Just sitting can be exhausting! I see a lot of clients back-to-back, and generally don't feel tired. My body's strong and I have concentration.

There's something about the release of energy in yoga. I think I'm a calmer person because I do it. Just the focus of moving deliberately can be meditative - that focus does cultivate a calm and a patience. There's a humility, I think. You just don't need to strive. You can just accept where you are - and then, as a therapist, where the other person is. Yoga and meditation help along that developmental path. You are willing to go where they're going to lead you. I

think some therapists feel they have to fight it, when it gets too scary or something. But, like in Tai Chi, you just go with the person's energy. You just go with what needs to be gone into.

Presence of Mind (Vartamanatva oba Manas)

The participants report that working through the poses of yoga, day after day, definitely increases their presence of mind. This self-awareness, or mindfulness, gained through their practices serves them especially well in managing boundaries, and so experiencing more safety in their work as well as their outside lives. Their greater physical awareness, as well as mental and emotional mindfulness, also impacts their abilities to manage themselves "in session," in more productive ways. And a heightened sense of clarity, focus and intuition ultimately serve them with better abilities to truly listen to, and understand, their clients.

(Jean)

Yoga has helped me to pay closer attention to what my patients tell me, focusing on their stories and their words more. I have my own filters and subjective reactions, but being aware that I have those idiosyncratic reactions, I hope makes me more open to different possibilities. And the care that's necessary in teaching yoga, to make sure my students don't injure themselves - I think I exercise a similar kind of care as a therapist. To not jump into an interpretation too quickly, and not necessarily go for the most intense affect. I think a teacher

who injures a student by doing a physical adjustment a little too vigorously a little too soon, is not unlike a therapist who gives a clever interpretation at the expense of the patient's well-being.

(John)

It's like, wow - this is the non-judgmental, neutral, kind of complete awareness! It is that state that we have when we're in the "yoga mind," when we're in savasana, when we're in complete awareness—not about any one thing, but about whatever comes up. Yoga encourages you to be in the moment. You have to pay attention or you're going hurt yourself, you aren't going to be able to maintain your pose.

I think what yoga does, is a change of consciousness. And it is that change in consciousness that allows a "transitional space." Yoga allows that little space, to see a thought for what it is. And that is really helpful.

(Levi)

It is explicitly the challenge and promise of any kind of yoga that I've done, to integrate mind and body. I did have a kind of body awareness in ballet, but really where I was even able to understand what that meant to me, and find a certain awareness in me - that all came from continued refinement over the years of yoga. I'm more aware of how my heart hurts. My gut is more tightened and sensitive now. There's a closer link between the felt experience, the physiological

response, and a thought or an observation. I'm placing more in my psychotherapist bag of tricks. And I'm much more aware in session, in the moment, of that happening.

(Maya)

I notice more about myself and my body. Yoga helps with my awareness and understanding, and then also with the not acting on it – trying to manage the effort and non-effort with countertransference. Trying to figure out what's happening, but not judging it “right, wrong, yes, no, should have it, shouldn't have it.” That's what it's like in therapy! I am aware a lot of what's going on, but I don't know everything, and sometimes I know almost nothing! My practice of yoga allows me to stay in that uncertain place, or come back to it. It's about tolerating emotions.

(Michelle)

My challenge is to get connected to them, but not really get sucked in; with people that have had abuse as a young child, particularly. It touches that place, you know? There's a lot going on, but I'm trying to stay tuned and hold a bigger picture for them, and also for myself, so we're not merging. And I might notice just getting tight in my body, more bound. Forgetting about my breathing. Getting more tired, really sleepy. And my thinking being kind of fuzzy. It's really, really something I have to be very conscious and work with. And I think

movement and yoga, grounding and breathing and working with energy in my own body, has really helped. I can be more open when I know where my boundaries are. Yoga absolutely gives that. When you think about the nature of yoga, we're pushing against the floor and we're activating muscles, which is how we engage boundaries.

(Serena)

With yoga, just working with your own boundaries and parameters—I think you can sort of think of that with the client, where you don't want them to go so slack that they don't go deeper, but you don't want to push them so far that they overstretch or hurt themselves. Also, you're having thoughts when you're doing yoga, observing things like, "I can't do this or I don't want to do this." So, just being in the habit of letting those things be there, but not getting too sucked into them, is helpful for countertransference.

And my body self-awareness, yoga must have helped with, because I'm pretty good with that piece. I think it tends to register if I'm very activated emotionally. If I'm feeling a strong feeling, or with something striking, then it's helpful. Like, the client who activates the "flight or fight" in me, I'll know because I'll be hot or slightly sick to my stomach. And yoga does help with an antagonistic or judgmental kind of feeling that I'll be trying to manage, because it is in the body.

(Zia)

I'm always self-aware. Yoga facilitates and gives me time for that, as well as things to think about from my day's yoga practice. There's just so many parts of yoga, with the 8-limbs, and just the approach to the asana can teach us about ourselves and give awareness. Like, how do I handle a difficult pose? Do I just wanna get out of it, or do I stick with it? Do I muscle through or relax into it? And we can then use that awareness in difficult situations and themes that come up in our emotional-spiritual lives, as well as physical lives.

Cultivating Compassion (Bhavana Karuna)

When it comes to compassion, the participants report having it easily for others, but not so, for themselves. A commonality among them is a tough inner critic, that is somewhat silenced through the process of yoga. Their practices help considerably with limiting self-judgment, which in turn provides them with greater capacity for acceptance of others. And even the community around yoga inspires the participants, as their fellow yogis model self and other compassion, day to day.

(Jean)

Taking it easy, being kinder and gentler to myself, having empathy with myself. It takes work to translate what you learn on the mat and take it into everyday life; but with patience and persistence, it does happen. I think if you spend enough time around yoga people, it starts to sink in that there's something

to this “cut yourself some slack” kind of idea. Really trying to work with the idea that there’s not such a thing as a “perfect pose.”

(John)

I’m a judgmental person, but being in yoga helps me. I think what’s helpful in the yoga community, what I love and what’s so dear, is that when people are non-judgmental and compassionate to me, then that allows me to be non-judgmental and compassionate to myself. And everyone in yoga that I meet is like that. The spiritual practice grounds me to be in the moment, accepting and aware. I’m observing and identifying what I’m feeling, without judgment. That’s really, really important. And that’s the same work I’m trying to do with my patients.

(Leah)

I think I’m patient with everybody but me. So it has been really good for me to learn patience for myself. Same thing with self-judgment—I just have a history of being really hard on myself. You know, I’m not accomplishing enough, that kind of stuff. I think yoga lets me get back to my core values and self in a way that has been really useful. And it teaches me a lot about how we can relate as a basal level, to each other. Because it’s like, if I can relate to myself this way, why can’t I relate to everyone this way?

(Levi)

I've been accused of being intense by anyone who's ever known me or loved me. And I "hit hard." I can be very, very hard on myself, on my body, on my mind, on my spirit. And what came up for me in my meditation practice was – that. And it continues to. But I feel like I'm a little more flexible now, that I'll bend before I break.

(Maya)

One day quite a few years ago, I realized that I was nicer to myself on the yoga mat than I am anywhere else in my life. If I can't do something, it's like, "Oh well, that's what's going on today," as opposed to, "Bad! You should be better!" I've had a lot of growth experiences like that. For me, in terms of my issues, it's about accepting myself for the way I am, and seeing more positive in myself instead of negative. Those are things that therapy and yoga both bring for me, in different ways.

(Michelle)

It cultivates a sense of my being more compassionate to myself. You're not in competition to do the pose like somebody else. I can just be in my own place. And it's a reminder to be more reflective and slow down, which makes us more conscious of what we're doing, and how we're acting and being in the world. If I'm being critical of myself or someone else, there's an awareness now

that's just "there." It's because of the discipline. Just over and over, going back and doing my practice - that allows it to become familiar even when we're not doing it. We're creating pathways in our brain and our body, and once those are open, it just becomes automatic.

(Zia)

I think yoga's all about compassion. Yoga fits any person, any body, to do what's best for them, and on that given day. It's not a competition. I think my compassion for others used to come easier than my self-compassion. But now, having true compassion for myself makes my compassion for others more genuine – because it comes from a deeper place, from my own suffering. Now it's not just coming from a one-up, ego position, with the therapist having more power. The compassion for clients is coming from a level playing field, if you really have it for yourself. And I have felt that shift in me.

Career Energy (Presana Chi)

Some participants shared stories of their yoga practices helping to guide them through their career course and decisions. Whether their practices helped them to see work-related fears more clearly, or feel more deeply an inner conflict—they have definitely helped clinicians to make some big career decisions. For one participant, yoga's impact on career is simply reflected in a decision to add yoga to her work.

(Jean)

It's shaping my career more now, in my 60s! I might consider retiring someday. At this point I don't plan on retiring, I plan on working as long as I can. So, I think yoga is really crucial for me to stay in good enough physical shape, for me to be able to work all my life as a therapist.

(Leah)

I had always felt, in my last job, that people liked me because I did something that was good. And that was not a good feeling, because the job was something that was really killing me, and that I needed to get out of. And then I went on a yoga retreat, and I didn't talk much about what I did specifically for work. And I realized there just how much people "liked me for me." I learned that people could relate to me because of what I am, not because of what I do. Which was interesting to let go of! And it became a lot easier for me to leave the job, once I wasn't "cool" because of it, in my mind.

(Levi)

PR was not a good career for me. And it felt like grace that I could go to the mat, day after day, after day. I think, ultimately, there was something that just got realized there. It happened way deep inside of me. Something was generated and set in motion that had a lot to do with career choices I made, and my awareness that I brought to all of it. It wasn't just a straight line, it was steps

forward, steps backward, lose the path, come back. But the fact that yoga was always there for me, yoga really mattered to the decisions that I made, and that I'm making now in starting again to teach yoga.

(Maya)

I'm glad that this yoga thing I'm interested in works so well with my work, and does help my career. I certainly have worked my career around it, in terms of scheduling therapy sessions around yoga classes. And I think all the principles I have learned in yoga, I also apply to my life, and to my career.

(Serena)

I don't get caught up in a certain system of thinking anymore, and that affects my career. I reject a lot of theory that I just took on faith before, because I've thought about it a lot and I have my own beliefs. Those things don't sustain me anymore. Coming through the phase of wanting to be a "believer," and wanting to grasp on to a certain system of religious dogma that went with the yoga and the Buddhism both - and then letting that go. Then sort of having a similar experience with the psychoanalytic world and that theory, and letting that go. That's affected my outlook.

(Zia)

It is shaping my career now, because it's become part of my therapy practice. How much it has benefitted me, I want it to benefit others - so I share it!

Complete Consciousness (Samaadhi)

As participants shared their experiences of yoga in the interviews, it became clear that extracting yoga—and its impacts—for analysis from their greater lives, was not an easy task. Most participants thought long and hard before attempting to decipher the role of yoga on various aspects of their lives as yoga has become so integrated into their existence and ways of being. Yoga is described as “interwoven” with the lives of many participants, over time having become a readily accessible state of mind, and natural part of their states of self, rather than merely a physical practice. Participants describe yoga as now being essentially ubiquitous for them, present in all places, at all times.

(Jean)

It's definitely all interwoven. I don't feel like yoga is my prime identity, but it's a big piece of it, and probably more than I'm even aware of. I feel like one part of my life flows into the next pretty smoothly, though it's not hard to know what yoga, specifically, does for me. I'm always aware of what it does.

(John)

I really need to take time to clear out, to regain focus. And I don't have to go to yoga personally to do this. Because if you're aware of the mindset in yoga, and you can just access that consciousness and awareness. You can find it through meditation. You can also find it through writing.

(Leah)

I used to say, "The only space I need to take up in this world is the dimensions of my mat." It just sort of feels like yoga is everything. It's how I'm feeling, it's how I'm not feeling. It's all the acceptance I have for my body, and all the acceptance I don't have for what I can't yet do.

(Levi)

Increasingly, I'm getting to the point where it's all practice. Like, any situation I'm in. Right now, right here, I'm practicing.

(Maya)

Yoga is something I think about a lot. I do it a lot. It's in my dreams. It's really, really meaningful to me, and part of my life. And the way I think about myself, and the way I think about the world, is affected by it. And so it is hard for me to even ask, "Well is that informed by yoga, or is that informed by what I know and think about therapy?" Because what I know and think about therapy is

informed by yoga. And what I think about yoga is informed by therapy, and the way that I think about this work. So it's difficult to pull it all apart.

(Michelle)

If I would have known, in my 20's when I took my first yoga class, that it would become such a part of my life and be weaved into so many things - you know, I couldn't have thought that. And how powerful it is in that way! How much a part of my life it's become.

(Serena)

It's now a part of me. The things I learned from yoga - mostly without thinking, I can trust that part of me that eventually got cultivated in that way. That part of me is operating all the time. I draw upon it and use it in my work, being in that space, the witness that's underneath all the chatter. If I'm feeling confused, I can always go to that place and it's always helpful. It's having a spiritual center, a safe place that's always there. I don't need to do any poses or formally sit, and I can get into that space.

(Zia)

It's about everything. Even the definition of the word "union." The physical, emotional, mental and spiritual messages of yoga just become a part of

who you are. I feel like now I can just put my body in a certain position, or breathe a certain way, to access that part of me. It all comes with you, off the mat.

Out of the Blue (Bahis Uparistat)

When asked what has surprised them about yoga in their lives, the participants easily and enthusiastically shared various aspects and impacts of their practices. Some participants are simply shocked that this mysterious thing they tried out on a whim—in some cases, decades ago—turned out to be an ongoing passion, and such a big part of both their personal and professional worlds.

(Jean)

Teaching yoga actually interferes with my own yoga practice. It's a different mindset, and it surprised me how different it is, teaching versus doing your own practice. So I have to be very disciplined about protecting my own practice time. Because, as a teacher, I'm taking care of everybody else, always helping students. And I really have to shift gears then, when I'm at home on my own mat and just paying attention to myself.

(John)

I've done kung fu, and tai chi, and chi-gong, which are the most similar to yoga. But what's so unique and surprising about yoga is the flexibility. It's one of the great things that only yoga offers.

(Leah)

I never expected the impact it would have on my career and in my life. No way! I thought, everyone says it's cool, I didn't know what would happen in there. It didn't take long before I realized there was something really big about yoga. And I still feel like I have yet to uncover what else is really big about yoga. I think there's a lot more than I know. But I do think what's really cool about both of these fields, psychotherapy and yoga, is that we're always beginners in them both. I feel like yoga reminds me of that.

(Levi)

There's surprise and revelation, it's the process, what happens. It's just "quality of being," or experiencing, that feels a surprise. It's just newness - how ordinary the extraordinary is, or how human. And it's all there, always. And that, I've found surprising.

(Maya)

What's most interesting and surprising about yoga is what it takes to do it. Even the simple things, there's always more there. You can do a triangle pose a thousand times, but how do your legs feel *today*, and all the micro-movements that you make?

And I didn't even like it at first, so I didn't know I would ever be so into it! I did it once in college and was like "Jesus, so boring." And frankly, there are a lot of things I can do now that I'm pretty impressed I can do! One of my friends asked me, "Oh, did you run track in high school?" And I said, "I smoked pot in high school." I was never athletic, or thought of myself as that. So, the fact that I have been really good at this has been really cool, and not what I would have thought. And I guess I never would have thought it would bring me all these mental and emotional benefits.

(Michelle)

It's like, wow, this thing has really stuck with me, all this time! And that's a good thing!

(Serena)

What has surprised me about yoga is being able to accept that it is not about attaining the poses. I always knew that intellectually, but now I really am not in it for that. And that makes it much more calm and balanced for me.

(Zia)

I didn't realize how vast it was! I mean, when you go into it, you think it's just the asana. And then you learn it's this huge thing. And you never finish a pose, it's just a lifelong process. It always fascinates me. And the biggest

surprises are what the teachers and people bring to it - it's always like, 'I never thought about that!'"

Work Flow (Karman Andolana)

After hearing all of the benefits of yoga for the participants, I wondered how many of these clinicians are choosing to use yoga in their therapy practices; and if they are using it at work, how are they approaching this weaving of the two arts? And, perhaps surprisingly, only a few of the participants are comfortable using yoga in their work. But others do share some use of meditation with clients; most often this is with ample measures of caution.

(Jean)

I've gotten a little more assertive about recommending yoga to my patients. But I don't want to do some kind of superficial yoga and psychotherapy certification program. I feel like I know my business in psychotherapy pretty well, and I know my yoga pretty well. There are ways that I can talk to people about their bodily experiences that I think come from a yoga background. But I don't say, "Okay, I'm going to prescribe for you these set of poses, and I want you to sit and meditate twice a day." Not that I'm opposed to suggesting doing some asana work or pranayama work, but I don't do it as a matter of course.

(John)

At my first VA job, I strung together all of these different mind-body interventions, to make a program called Battle Body Retraining. It was traditional yoga breathing stuff, progressive muscle relaxation, chi gong, yoga poses and meditation.

Now I do a lot of hypnosis, and that's really the bridge that's helped me move into meditation. So I'll teach mindfulness meditation and breath work. For some people, and especially trauma victims, it's helpful to ground them and give them tools. And I encourage everyone I talk to go to a yoga session. Not everyone does, but the ones that do have been transformed by it, and they thank me for it, 'til this day.

(Leah)

I lead some clients in meditation. I think that it's not always safe with the clients that I see, cause many of them are really still in the trauma, or very recently out of it. Sometimes I will do a seated meditation with clients that have already practice meditation, or are open to it. And we'll both just sit with our feet on the ground for the last minute or two of the session, and I'll lead them through a guided meditation - or we just sit, breathing in silence together.

I do talk about being a yogi with my clients, and I will demo poses for them to try at home. And a lot of times they come in having done it at home and we talk about that. But there's a certain element of trust in doing something like

that with your body in front of someone—which, because I see a lot of clients with body-centered trauma, could be a really big trigger. So I don't want to push them through something like that in session.

(Levi)

I don't feel comfortable walking into the room with a patient, closing the door, and having there be some expectation of bodywork that we are going to do, with the implication of the laying on of hands. It's problematic. Ultimately I don't think it does the patient any favors to have what is already a fraught, vulnerable, mysterious proposition have even more freighted on it. I mean, how subjective is touch? What it means to someone who's been repeatedly raped, maybe by someone who looks like me? There's lots of room for carelessness and acting out and enactments, and I think that one ignores those issues at their patients' peril. I have dabbled at using meditation with clients, and was so humbled that I decided, there too, mixing doesn't make a lot of sense. I sat down with one patient and did a very simple exercise, and just closing eyes, just listening to breath was incredibly triggering.

(Maya)

I know some therapists talk to people about their bodies, but I don't really do that much at all. Some of my clients know that I do yoga. And I used to do meditation with people a little bit, but I don't now. I'm just more interested in

what people have to say. And people get a little triggered by meditation – I think it's just hard to be with yourself. So it's not for everybody.

(Michelle)

I have some clients who go to yoga, and I encourage it, it's great. I could see where I maybe could integrate some yoga poses, especially for people with anxiety or depression, or even trauma histories. I see the benefit, but it's just not the way that I work. I talk the language of mindfulness to clients, to help people sit with difficult states inside themselves. Not that we sit and meditate together. But there's me just embodying mindfulness, and then naming some pieces of that for somebody else.

(Serena)

I do mindfulness meditation in session. A lot of it is just to dispel the myths around meditation, and teach them that there is no wrong way to do it. But I don't do bodywork. I'm open to it, in a simple form, and I'd be perfectly comfortable doing it. But I just don't have the expertise. And in the case of someone who could directly benefit from yoga, then I think they should be with a yoga teacher doing yoga.

(Zia)

I didn't feel safe enough to do it until I was a yoga teacher. Now, if I see a client who's very, very upset and repeating a story over and over, I'll say, 'Would you be willing to do some poses with me, or some breathing?' So, we'll do that and it will calm them—it just shifts everything. Or I can use it to open up people who are depressed. We might do a pose while thinking about "letting go," and discuss how that affects our emotions and how it feels in the body. So, I'll use the yoga to inform the therapy, or the therapy to inform the yoga.

I've also used very physical, "therapeutic yoga" with amputees, or for broken hips, rotator cuff injury, fibromyalgia and things like that. And I will touch clients with their permission, but only with people I know. You gotta know your clients.

Chapter VIII

Findings & Implications

Introduction

This chapter presents five major, as well as four minor, findings. First, the findings will be briefly outlined. Then, relevant aspects of those findings will be assessed in terms of their significance to, and implications for, this study's chosen psychodynamic lens of Relational Theory. That discussion will then be followed by sections outlining the limitations of this study, as well as its clinical and social implications, and implications for future research.

Brief Description of Findings

All of the findings in this study reflect the majority of the participants included in the study; in some cases, one or more participants might not be in sync with the majority of their colleagues reflected in these findings.

The minor study findings hold that:

1. Yogi psychotherapists vary greatly in age,
2. value their own personal therapy,
3. come from affluent backgrounds, of middle to upper class, and
4. are reluctant to use yoga poses in their psychotherapy practices.

The five major findings of this study are listed and described as follows:

Finding 1: Yogi psychotherapists think integrative-rationally and secular-spiritually.

In their work, the participants all use psychodynamic theory as their foundation for conceptualizing clients and client issues. But, more specifically, all but one uses Relational Theory in thinking about and approaching work. This then holds that the participants find the therapist-client relationship to be central to therapy, and the source of all healing. In addition, participants report employing one, or some, of the following in their work: cognitive-behavioral and dialectical techniques, hypnosis, breath work, meditation, yoga, therapeutic yoga, chi-gong, art, writing, somatics/body movement, and Jungian psychology. So, this holds that their theoretical approaches to psychotherapy are of a holistic, or integrative, variety.

In sharing their approaches and personal theories around religion and spirituality, the participants prove themselves to be secular in practice, and highly spiritual in beliefs. All the participants see yoga as a primary source of spirituality. They do not practice conventional religion, though all but one was raised with traditional religious beliefs and worship; two subscribe to some ideals and teachings of Buddhism.

Finding 2: Yogi psychotherapists have significant traumas in their pasts.

All of the participants shared trauma in their histories, while the majority shared significant trauma that has impacted their lives and work. Some trauma shared falls into the category of major, or “big T” Trauma. In considering our participants’ personal stories, this trauma includes: sexual assault and molestation, parental emotional and

physical abuse, serious mental illness or absence of a parent, and environmental violence and risk of death. Other trauma shared by participants falls more into the category of “small T” trauma, including: racism, parentification, divorce, infertility, a partially absent, critical or controlling parent, and family instability.

Finding 3: Yogi psychotherapists experience trauma and healing in their work.

The participants consider their work to be a major and constant source of potential vicarious trauma, often triggering personal memories and feelings from their own traumatic histories. They describe mental, physical and emotional ailments suffered as a result of confronting pain, frustration, anger and fear in their work on a daily basis. These ailments include: lack of focus, physical exhaustion, nightmares, back issues, stomachaches, headaches, heart pains, depression, anxiety, compassion fatigue and complete career burnout.

But participants also share examples of their work being healing, as they experience emotional benefits simply from the act of helping others; especially helping clients with mirror issues to their own. One participant describes her work as actually helping her to feel not so isolated with her own trauma history. The participants ultimately describe their work as both exacerbating and offsetting trauma - depending on a client’s issues, and where the clinician is, in his or her own life and healing, at that moment in treatment.

Finding 4: Yogi psychotherapists experience yoga as healing trauma.

The participants uniformly experience their yoga practices as healing their own personal traumas. Whether the traumas originate in their distant pasts, or are vicarious and from their recent therapy work, they feel that yoga heals them physically, mentally and spiritually in clear and tangible ways. Participants liken their feelings of relief from yoga to feelings of relief following a therapy session; with the impacts from yoga sometimes better, and happening earlier in yoga, than through therapy. Yoga is credited with dispelling negative energies and emotions stored in particular areas of their bodies, as well as negative thoughts running through their minds. Yoga is believed to create a holding environment and “transitional space,” for the healing of trauma, much in the way psychotherapy does. The participants credit fellow yogis, and their energy in the room, with contributing greatly to healing; but the most important contributor to healing appears to the yoga teacher, who is likened closely to a conventional psychotherapist.

Finding 5: Yogi psychotherapists “live” their yoga.

The participants feel that their yoga has become interwoven with the rest of their personal and professional lives. They find it difficult to separate out the impacts of yoga on their lives and work, as yoga has become a seamless influence and presence, and part of their everyday thinking. The participants report being able to enter a yogic state of mind outside of their practices, and also living their lives generally with yogic sensibilities. These include: Greater senses of personal strength and power, increased patience and heightened compassion for self and others, natural boundaries for better

safety, and less need for control - leading to more curiosity and awe. Participants communicate essentially that yoga is everything, and everything is yoga.

Theoretical Implications

In assessing this study's findings as they relate to Relational Theory, it is primarily evident that one supposition made in this dissertation has proved incorrect: on page 34, it was cited that theorist Bromberg believes the Relational therapist "should strive for awareness of self-states, and so yoga essentially challenges yogis to do the same." Yet, this study's findings show the opposite experience to be true: that yoga requires yogi psychotherapists to be essentially challenged to "lose themselves" and their need for awareness and control over self-states, to thereby achieve greater mindfulness through the release of thoughts and constant self-assessment. And, while this one supposition did not hold true with the eventual findings, another—discussed on page 31—did hold true. It was stated there that the therapist's "own history of extruded self-states come into play in the process of therapy in a challenging manner, potentially undermining not only the therapist's self-esteem but also the therapist's efforts to construct a transitional, safe space for good work." And indeed, this study's findings reflect that yogi psychotherapists are greatly challenged in their work by their personal trauma histories, that impact countertransference significantly and often negatively. The findings further hold that these therapists are helped greatly by their experiences of yoga, in healing these traumas and managing countertransferences.

Looking beyond previous suppositions held in this dissertation – it is patently obvious that some of the most impactful links between the basic tenets of Relational Theory and this study’s findings lie in the areas of yoga’s impacts on psychotherapists’: personal strength, patience, compassion, boundaries, ability to cede control and capacity for awe. These impacts, cited in *Finding 5*, relate directly to yogi psychotherapists’ ability to manage and make good use of challenging countertransferences in their work. In Relational terms, to create real therapeutic change, the therapist must truly witness the patient’s trauma and then be ultimately willing to change, along with the patient – for “if the patient is to change, the analyst must as well” (Stern 2012, p. 402); and, for the analyst to change with the patient, he must “negotiate the ever-shifting edge between process and relationship” (Bass, 2001, p. 5). This negotiation leads to eventual insight and growth for both the therapist and the patient. Relational Theory holds that this process must happen with the therapist “standing in the spaces” between introspection and attunement, in a veritable “transitional space.” And indeed, this study’s findings show yogi psychotherapists gaining greater abilities to “stand in the spaces” with clients as a result of their yoga practices.

More specifically, in the Peace, Power & Awe section of the study’s results, it is reflected that yogi psychotherapists gain a greater sense of peace, personal strength and curiosity, leading to less need for control. And, because these yogi psychotherapists also “live” their yoga—meaning all of their yoga’s impacts are interwoven with the rest of their personal and professional lives—this Peace, Power & Awe directly serves to impact the therapists’ work. As “standing in the spaces” requires therapists to achieve a sense of

evenly-hovering attention and neutrality in their work, they are well-served by greater calmness and strength, along with greater ability for “awe”. So, these traits gained from yoga in turn aid yogi psychotherapists’ endeavors to create the ideal “transitional space,” in Relational Terms.

In this space, the therapist must first become lost in the countertransference, then find a way out of it, and so the therapist must first become “a co-factor in a passionate drama” before he can “master something which he has been transformed by” (Mitchell, 1988, p. 295). In order to become this “co-factor,” the therapist must have the willingness, fluidity and flexibility to become “unconsciously out of control and immersed in the transferences” (Frawley-O’Dea, 2001), requiring great calmness, courage, strength, and curiosity. Study participant Zia reflected yoga’s personal impacts on her work, as they relate to these abilities:

Yoga gives me strength in every way—empowerment. It grounds, centers and helps me to be emotionally available. It’s given me physical strength. And it helps with anxiety all the time. So, all this definitely gives me a certain strength and confidence to be with whatever comes out in therapy. And I’m much more patient. I can not react to what’s happening in session, and then the clients can feel more peaceful - and can also emulate that and use me as a model. Yoga helps to keep me more at ease and not so pressured to get things done. I want to always be curious and open. Like, “Let’s go! Let’s go on the [therapy] trip, I wanna go on the adventure! Let’s get crazy and see what happens!” And I think yoga makes me

more like, “Let’s try this pose, go outside the comfort zone and give this balance a try.” So yoga makes me feel, “I can do this!”

This experience of yoga essentially conditioning the psychotherapist to manage countertransferences relationally resonated soundly with all the study participants. Levi recognized that therapeutic influence is always flowing “in both directions” between the therapist and the patient (Aron, 1991, p. 41), creating a dynamic space in which to work, where therapeutic change ideally happens (Frawley O’Dea, 2001).

(Levi)

I come away from yoga feeling more curious and more open, and that we’re kinda all in this together. And more and more, I find myself less quick to avert my eyes, and more willing to look—even if it’s through gritted teeth—at what’s right there. And I think, in both modalities of yoga and psychotherapy, that if what is happening here between us as a dyad can’t “get seen,” then it’s very hard for me to understand how the treatment moves and actually gets this person to drier ground. So I think yoga and psychotherapy are simpatico in exactly this way, the two of them, of being truly curious.

In considering yoga’s impacts on Presence of Mind, the sense of clarity and mindfulness provided by yoga proved to help yogi psychotherapists to create and hold a frame in their work in which they could still serve as a subject—serving ultimately to help them engage freely with the patient, but still with a sense of personal safety. As, Relationally, the therapist and patient must together “discover and re-integrate aspects of self-experience that have been fragmented and detached” (Seligman, 2012, p. 84), this

ability to engage self-experience with a sense of safety within the countertransference was paramount for the yogi psychotherapists.

(Leah)

It is really a boundary just to be doing yoga. When someone is “in it,” going through something in the moment, I am able to be in my body in a really safe way, which I don’t think I would have known how to do, honestly. I think I would have been taken out completely, and then *in them with them*. I do feel like, at times, I still have to consciously remind myself, “This is not happening in your life. This is happening in her life. Get in your own body!” But I think that I’m immediately able to figure out what’s going on in my body, breathe, feet on the floor, and find a way to come back. And so, that self-awareness is very much there. There are times that I will cry with them, and I will go there with my clients! But I’m able to find a way to do that from a safe place for me.

Additionally, yoga’s benefit of helping the psychotherapists in Cultivating Compassion directly impacted their abilities to “together understand troubling configurations of relational engagement in their lives, opening up new relational lines for both the therapist and the patient” (Mitchell, 1988, p. 295). Again, here, the therapists’ abilities to manage countertransferences were improved upon, though the practice of yoga, and for the benefit of the Relational dyad.

(Serena)

A thing you learn about yoga, is that your body is your body. No matter how much yoga you do, you're probably not going to be able to do things that certain people can do, because your body has its own structure. And there's something about that lesson that has been good for me, that's a way to compassion. This basic idea of being able to observe without judging, that I get from yoga and meditation both, gives a certain helpful focus—so that in therapy, whatever gets thrown out, it's "Let's just see what this is." You're under the assumption it's there for a good reason. And it might not be ultimately where you want to be, but it's just understanding what it's here for, and not being hasty and assuming we need to get rid of it.

In addition to the results of *Finding 5*, and how they relate to the yogi psychotherapists' management of countertransferences in their Relational work, attention can further be drawn to two significant parallels that were suggested earlier in this dissertation: those between the dyad of the yoga teacher/student and psychotherapist/patient, and also between the therapy room and the yoga space. It was stated earlier in this dissertation that "In Relational theory, therapy provides mutuality between the therapist and patient, but also asymmetry; in yoga, there too is mutual relationship between yoga teacher and practitioner, that is also asymmetric due to the teacher's greater knowledge, power and authority in the yoga setting." And in this study's results section of *Individual Souls & Teachers*, it became clear that this parallel drawn between the two dyads, in yoga and therapy, held true for the yogi psychotherapists. They

described very clearly how their yoga teachers held a position for them in their practices much like the position held by a therapist in Relational psychotherapy, and how central this teacher/student relationship is to their yoga practices.

(Jean)

The teacher is a transference magnet. Yoga teachers everywhere are idealized by their students! It's very much is like a therapist-client relationship. And the teacher is touching you and looking real closely at your body. I'm very picky about what teachers I go to. But when it works, I get this wonderful feeling of just being able to be taken care of.

(Leah)

What my yoga teacher she reflected to me was: "I think you can do more, I think you're scared." So I saw that trust was an issue for me. If it's too much for me to be in charge of it myself, I can now feel held by her, and that can be really, really good. I always say to my clients, "Let me know when you want me to go there." I will ask their permission before I confront in a new way, because I want that, in a yoga class, just as much as I want that from my therapist.

(Maya)

I love being the student, and I think that's kind of a holding environment thing. The teachers are very caring and I feel very cared for.

(Michelle)

The yoga teacher that I have, he's a strong presence; there's something we're doing, and he's holding the discipline of that. But there's also this freedom to go "in," and that's also the way with therapists. We have to follow the will of the client and not have too much of our own agenda. And yet we have to hold this container, and then, sort of shake it when somebody's spinning in something that's unproductive.

(Zia)

I like being guided, and I like to feel really connected to the teacher. I don't need to know them, but just feel like I've got that "click," that relationship thing that is the same thing that's important to have with a therapist. I want to be comfortable, and feel safe, so that's probably why I have to like the teacher to enjoy the class.

Study participants also drew clear and direct parallels between the yoga and therapeutic "spaces," in terms of both being Relationally safe and "transitional."

(Jean)

A lot is made out of the "sacred space," and there's something about that. It's a "holding environment," is what it is.

(Levi)

I'm fascinated in the room. It's always safe. There's been blissful experiences of the room and its ability to contain; that same containment can be very, very dark and very, very stark. Things just get laid bare there, in ways that can be extraordinarily painful. I almost want to call it a "subliminal space," a "potential space" in yoga. The room itself is not unlike a consulting room where we work. It's magical, illusory, authentic, artificial, holistic; it's all these dimensions.

In assessing this study's findings as they relate to, and have implications for, Relational Theory, perhaps the most impactful findings are those that speak to the importance of trauma management for the yogi psychotherapists. *Finding 2* reflects the regularity of personal and vicarious traumas experienced by yogi psychotherapists, both in their childhood histories and in their current work - while *Finding 3* reflects the powerful healing of this trauma, afforded by their yoga practices.

(John)

Every part of your nervous system is connected to survival. And talking has its limitations, medications have their limitations. In a traumatized person, you have to reestablish the homeostasis of the body through the bottom, up - not top down. I learned this and it opened my mind to yoga. And then I experienced it myself. Yoga allows you the opposite of arousal. And that's what's so unique. Where you're engaging the parasympathetic nervous system, where you're

decreasing arousal, but at the same time sweating and in difficult positions. I think that's what makes it helpful for trauma. That's what makes it helpful for life.

(Michelle)

Sometimes you need to tell your story and have someone witness that. But sometimes, it's more about being with a deeper sense of yourself. When there's sadness or depression, you know you're going to contact that in yoga. Because you're vulnerable, and you're going "in." When I'm in a bad place, I know that I should do yoga, but I don't want to. So there's a resistance. But when I get there, it's always a good thing. It helps to meet up with those places, and be there without any kind of agenda or judgment.

(Serena)

I think just this idea of acceptance, and not pushing, that's healing. I could get really lost in the "pushing through" yoga. But I just want to push to the edge, enough to be in that zone, and the point of it is not to attain something. I feel that and take that with me, that acceptance, making space for everything, being humble, humility. And not in a lowering oneself way, but just sort of being a regular human being. And that being fine.

(Zia)

I consider trauma to be a form of energy, and yoga moves the energy that gets stuck in our bodies. Yoga creates space for us to heal. Yoga opens up space for trauma to come to the surface, when it hasn't yet been dealt with. People will cry from a yoga practice. And I imagine yoga for me, someday, when I have to experience my parents' deaths; I think about that, for moving the emotional-spiritual energy of that grief process. It's very reassuring to know I have that process.

These reports of healing by the yogi psychotherapists support the recent turns Relational Theory has taken, into a mind-body understanding of therapeutic healing. Relational theorist Judith Ruskin writes of this new theoretical focus: "There is a preponderance of research and convergence of evidence from neuroscience, psychology, and experimental psychology that emotions are body-based experiences, in that there is a strong physiological component, often occurring outside of reflective awareness, to emotional reactions" (Ruskin, 2013, p. 83). Ruskin's writings offer possible explanation of why the yogi psychotherapists in this study find their yoga to be as - or even more, at times—healing, than their personal psychotherapy. Ruskin writes: "Emotions form in the subcortical systems, are often experienced in the body before entering consciousness, and have a significant impact on judgment and decision making. This view of emotion affirms that a lot is happening within a person non-consciously before there is any conscious awareness of it. Alerting patients to their bodily experience may help attune them a bit more quickly to what might lie below the surface" (Ruskin, 2013, p. 82).

Indeed, the yogi psychotherapists in this study report experiences of being alerted to their emotions in a bodily way, by yoga, versus through the experience of talk. Ruskin further explains that some patients can attend to their bodies as a way of accessing emotions – particularly when their ability to access this through language “does not suffice” or is not possible. This explanation supports Leah’s experience of healing her trauma from rape, initially and in large part through yoga:

When I first started practicing yoga, and would try to be in child’s pose, my inner thighs were clenching, and shaking, and trying to stay shut. They were kind of frozen. And anytime they would open at all, it would be like that. And I would just start crying. I know now that yoga was healing for me the things that I could not say. At the time, I was not in therapy, and had never even been, so I was recognizing this stuff through yoga first. My body had been holding this for a long time! And now I was ready to release it, I didn’t want it anymore! And I ended up doing that through body-centered work as much, if not more, than through talking in therapy.

Relational theorist Karen Maroda offers more explanation of why the yogi psychotherapists’ body focus for healing can, at times, suffice better than traditional talk therapy. Maroda writes: “Most patients are lacking in affect development in some significant way. Developmental failures in affect may manifest themselves in one more areas: expression, experience, tolerance, verbalization, recognition, orientation, transformation, and consciousness of affective experience.” (Maroda, 1999, p. 125). Maroda further explains: “Affects are a primary mode of communication, in that they act

as signals for another person. A critical dimension of affective development is the evolution of affects from their early form, in which they are experiences as bodily sensations, into subjective states that can gradually be verbally articulated” (Maroda, 1999, p. 125). Maroda understands that: “We experience feeling viscerally. Our minds do not cue us that we are feeling something strongly; our bodies do. Without the bodily sensation, there is no inquiry” (Maroda, 1999, p. 126). Maroda believes that the field of psychotherapy has mistakenly ignored or underestimated the role of the body in interpersonal communication, by “elevating the mind of the body” and considering emotions to essentially be a hindrance to therapeutic problem-solving, by clouding the mind’s ability to reason. Maroda’s writings support the reports from yogi psychotherapists in this study, claiming their yoga practices actually bring up emotions and allow them to cue the body, then cue the mind, to their presence:

(Jean)

Yoga can create an altered state of consciousness, what we call “yoga brain,” but it brings up the crap, too. It can do as much to stir the pot, and bring uncomfortable things up and out, as it can to quell and settle anxiety and depression. But both are necessary. Sometimes yoga has forced me to deal with something that’s troubling me, even before my therapy session did. Yoga has opened up so much for me, as a way of experiencing on a cell tissue level what I’m wrestling with. And something that happens in yoga a lot is you’ll get to a tough part of a pose, like getting to the edge of something and start to shake. And it can be pretty disconcerting. But I think it’s that instinct of animals, shaking

off the build-up of stress hormones. And when we can't shake it off and it gets stored in our cell tissue, then we're in trouble!

Validity & Limitations of the Study

In terms of assuring validity of this study's data and findings - the research and analysis process followed here involved repeated and thorough "member checks," of data and findings, with the study's participants. All participants were provided with a transcript in a very timely manner, following their first interviews; this was in order to accommodate their careful review and suggested edits to the paper in good time, and prior to their second interviews. The participants' second interviews then involved a thorough review of the transcripts, including discussion of, and edits to, the offerings of data.

In addition, all participants were later provided with the complete study results and findings, and afforded ample allowance of time to respond with concerns or suggested edits to these sections of the paper; this includes their specific offerings of data, as well as the various, analyzed meanings attributed to that data.

Additionally, I frequently initiated brief contact with participants throughout the writing of this paper, to check various facts and inquire into any potentially questionable understandings of the data, on my part. The participants were therefore in frequent, close touch and with very clear open lines of communication to me. This afforded them the easy ability to let me know at any time in the process of my creating this paper, that they might be uncomfortable with any part of the data, analysis or writing. In their first

interviews, I also uniformly communicated to the study participants that my goal in doing this research was to represent their stories rightly and with assurances of confidentiality – and any concerns on their part, in either of these cases, was something that I definitely wanted to learn from them during the writing process.

Bracketing myself out of this study was another way that I ventured to ensure validity of the study, as it helped me to control for my own personal views. Because I am a psychodynamic psychotherapist who does yoga and experiences both personal and professional benefits from this practice, I presented potential bias to the process and outcome of this study. I attempted to control for this bias by including myself as a respondent, with my experiences, beliefs and assumptions around this study topic self-realized, communicated and analyzed separately from the greater data.

The main rationale for bracketing is to elucidate any biases and assumptions about the study topic that a researcher may have, so they can be delineated and analyzed in relation to the study process and eventual results (Lutz & Knox, 2009). This bracketing process has the goal of ultimately increasing the study's validity. Husserl maintains bracketing is a crucial first step in data analysis for phenomenological researchers, in order to help them clearly concentrate on “their perception of the experience of a given phenomenon” that is being studied (Smith, Flowers & Larkin, 2009, p. 13). But it is also stressed that this bracketing does not mean a researcher's assumptions “disappear” during the study process (Smith, Flowers & Larkin, 2009, p. 14). Cresswell cites the “critical subjectivity” endeavored by bracketing to be one of eight crucial standards applicable to quality phenomenology study (Cresswell, 1998, p. 195). He defines this critical

subjectivity as “a standard means that the researcher needs to have heightened self-awareness in the research process and create personal and social transformation – this ‘high quality’ awareness enables the researcher to understand his psychological and emotional states before, during and after the research experience” (Cresswell, 1998, p. 196). Hence, bracketing is a control process of attempting to ensure this high quality awareness in the researcher, that will ultimately serve to ensure greater study quality and validity in analysis.

In terms of limitations of this study, there is a sample size of eight respondents. While the nature of qualitative research results in knowing and understanding in an in-depth manner, it does not seek to attain the thoroughly generalizable results found in quantitative research. Though qualitative research does not seek the same generalizability, its merits as a contribution to knowledge on this topic can still be evaluated using qualitative criteria. Additionally, the utilization of the non-probability sampling method of chain referral to recruit respondents potentially limited the variation in traits of respondents, as the sample group was living and working in roughly the same geographic area—and socializing in some like professional, as well as yoga, circles.

Implications for Clinical Social Work

Yoga for psychotherapist & patient healing.

In considering implications for the findings of this study, specifically to the field of clinical social work: the most important implication appears to involve effective management and healing of mind-body trauma for psychotherapists. “Social workers

make up the largest group of clinically trained mental health providers in the United States” (NASW, 2014, p. 1), and these psychotherapists need to effectively engage the trauma, and support the healing, of their patients. As this study reveals, yogi psychotherapists:

1. Exhibit extensive residual impacts of childhood and adult trauma in their histories,
2. these impacts appear in the form of physical as well as mental challenges for the therapists, and
3. these impacts are regularly complicated, as well as exacerbated, by their work.

This new knowledge procured in the study then supports the call for a focus on mind-body healing for psychotherapists who wish to be, and remain, healthy for their patients.

As the yogi psychotherapists in this study hold their own personal psychotherapy in high regard as a healing mechanism for their own traumas, so they also hold their yoga practices in comparable regard – suggesting yoga practice for psychotherapists as a valuable and very promising self-care tool for all psychotherapists wishing to offset and heal personal traumas undoubtedly affecting their therapy practices. As personal psychotherapy is considered standard for growth and self-care of psychotherapists today, so can yoga be considered a new, additional field standard; most especially, for therapists suffering physical ailments resulting from personal trauma, as well as those many therapists not naturally open to the process of talk therapy for them personally. Perhaps

the practice and teaching of yoga could even be included as part of curriculum for psychotherapy training in undergraduate and graduate schools worldwide, to better model and equip burgeoning psychotherapists with yogic tools to incorporate into their personal self-care habits, and even workplace practices.

In considering workplace practices with regard to yoga -- looking beyond the use of yoga as a self-care tool for psychotherapists, this research strongly suggests that therapists can and should consider yoga as a tool for their patients. Whether psychotherapists are comfortable using this tool with their patients in the actual process of their therapy work, or not – it remains a valuable offering therapists can make to their patients, at least, for use outside of the therapy room. It stands that if yoga heals psychotherapist trauma, then of course it can heal patient trauma; and therapists can, based on the results of this study, feel comfortable not only using yoga for themselves, but for their patients' healing as well.

Yoga & “mutually affective” psychotherapy.

Taking the above clinical implications one step further – it should be considered, based on the results of this study, that yoga is useful not only for self-care of psychotherapists and their patients, but also for growth and bettering of the therapy interaction overall. This implication is solidly rooted in Relational Theory, which supports therapists' use of emotion in their work, to ultimately achieve what modern theorist Karen Maroda calls more “mutually affective moments” in psychotherapy. On this subject, Maroda writes:

Affect research suggests that emotional exchanges between therapist and patient are critical to the patient's growth and development. It stands to reason that if emotional exchanges, or lack of, created the affective patterns that a person creates over and over again, that only new emotional exchanges could facilitate the altering of old affective patterns. Changes in thoughts affect cognitive patterns in the brain, and new emotional exchanges create new emotional memories and affective patterns in the brain. (1999, p. 141).

The new research findings cited in this study show yoga benefits its practitioners by increasing their conscious understanding of their emotions - by helping them realize and identify felt experiences in the body, thereby linking those to the mind. And so, this yogic process theoretically puts therapists "back in the driver's seat" of their emotions, to in turn use those emotions to achieve greater affective communication with their patients. For, Maroda writes, "If we consider that the route to intrapersonal development is relational, or interpersonal, then the affective attunement between analyst and patient becomes a critical variable in the therapeutic action" (1999, p. 126).

So the findings cited in this study most certainly support yoga's value as a means for both psychotherapists and patients to attain greater knowledge of, comfort with, and potential use of their emotions for the purposes of heightened affective communication in therapy. And, as Maroda maintains:

The established relationship between emotion and cognition provides evidence that a good treatment needs to be an ongoing emotional event. People

change only when they can feel deeply and freely, and these feelings are responded to affectively by another person (1999, p. 133).

As heightened affective communication between therapists and patients correlates with improved therapeutic relationships - so the benefits of yoga practice for therapists and patients correlate with potential for better therapy relationships; and therefore, better therapy!

Social Implications

Social implications for the findings of this study point exceedingly to yoga providing heightened states of well-being for all humans who have experienced trauma – translated indeed to, simply, “humans,” as all humans experience trauma in their lives. As the yogi psychotherapists in this study repeatedly state beliefs that yoga makes them better, healthier people in the world - so yoga can most certainly make other world citizens better, healthier people. If the specific findings of this study are extrapolated, they in turn suggest that yoga has the ability to make its practicing citizens in the world: calmer, physically and psychologically stronger, more centered, more patient, with better personal boundaries, a heightened understanding of their own emotions and henceforth more capacity for generosity and compassion for others; and further extrapolated, these improvements made in yogis throughout the world would indeed, to some degree, model “like” behavior for non-yogis as well, thereby impacting the world positively with a mirror-like, domino effect of well-being for all yogi and non-yogi citizens.

Finally, with a view to yoga creating better therapeutic experiences and outcomes for patients the world over, we could surmise that yoga's potential positive impact on therapy equates with greater numbers of healthy citizens worldwide, as a result of their practicing—and their therapists practicing—yoga.

Future Research

Future research related to this study could logically include questioning into the practice of psychotherapy work being healing for psychotherapists – and their choice of doing psychotherapy work as an unconscious, and perhaps even conscious, means of challenging their own trauma histories by engaging the trauma histories of others; this line of questioning would not include yoga, but would capitalize on the findings of this study in terms of trauma histories of psychotherapists and the vicarious traumas endured by these practitioners in their daily work. A related, additional and more general idea, would be a line of questioning into the psychodynamic motivations for people's choosing of careers, and the extent to which people's careers are regularly chosen to unconsciously facilitate some healing of early childhood traumas.

Other future research branching off from this study could include deeper questioning into:

1. how and why yogis with specific, physically-oriented traumas find yoga to be a particularly helpful self-care tool
2. why yogi psychotherapists tend toward Relational Theory as the chief underlying belief system for their clinical work

3. what the effects of yoga are, for psychotherapists, in a more measured, quantitative study of pre and post-yoga experiences.

Appendix A

Individual Consent for Participation in Research

INSTITUTE FOR CLINICAL SOCIAL WORK

I, _____, agree to take part in the research entitled: *The Impact of Yoga on the Personal and Professional Lives of Psychotherapists*.

This work will be carried out by Lisa Huffman, LCSW (Principal Researcher) under the supervision of Jim Lampe, PhD (Dissertation Chair or Sponsoring Faculty). This work is conducted under the auspices of the Institute for Clinical Social Work in Chicago.

Purpose

The purpose of this study is to understand the perceived impact of yoga practice on the personal and professional lives of psychotherapists. This study will explore how and to what extent therapists use yoga to help them in their personal and professional lives. This study aims to inform the psychotherapy field as a whole about potential, wide-ranging benefits of yoga for therapy professionals. We know that psychotherapists have special need for self-awareness and self-care for their work and health. We also know that yoga is becoming accepted as a more mainstream means of achieving greater health and self-awareness. This study is therefore significant to the field of clinical social work in that it aims to help us understand how and why psychotherapists are using yoga, specifically, as a means to improve not only self-awareness and self-care but also other aspects of their personal and professional lives. Additionally, this study will provide insights into other self-care and professional development practices used successfully by therapists. Ultimately, this discussion and new information about ways for therapists to take care of themselves and better their work will benefit the field of clinical social work, psychotherapy and clients as a whole.

PROCEDURES USED IN THE STUDY AND THE DURATION

Participants will be interviewed at least once - and at maximum three times - in their homes or offices, or in those of the principal researcher (with location of the interviews to be determined by each participant). The first interview will last from one to two hours, with the durations of second (and possibly third) interviews determined as needed. Interviews will be audiotaped with an iPhone, with audio files then transcribed by a professional service using first names of participants only. Transcripts of interviews will be shared between the study's principal investigator and committee chair only. There will be no financial payment for study participants.

Benefits

This study has great potential benefits to the psychotherapy field. Therapists within this field stand to gain understanding about yoga's benefits not only to their personal lives, but also to their professional work and relationships with clients. Information gleaned from this study could potentially be used to further education in self-care and therapy

treatment in educational settings for psychotherapist training.

Costs (There are no costs associated with participation in this study.)

Possible Risks and/or Side Effects

This study poses minimal potential risk to participants; any risk would be in the form of possible emotional discomfort as a result of discussing personal information. Participants will be notified during the pre-interview process that personal questions will be asked as part of the study. Participants are encouraged to share only information they feel is relevant and non-damaging to their own emotional well-being and comfort. All participants reserve the right to decline investigator's questions if they feel they are overly uncomfortable or upsetting.

Privacy and Confidentiality

Data from this study will include participants' first names only, and participants can also request fictional first names be used in their place. Data from interviews will be stored on the principal investigator's private computer and transferred by email (only on an as-needed basis) to the committee chairperson's private email account and computer. All audio files containing data will be destroyed upon final completion of the research study.

Subject Assurances

By signing this consent form, I agree to take part in this study. I have not given up any of my rights or released this institution from responsibility for carelessness. I may cancel my consent and refuse to continue in this at any time without penalty or loss of benefits. My relationship with the staff of the ICSW will not be affected in any way, now or in the future, if I refuse to take part, or if I begin the study and then withdraw. If I have any questions about the research methods, I can contact Lisa Huffman at this phone number: (312) 502-0293. If I have any questions about my rights as a research subject, I may contact IRB Chairperson John Ridings, through ICSW, at: (312) 935-4232.

Signatures

I have read this consent form and agree to take part in this study as it is explained in this consent form.

Signature of Participant

Date

I certify that I have explained the research to

_____ and believe that they

understand and that they have agreed to participate freely. I agree to answer any additional questions when they arise during the research or afterward.

Signature of Researcher

Date

Appendix B

Double Hermeneutic Analysis

CORE THEME 1: YOGI PSYCHOTHERAPISTS: DIVERSE NATURE & NURTURE

Textural Description (what) = 1) Yogi psychotherapists are psychotherapists who do yoga, 1) Of mizra (Sanskrit for ‘diverse’) dharma (Sanskrit for ‘nature’) and posa (Sanskrit for ‘nurture’), meaning yogi therapists of: personal natures, natures of origin, origins of nurture, and personal methods of nurture.

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Structural Description (how) = 1) Yogi psychotherapists have diverse and various personal natures, or personalities, as a result of both given nature as well as their natures of origin – as well as the origins of their personal nurturing and the specific nurturing methods practiced there. 2) Yogi psychotherapists develop their own personal methods of nurture based on the origins of their received nurture and the methods practiced there, in combination with their personal natures.

= “Essence of the Experience” Explanation:

Psychotherapists who do yoga have diverse and various natures, which are the result of their origins and the nurturing received there. Psychotherapists who do yoga nurture others using methods derived from their origins of nurturing in combination with their personal natures.

CORE THEME 2: BALANCE OF STRESS

Textural Description (what) = 1) Balance: meaning too much stress, an overage or more than can be easily managed by psychotherapists, and ayasa (Sanskrit for ‘stress’) 2) Stress disturbing balance or internal equilibrium of psychotherapists, and 3) Stress disturbing balance of psychotherapists’ work and personal lives.

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Structural Description (how) = 1) Psychotherapists attempt to achieve a state of internal balance or equilibrium through self-care, and 2) Psychotherapists attempt to achieve a precarious balance between stress and self-care in their work and personal lives.

= “Essence of the Experience” Explanation:

Psychotherapists face an unhealthy overage of stress (ayasa) that disturbs both their internal balance and also the balance in and among their work and personal lives.

Therefore, psychotherapists attempt to achieve a state of internal balance, as well as a balance in and between work and personal lives, through practicing self-care.

CORE THEME 3: YOGA KARMA

Textural Description (what) = 1) Karma is used in yoga culture, derived from the Sanskrit kri, meaning ‘to do’, and understood as ‘action’, ‘effect from cause’ or ‘destiny or fate’, 2) Yoga is derived from Sanskrit yuj, meaning ‘yoke’ and understood as ‘union’, 3) Yoga as a practice is understood as ‘unification of the body and mind through breath’, and 3) ‘Karma yoga’ literally translates to ‘union through action’ or ‘the path of union through action’.

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Structural Description (how) = 1) As karma is an ‘action’, it has consequences and so creates the future, destiny or fate, and 2) As karma is an ‘effect from cause’, it results from the action of yoga, with the aim of mind-body union, 3) Because yoga is a union, it requires action to achieve ‘effect from cause’, and 4) Because karma is a ‘consequence, destiny or fate’, it requires the aim or action of yoga.

= “Essence of the Experience” Explanation:

Karma is the consequence or fate effected from the action or aim of practicing yoga, or mind-body union through breath. Conversely, yoga is a consequence or fate of unification of mind and body effected through the action, or Karma, of breath.

References

- Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*(6), 624-631.
- Aron, L. (1991). The patient's experience of the analyst's subjectivity. *Psychoanalytic Dialogues 1*, 29-51.
- Aron, L. (1992). Interpretation as expression of the analyst's subjectivity. *Psychoanalytic Dialogues, 2*(4), 475-507. doi:10.1080/10481889209538947
- Atkinson, N. L., & Permeth-Levine, R. (2009). Benefits, barriers, and cues to action of yoga practice: A focus group approach. *American Journal of Health Behavior, 33*(1), 3-14.
- Bálint, A., & Bálint, M. (1939). On transference and counter-transference. *Int. J. Psycho-Anal., 20*:223-230.
- Barrow, J. C., English, T., & Pinkerton, R. S. (1987). Physical fitness training: Beneficial for professional psychologists?. *Professional Psychology: Research And Practice, 18*(1), 66-70.
- Bass, A. (2001). Mental structure, psychic process, and analytic relations—how people change in analysis: Reply to commentaries. *Psychoanalytic Dialogues, 11*(5), 717-725.
- Beaumont, E., Galpin, A., & Jenkins, P. (2012). 'Being kinder to myself ': A prospective

comparative study, exploring post-trauma therapy outcome measures, for two groups of clients, receiving either Cognitive Behaviour Therapy or Cognitive Behaviour Therapy and Compassionate Mind Training. *Counseling Psychology Review*, 27(1), 31-43.

Bellows, K. F. (2007). Psychotherapists' personal psychotherapy and its perceived influence on clinical practice. *Bulletin of the Menninger Clinic*, 71(3), 204-226.

Benson, H. (1975). *The Relaxation Response*. New York: Morrow.

Bernstein, A. (2001). The fear of compassion. *Modern Psychoanalysis*, 26(2), 209.

Birnie, K., Speca, M., & Carlson, L. E. (2010), Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, 26: 359–371.

Black, D. S., Cole, S. W., Irwin, M. R., Breen, E., St. Cyr, N. M., Nazarian, N., & Lavretsky, H. (2013). Yogic meditation reverses NF- κ B and IRF-related transcriptome dynamics in leukocytes of family dementia caregivers in a randomized controlled trial. *Psychoneuroendocrinology*, 38(3), 348-355.

Böhm, T. (2004). Inner and outer frame breaks—counter-transference and enactments. *Scandinavian Psychoanalytic Review*, 27: 2-11.

Brisbon, N., & Lowery, G. (2011). Mindfulness and levels of stress: A comparison of beginner and advanced hatha yoga practitioners. *Journal of Religion & Health*, 50(4), 931-941.

Bromberg, P. M. (1996). Standing in the spaces: The multiplicity of self and the Psychoanalytic relationship. *Contemporary Psychoanalysis*, 32, 509-636.

- Bush, F. (2006). Countertransference in Defense Enactments. *J. Amer. Psychoanal. Assn.*, 54: 67-85.
- Büssing, A., Hedtstück, A., Khalsa, S., Ostermann, T., & Heusser, P. (2012). Development of specific aspects of spirituality during a 6-month intensive yoga practice. *Evidence-based Complementary & Alternative Medicine (eCAM)*, pp. 1-7
- Campbell, J. & Christopher, J. (2012). Teaching mindfulness to create effective counselors. *Journal of Mental Health Counseling*, 34(3), 213-226.
- Christopher, J., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling & Psychotherapy Research*, 10(2), 114-125. doi:10.1080/14733141003750285
- Cooper, A.M. (1986). Some Limitations on Therapeutic Effectiveness: The "Burnout Syndrome" in Psychoanalysts. *Psychoanalytic Quarterly*, 55: 576-598.
- Corliss, R. (2001, April 23). The power of yoga. *Time Magazine*. Retrieved from: <http://www.time.com/time/health/article/0,8599,106356,00.html>.
- Coward, H. (1978). Jung's encounter with yoga. *Journal of Analytical Psychology*, 23 (4): 339-357.
- Craig, C. D., & Sprang, G. G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, 23(3), 319-339.
- Cresswell, J. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks, Ca: Sage Publications.

- Davies, J. M. (1999). Getting cold feet, defining “safe-enough” borders: Dissociation, multiplicity and integration in the analyst’s experience. *Psychoanalytic Quarterly* 68, (184-208).
- Davies, J.M. (2004). Whose bad objects are we anyway? *Psychoanalytic Dialogues*, 14, 11-732.
- Daw, B. B., & Joseph, S. S. (2007). Qualified therapists' experience of personal therapy. *Counseling and Psychotherapy Research*, 7(4), 227-232.
- Ehrenberg, D.B. (1985). Countertransference Resistance. *Contemporary Psychoanalysis*, 21: 563-575.
- Feuerstein, G. (1998). *The yoga tradition: Its history, literature, philosophy, and practice*. Prescott, AZ: Hohm Press.
- Frawley-O'Dea, M.G. (2001). *The Supervisory Relationship*. New York, NY US: The Guilford Press.
- Gabbard, G.O. (1995). Countertransference: The emerging common ground. *Int. J. Psycho-Anal.*, 76:475-485.
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology & Psychotherapy: Theory, Research & Practice*, 84(3), 239-255.
- Gura, S. (2007). Yoga for stress reduction and injury prevention at work. In A. Monat, R. Lazarus, G. Reevy (Eds.), *The Praeger handbook on stress and coping (vol.2)* (pp. 489-495). Westport, CT US: Praeger Publishers/Greenwood Publishing Group.

- Heimann, P. (1950). On Counter-Transference. *Int. J. Psycho-Anal.*, 31: 81-84.
- Hernandez, P., Engstrom, D., & Gangsei, D. (2010). Exploring the Impact of Trauma on Therapists: Vicarious Resilience and Related Concepts in Training. *Journal of Systemic Therapies*, 29(1), 67-83.
- Hoffman, I. (2009). Therapeutic passion in the countertransference. *Psychoanalytic Dialogues*, 19, 617-637.
- Hofmann, S. G., Grossman, P., & Hinton, D.E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31(7), 1126-1132.
- Horner, A.J. (1993). Occupational hazards and characterological vulnerability: The problem of "burnout." *Am. J. Psychoanal.*, 53: 137-142.
- Hunter, S. V. (2012). Walking in sacred spaces in the therapeutic bond: Therapists' experiences of compassion satisfaction coupled with the potential for vicarious traumatization. *Family Process*, 51(2), 179-192.
- Jacobs, T.J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34: 289-307.
- Jacobs, T.J. (1999). Countertransference Past And Present: A Review Of The Concept. *Int. J. Psycho-Anal.*, 80: 575-594.
- Kabat-Zinn, J. & Hanh, T.N. (1990). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. New York, NY: Bantam Dell.
- Kaplan, S. (2013, March 21). Yoga now standard treatment for vets with PTSD. *PRI's The World*. Retrieved from: <http://www.theworld.org/2013/03/yoga-veterans-ptsd>.

- Kernberg, O. (1965). Notes on countertransference. *J. Amer. Psychoanal. Assn.*, 13: 38-56.
- King, G. (2011). Psychodynamic therapists' dilemmas in providing personal therapy to therapists in training: An exploratory study. *Counseling & Psychotherapy Research*, 11(3), 186-195.
- Kornfeld, A. (2009, April 14). Psychotherapy Goes from Couch to Yoga Mat. *Time Magazine*. Retrieved from:
<http://www.time.com/time/health/article/0,8599,1891271,00.html>.
- Kraemer, W.P. (1958). The dangers of unrecognized counter-transference. *J. Anal. Psychol.*, 3: 29-41.
- Langenberg, M. (2010). Yoga: The body, breath, mind connection. *Wellspring*, 21(1), 1-4.
- Levine, Peter. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, Ca: North Atlantic Books.
- Lutz, W., & Knorz, S. (2009). *Quantitative and Qualitative Methods for Psychotherapy Research*. Oxford, United Kingdom: Taylor & Francis Group.
- Macran, S., & Stiles, W. B. (1999). How does personal therapy affect therapists' practice?. *Journal of Counseling Psychology*, 46(4), 419.
- Macy, Dayna (2012). Yoga in America Study 2012. *Yoga Journal*. Retrieved from:
http://www.yogajournal.com/press/yoga_in_america.
- Maroda, K. (1999). *Seduction, Surrender and Transformation: Emotional Engagement in the Analytic Process*. Hinsdale, NJ: The Analytic Press.

- Miller, W. R. (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.
- Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An Integration*. Cambridge, MA: Harvard University Press.
- Morrel, A. (1992). Countertransference and the analyst's response to it: Feelings about feelings. *Mod. Psychoanal.*, 17: 85-99.
- Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, Ca: Sage Publications.
- Murphy, D. D. (2005). A qualitative study into the experience of mandatory personal therapy during training. *Counseling And Psychotherapy Research*, 5(1), 27-32.
- National Association of Social Workers (2014). *Behavioral Health*. Retrieved from: <http://www.naswdc.org/bhealth.asp>.
- Nayak, N., & Shankar, K. (2004). Yoga: A therapeutic approach. *Physical-Medical Rehabilitation Clinical Journal*, (4) 783-98.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28-44.
- Newsome, S., Christopher, J., Dahlen, P., & Christopher, S. (2006) Teaching counselors self-care through mindfulness practices. *Teachers College Record* 108(9), 1881-1900.
- Oteiza, V. (2010). Therapists' experiences of personal therapy: A descriptive phenomenological study. *Counseling & Psychotherapy Research*, 10(3), 222-228.

- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research & Practice, 42*(4), 301-307.
- Pearlman, L., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26*(6), 558-565.
- Racker, H. (1988). Transference and countertransference. *The International Psycho-Analytical Library, 73*: 1-196. London: The Hogarth Press and the Institute of Psycho-Analysis.
- Rake, C., & Paley, G. (2009). Personal therapy for psychotherapists: The impact on therapeutic practice. A qualitative study using interpretative phenomenological analysis. *Psychodynamic Practice, 15*(3), 275-294.
- Ringell, S., & Brandell, J. (2012). *Trauma: Contemporary Directions in Theory, Practice and Research*. Thousand Oaks, Ca: Sage Publications.
- Rizq, R. R., & Target, M. M. (2008). The power of being seen: An interpretative phenomenological analysis of how experienced counseling psychologists describe the meaning and significance of personal therapy in clinical practice. *British Journal of Guidance And Counseling, 36*(2), 131-152.
- Robins, C. J., Keng, S., Ekblad, A. G., & Brantley, J. G. (2012). Effects of mindfulness-based stress reduction on emotional experience and expression: A randomized controlled trial. *Journal of Clinical Psychology, 68*(1), 117-131.

- Rocha, K.K., Ribeiro, A.M, Rocha, K.C., Sousa, M.B., Albuquerque, F.S., Ribeiro, S., & Silva, R.H. (2012). Improvement in physiological and psychological parameters after 6 months of yoga practice. *Journal of Conscious Cognition, 21*(2), 843-50.
- Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: A review of comparison studies. *Journal of Alternative & Complementary Medicine, 16*(1), 3-12.
- Ruskin, J. (2013). *Infant Research and Neuroscience at Work in Psychotherapy: Expanding the Clinical Repertoire*. New York: W.W. Norton & Company, Inc.
- Saakvitne, K.W. (2002). shared trauma: The therapist's increased vulnerability. *Psychoanal. Dial.*, 12: 443-449.
- Salzberg, S. (2011). Mindfulness and loving-kindness. *Contemporary Buddhism, 12*(1), 177-182.
- Sandler, J. (1976). Countertransference and Role-Responsiveness. *Int. R. Psycho-Anal.*, 3: 43-47.
- Schell, F. J., Allolio, B., & Schonecke, W. (1994). Physiological and psychological effects of hatha-yoga exercise in healthy women. *International Journal of Psychosomatics*, 41, 46–52.
- Schure, M., Christopher, J., & Christopher, S. (2008). Mind–body medicine and the art of self-care: teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development, 86*, 47-56.
- Sharma, R., Gupta, N., & Bijlani, R.L. (2008). Effect of yoga based lifestyle intervention on subjective well-being. *Indian J Physiol Pharmacol, 52*(2): 123–131.

- Seligman, S. (2012). The developmental perspective in relational psychoanalysis. In L. Aron, A. Harris (Eds.) , *Relational psychoanalysis, Vol. 5: Evolution of process* (pp. 61-96). New York: Routledge/Taylor & Francis Group.
- Simpkins, A., & Simpkins, A. (2011). *Meditation and Yoga in Psychotherapy Techniques: Clinical Practice*. Hoboken, N.J.: John Wiley & Sons, Inc.
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis: Theory, Method and Research*. Thousand Oaks, Ca: Sage Publications.
- Stern, D. B. (2012). Partners in thought: A clinical process theory of narrative. In L. Aron, A. Harris (Eds.) , *Relational psychoanalysis, Vol. 5: Evolution of process* (pp. 381-406). New York, NY US: Routledge/Taylor & Francis Group.
- Subramanya, P., & Telles, S. (2009). Performance on psychomotor tasks following two yoga-based relaxation techniques. *Perceptual & Motor Skills, 109*(2), 563-576.
- Telles, S., Gaur, V., & Balkrishna, A. (2009). Effect of a yoga practice session and a yoga theory session on state anxiety. *Perceptual & Motor Skills, 109*(3), 924-930.
- Tower, L.E. (1956). Countertransference. *J. Amer. Psychoanal. Assn.*, 4: 224-255.
- Valente, V. & A. Marotta (2005). The impact of yoga on the personal and professional life of the psychotherapist. *Contemporary Family Therapy 27* (1), 65-79.
- Vanheule, S., Verhaeghe, P. (2005). Professional burnout in the mirror: A qualitative study. *Psychoanal. Psychol.*, 22: 285-305.
- Wallin, D. (2007). *Attachment in Psychotherapy*. New York: Guilford.
- Williams, E., & Fauth, J. (2005). A psychotherapy process study of therapist in session self-awareness. *Psychotherapy Research, 15*(4), 374-381.

- Wilson, M. (2009). Coasting in the counter-transference: Conflicts of self-interest. *Int. J. Psycho-Anal.*, 90: 685-689.
- Wren, A.A., Wright, M.A., Carson, J.W., & Keefe, F.J. (2011). Yoga for persistent pain: New findings and directions for an ancient practice. *Pain*, 152, 477-480.
- Wood, C. J. (1993). Mood change and perception of vitality: A comparison of the effects of relaxation, visualization, and yoga. *Journal of the Royal Society of Medicine*, 86, 254–258.
- Yang, K. (2007). A review of yoga programs for four leading risk factors of chronic diseases. *Evidence-Based Complementary & Alternative Medicine (Ecam)*, 4(4), 487-491.
- Yoshihara, K., Hiramoto, K., Sudo, N., & Kubo, C. (2011). Profile of mood states and stress-related biochemical indices in long-term yoga practitioners. *BioPsychoSocial Medicine*, 5 (1), 6-13.