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Perceived mechanisms of change in therapeutic yoga targeting psychological distress.

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Abstract

Objectives

This study was designed to investigate yoga teachers' and yoga therapists' perceptions of the ways yoga is applied to treat symptoms of psychological distress, and identify the defining features, main components, and mechanisms of change in therapeutic practice.

Design

A qualitative design was employed. Six yoga teachers who had specific training and experience in teaching therapeutic yoga or practicing 'yoga therapy' took part in one-to-one interviews during which they gave accounts of their experiences of helping people cope with psychological distress through yoga.

Methods

Participants' interviews were transcribed verbatim and were analysed using an integrative inductive-deductive thematic analysis.

Results

Four key themes were identified in relation to the benefits of therapeutic yoga: Awareness, Choice, Relationships, and Tailoring.

Conclusion

The findings support previous research which suggests that individualised yoga therapy is a promising intervention, and may help to form a theoretical rationale for the future treatment of psychological distress with yoga.

Keywords: yoga, psychological distress, yoga therapists, thematic analysis

Perceived mechanisms of change in therapeutic yoga targeting psychological distress

Psychological distress is often targeted by integrated therapeutic strategies, including psychopharmacological treatments, psychosocial therapies, and somatic therapies (Al-Harbi, 2012). Research indicates that psychotherapeutic and pharmacological treatments have varying degrees of efficacy in treating anxiety and depression (Faria et al., 2017; Meganck et al., 2017; Serretti, 2018), and there are insufficient studies of the efficacy of these modalities for the treatment of many other manifestations of psychological distress (Cuijpers et al., 2013). The need for potential adjunctive and alternative treatments is clear (Boyd et al., 2018). Yoga is one of the mind-body therapies which is considered a plausible alternative and adjunctive treatment for psychological distress, as yoga-based practices can provide psychological benefits such as decreasing feelings of anxiety and depression in a natural and generally safe way (Cabral et al., 2011; Stephens, 2017). The current study investigates the main mechanisms of yoga that may be of therapeutic value for psychological distress.

Psychological distress refers to the feelings of misery, anguish, tension, fear, dejection, despair, loneliness, shame and anger common to human beings (Mirowsky and Ross, 2002). Psychological distress is often regarded as a non-specific mental health problem (Dohrenwend and Dohrenwend, 1982), but Wheaton (2007) claims that it is characterised by symptoms of depression and anxiety. This relationship indicates that psychological distress could lead to a diagnosis of a common mental health disorder such as anxiety or depression (Horwitz, 2007). Reducing the prevalence of common mental health disorders is a major public health challenge (Davies, 2014). Psychological distress and psychological symptoms also represent a serious challenge in the management of physical conditions, such as cancer requiring multifaceted interventions due to the complexity that such symptoms add to the general management of the condition (Matzka et al., 2016).

Psychopharmacology and psychotherapy are currently the main treatment modalities but dichotomous judgments about such treatments may not be adequately nuanced to capture the intricacies of evaluating the applicability and utility of such treatments in clinical practice (Eddy et al., 2004). Meta-analyses of research regarding the efficacy of psychotherapy and psychopharmacology highlight issues in the literature such as poor reporting of screening restricting generalisability, and limited data on the long-term maintenance of treatment gains (Eddy et al., 2004). It is also well documented that a significant number of individuals who experience psychological distress do not seek, or adhere to, the treatments that are currently available from mental health services professionals (Lin and Parikh, 1999; Magaard et al., 2017) and turn to complementary or alternative therapies to improve their mental health and well-being (Grzywacz et al., 2006).

A rapidly growing body of empirical evidence indicates that mindfulness and mind-body therapies such as yoga are an effective and favourable form of treatment for many physical and psychological issues (Boyd et al., 2018; Faria et al., 2017; Hölzel et al., 2013; Rogers and MacDonald, 2015). The physiological benefits of practising yoga have been substantiated by an upsurge in scientific research in recent decades; for example, evidence for the reduction of cortisol (Thirthalli et al., 2013); and increases in neurotropic factors (Naveen et al., 2016); heart rate variability (Tyagi and Cohen, 2016); and telomerase activity (Deng et al., 2016) have been reported in several different studies. Such physiological benefits are corroborated by the well-demonstrated effects of yoga in the reduction of symptoms of anxiety, depression and other forms of psychological distress (Harkess et al., 2016; Pascoe and Bauer, 2015).

Yoga is a multifaceted tool, which includes components such as asana (posture), pranayama (breathing techniques) and meditation; which are used to enhance well-being (Govindaraj et al., 2016). Historically, yoga incorporates physical awareness, breath

awareness and mindful awareness, which are intended to generate optimal functioning of the body and the mind (Khalsa, 2013). Classical Patanjali yoga has eight ‘limbs’, including the aforementioned pranayama, asana and meditation, and signifies a pattern of developing consciousness at different levels in a hierarchical manner from gross to subtle layers of being (Iyengar, 2012), in line with the different levels of consciousness mentioned in the ancient Vedic texts, *Upanishads* (Easwaran, 2009). These levels include the things we can see and touch, and, underlying all of those physical things, the subtle layers of consciousness. Yoga can be practiced in a way that uses its full range of components to train the individual to transcend from the physical body into the deeper, subtle body; in this way, it contains a conceptual framework for developing peace of mind, distinguishing it from other forms of physical exercise (Govindaraj et al., 2016). Yoga is increasingly used as a therapeutic intervention for medical and psychological disorders under the term ‘yoga therapy’ (Khalsa, 2013). This approach differs from group yoga classes as it is delivered on a one to one basis with a specific therapeutic aim. Medical yoga and yoga therapy research are rapidly growing fields, with psychological investigation being one of its central subfields (Bussing et al., 2012).

Research regarding yoga for mental health has focused primarily on anxiety and depression, and reviews in this area are informative (Li and Goldsmith, 2012; Uebelacker et al., 2010). Based on such reviews, yoga may be considered a possible adjunctive therapy for anxiety and depression due to its suggested beneficial outcomes (de Manincor et al., 2016; Li and Goldsmith, 2012). One particular study (Khalsa et al., 2015) found that enhancing cognitive behavioural therapy (CBT) with yoga significantly improved levels of anxiety and reduced reported levels of depression. This effect was found after 6 weeks in a group of ‘treatment-resistant’ mental health patients who had remained symptomatic after receiving individual therapy for an average of 2.97 years. Yoga has also provided encouraging results as

an add-on treatment for schizophrenia (Jayaram et al., 2013) and has been shown to generate long-term gains when used frequently as an adjunctive component of trauma-focused treatment for chronic symptoms of post-traumatic stress disorder (van der Kolk et al., 2014; Rhodes et al., 2016; Telles et al., 2012). Some studies have even shown promise regarding the impact of yoga on psychological functioning among forensic inpatients (Sistig et al., 2015) and prison populations (Bilderbeck et al., 2015). Recent evidence suggests that yoga improves symptoms of psychological distress in women coping with infertility (Psaros et al., 2015), and a number of studies indicate that yoga significantly improves quality of life in cancer patients (Cramer et al., 2017; Hilfiker et al., 2017). A recent non-randomised comparison study with breast cancer patients has suggested that yoga was more effective than cognitive-behavioural therapy for reducing emotional distress in participants (Bragard et al., 2017).

According to previous quantitative research, yoga has been found to improve psychological well-being through a variety of different but inter-related pathways -reduction in symptoms of psychological distress, related improvements in mental health, increased frequency of positive experiences, reduced frequency of negative experiences, and increased scores on measures of flourishing and resilience (de Manincor et al., 2016). Another possible mediator between yoga and psychological well-being is increased body-awareness (Sistig et al., 2015), which has been shown to be positively correlated with frequency of yoga practice, along with mindfulness and body image (Fig. 1; Tihanyi et al., 2016). However, this particular relationship was found among advanced yoga practitioners, limiting the generalisability of the results to other populations. A further limitation of the study was the cross-sectional design, which meant that it was not possible to determine causal relationships (Tihanyi et al., 2016). It is argued that the overall enhancement of physical and mental fitness from yoga practice is likely to provide benefits through a number of indirect pathways

(Khalsa, 2013), and these may be best explored through qualitative methods that allow for a more human-centred, authentic understanding of conceptions of psychological well-being (Mayoh and Jones, 2015).

INSERT FIGURE 1 ABOUT HERE

For example, few empirical studies (e.g. Villacres et al., 2014) investigate the perceptions of yoga therapists on developing the practice of yoga to enhance mental health outcomes, or the actual experiences of outcomes and improvements in psychological well-being through yoga. Villacres and colleagues (2014) conducted a qualitative study and interviewed a yoga therapist as part of a team at an inpatient facility; however, the research is limited to discussing only two inpatients, and included only one yoga therapist.

Recognising the potential of programmes that apply yoga to enhance psychological well-being, it is valuable to explore in detail the definitions, components and mechanisms of therapeutic yoga that are applied by yoga teachers and therapists to improve the psychological well-being of others. De Manincor and colleagues (2015) used the Delphi method to attempt to establish a consensus from experienced yoga teachers on the application of yoga for reducing anxiety and depression. Eighteen teachers completed two rounds of an online survey, and results showed that there was a general consensus that individually tailored yoga practice would be beneficial for people with depression and anxiety (de Manincor et al., 2015). The authors suggested that the key components of yoga interventions for mental health requires further research, giving consideration to various conditions; their chronicity and severity; and the individual symptoms being addressed (de Manincor et al., 2015). A recent survey with yoga teachers and therapists has also found that qualitative methods should be used more often in future studies, with participants commenting on the over-emphasis of quantitative methods in this field (Bhavanani, 2016).

The purpose of the current study, therefore, is to use qualitative methods to investigate the experiential nature of yoga as a therapy, and explore the main mechanisms of change as perceived by yoga therapists. Such an approach will contribute a level of depth to the existing research exploring yoga within a mental health context by focusing on detailed subjective experiences of providing yoga therapeutically (Mayoh and Jones, 2015). The current study employed thematic analysis (Braun and Clarke, 2006) using an integrative inductive-deductive approach as this allows the integration of existing knowledge whilst generating new categories of themes and revision of theory based on the research interviews (Bradley et al., 2007; Girbig et al., 2017). Qualitative research is advised for use in health services research due to its ability to explain and describe complex real-world phenomena within context, uncover links among concepts, and generate or refine theory (Bradley et al., 2007). This study looks at the perceptions of yoga teachers and therapists regarding the three following questions: (1) What are the defining features of therapeutic yoga? (2) Which components of yoga are most effective for reducing psychological distress? (3) Why and through which mechanisms do these components influence symptoms of psychological distress?

Method

Participants

The participants were six professionals from across the UK who had experience of teaching yoga therapeutically. Two of the participants had experience of using general yoga therapeutically, and four were specialists trained in yoga therapy with experience of practicing yoga therapy. The inclusion criterion for the study required participants to have provided a therapeutic service using yoga. The participants responded voluntarily to adverts that they received through a gatekeeper or through a yoga community to which they were affiliated. Each participant had between 1 and 10 years of teaching experience, and all had

done or were currently doing either a yoga therapy diploma or some other course in therapeutic yoga (see Table 1).

INSERT TABLE 1 ABOUT HERE

Data Collection

Semi-structured, in-depth interviews were conducted in order to collect rich qualitative data. The interviews were held over Skype or face-to-face and lasted between 22 and 56 minutes. The interviews consisted of open-ended questions in order to avoid researcher bias, and questions loosely followed a guide based on pre-identified realms of interest informed by aforementioned quantitative studies (de Manincor et al., 2015). The first author who conducted all interviews had experience in the subject of interest (i.e. teaching and participating in yoga classes). Ethical approval was obtained from the Manchester Metropolitan University Psychology Research Ethics Committee.

Data Analysis

The interviews were audio-recorded with participants' consent, and recordings were transcribed verbatim. Following data collection, the interviews were transcribed by the first author, after listening to the recordings and noting down initial ideas and interesting features of the data. The analysis focused on developing a realist interpretation of the participants' shared experiences and perceptions by finding recurrent unifying concepts in their accounts (Boyatzis, 1998). The transcripts were colour-coded by line or segment, and eventually all the data extracts with similar codes were collated together to form subthemes. Final themes are fundamental concepts (Ryan and Bernard, 2003) that typify specific experiences of the individual participants with the phenomena of interest by the more general insights that are apparent from the whole of the data. An integrative inductive-deductive approach was used, meaning that findings from previous studies were taken into consideration, but new themes

were formed based on the interview material (Girbig et al., 2017). Analysis of the data was mainly inductive with a realist perspective centred on the participants' observations; however, the theoretical understanding of the subject previously held by the researcher (Bradley et al., 2007) had influenced the research questions. The themes were confirmed by the second author.

Results

Through aiming to understand the main psychological mechanisms of change in therapeutic yoga, four key themes emerged from the interviews that provided specific insight into the participants' ideas concerning this. Themes, sub-themes and supporting quotes are displayed in Table 2 and are expanded upon below.

INSERT TABLE 2 ABOUT HERE

Awareness

Accounts in this theme focused around the over-arching idea of building the client's awareness of their present experience. The respondents felt that a body-based therapy like yoga could target physical symptoms of distress, such as dissociation, tension and anxiety, by encouraging a deeper connection with the body. For example, Lisa who works with trauma survivors remarked that an important mechanism in yoga for them was relating to their physical body.

Lisa: "...I think the key thing is that the emphasis is ... on the somatic awareness and on the experience that the person is having...the postures are simply forms in which they can experience how it feels to have a body..."

The participants discussed how important it was that they emphasised somatic awareness and simply being present in the body so that physical feelings of distress could be noticed and reduced. For example, drawing attention to the breath, which is affected by physical

symptoms (e.g. tension), can then enable a person to take action in that area to ease the effects.

Lisa: "...to notice what's going on because noticing is the first thing really..."

Sarah: "...if you start to notice your breath, you start to notice when you feel tense..."

Participants explained that by taking an educative approach, they encouraged their clients to become more connected with their own bodies and any symptoms they wanted to reduce.

Sue: (referring to her approach when educating a client) "...when I feel like I am about to have a panic attack what is happening, what is happening to the oxygen, the carbon dioxide levels, what is happening to my nervous system, what is my nervous system?"

Encouraging general 'self-awareness' was also an opportunity to help client understand the different effects their lifestyle may be having on their symptoms.

Sue: "...lifestyle is really important because things like drinking caffeine has a physiological erm effect of creating similar symptoms to stress or anxiety..."

Choice

Accounts in this theme centred around the idea that therapeutic yoga should encourage people to take control of their own experiences. The participants believed that encouraging awareness in individuals is so fundamental because it gives them the opportunity to "*then be able to make choices*". Encouraging a sense of 'agency' was thought to be a mechanism for change for a client who has experienced a loss of control causing psychological distress.

Lisa: "The idea of the trauma sensitive yoga is to be really, really 100% clear that people have a choice in every single thing they do...if something doesn't

feel right in their body they can have that sense of agency which they lost when they were trapped in the traumatic situation...

Sue: "And the choice might be to not do something, sometimes. You know, I think allowing people to explore those boundaries is a really important part of working with mental health, as well."

The respondents also commented that "...*the practice itself is sort of therapeutic in the sense that you find your own way through it*". This was thought to be an empowering position for individuals, allowing their treatment to be a journey of self-discovery. This was also a defining feature of therapeutic yoga or yoga therapy, when compared with a group class.

Sue: "...there is a lot of self-discovery and enquiry that goes on rather than that kind of a bit more handing over of control."

The participants discussed the importance of giving control to clients, because feelings of autonomy were important for their recovery, and for making them feel confident and self-efficacious. Participants also talked about how clients can use the practices and techniques in yoga therapy to incorporate this positive psychological impact into their life outside of yoga.

Kate: "... I think it's more about the autonomy of giving them that sense of belief that they can, when they get to that heightened arousal, that sympathetic, they learned a skill that they can drop it back down..."

Relationships

Accounts within this theme focused around the importance of positive personal relationships, including with the self. The respondents felt that a fundamental part of the therapeutic process was improving clients' 'self-compassion' to improve their relationship with themselves.

Nita: "...yoga therapy, perhaps more than any others, is a self-care programme..."

Steve: "...just getting people to slow down and stop judging themselves, hacking away that judgment."

Some teachers also commented on the 'supportive community' having many psychological benefits for members of a yoga class.

Sarah: "...it can really help to foster a sense of community..."

Sue: "There is also something really powerful in coming together as a group."

The benefits of the therapeutic relationship with the teacher or therapist, especially in one-to-one yoga therapy, was also discussed by the therapists who worked privately with individuals.

Kate: "...over time when safety has been created and you've got that really good therapeutic relationship with that client..."

Nita: "...with yoga therapy there is a lot of collaboration between you and your client..."

Kate: "I knew him so well and that we had a good rapport that he was able to tell me what he did and didn't like..."

The participants explained that they believed that the "*idea of self-compassion is important for all of us*", and described how this is specifically relevant to yoga therapy, as it is a direct application of yogic philosophy:

Kate: "...niyamas and yamas which are like the ethical principles, teaching them things like ahimsa which is non-violence so that you've got compassion for self, compassion for others..."

Participants also discussed the supportive nature of therapeutic classes and the therapeutic relationship in one-to-one yoga therapy, that they felt did not necessarily exist in the context of a non-therapeutic yoga class.

Lisa: "...although yoga is supposed to be non-competitive, in certain yoga classes there is an atmosphere of you know come on push a bit harder, see if you can go a bit deeper, you know that kind of thing, there is... that isn't a part of trauma sensitive yoga at all..."

Tailoring

Accounts within this theme were centred around the importance of tailoring the practices to the individual client and their day-to-day experience when providing a therapeutic service. The respondents described how the client's 'presentation' determines the practices that they do with them:

Kate: "It depends on how they present on the day because as we know in mental health there's peaks and troughs aren't there?"

This also linked back to the theme around *Choice* as some participants commented on how they would let the participants judge their own individual needs and tailor the class to those needs for themselves.

Sue: "...I use that kind of approach where there is different routes people can take within the class depending on how they are feeling on the day..."

The respondents also discussed the way therapeutic yoga recognises individual conditions and is created like a "*personal treatment plan*" to reflect the individual needs of the person in line with the desired outcomes of the practice.

Sue: "So, if somebody is out of balance in a particular area, then you wouldn't necessarily get them to do the same number of repetitions as another person, so things always need to be tailored individually."

This was another defining feature of a one-to-one therapeutic class compared to a group yoga session which would be more of a “*one size fits all*”. These benefits were more consistent with the added ‘home practice’ or ‘self-practice’ of the client, which was perceived to be directly related to the outcomes for the client.

Nita: “...those who explore resources outside of just the one hour they have with me, erm they do really well.”

Sue: “...they can use it, you know, every week just on their own when they have got comfortable with it.”

The respondents discussed the various ways that clients can use the practices that they are shown on their own in order to reap the greatest benefits, either as a method to self-soothe when they are in the type of situation that might normally trigger some anxiety, or as a preventative measure that they repeat on a daily basis.

Kate: “...he used the kirtankriya the ‘sa ta na ma’ with his fingers when he was out...”

Nita: “...you know, they will go away and a week later they’ll go “Oh my gosh, I did that slow breathing you taught me and for fifteen minutes every day, I can’t believe I haven’t had a panic attack.”

Discussion

Increasingly, yoga interventions are recognised as adjunctive treatments for various mental and physical conditions, in line with traditional understandings of yoga as an all-encompassing lifestyle intended to improve psychophysiological well-being (Khalsa, 2013). Despite an extensive evidence base of quantitative results demonstrating the effective treatment of mental health problems (e.g. anxiety and depression symptoms) by yoga interventions, less is known about the components of therapeutic yoga that can be used for distress reduction (de Manincor et al., 2015). Consequently, the present study set out to

explore the perceptions of those who have provided a therapeutic service through yoga of the ways in which yoga is applied to treat symptoms of psychological distress; including the defining features, main components, and mechanisms of change in therapeutic practice.

Symptoms of anxiety and depression are just some problems that can be targeted by encouraging an understanding of the body, in particular the nervous system, and using yogic practices to balance it. Body awareness, along with mindfulness, is discussed in the academic literature as possible mediators in the relationship between yoga and 'psychological wellbeing' among advanced practitioners (Tihanyi et al., 2016). Body awareness has also been identified as one of the main outcomes of mindful yoga for people suffering from psychosis. Sistig and colleagues (2015) found that yoga increased body awareness among forensic inpatients, and decreased anxiety, indicating that mindful yoga can connect the practitioner to their present physical and psychological states, and thus decrease the anxiety associated with some of their somatic experiences. The participants in the present study discussed how this positive outcome is actually developed and sustained in yoga therapy, using techniques such as pranayama (breath work) and basic asana (physical postures), but drawing the focus into the somatic experience of the client and away from the exercise itself. The participants also commented that yoga therapy opens up opportunities for dialogues about lifestyle and its effects on mental health symptoms, as an additional positive outcome and avenue for change.

Additionally, participants described how teaching clients to notice their own experiences in the context of a yoga practice enables the client to take control of that experience, and that paradigm could then be reflected outside of the context of yoga. This was perceived to be one of the main benefits and mechanisms of change when working with mental health problems using yoga. This may be seen as a defining feature of therapeutic yoga, as it distinguishes practices that focus solely on improvements in flexibility or strength in teaching asana and a

more therapeutic yoga practice that is designed to encourage psychological well-being. Results of previous studies have indicated that yoga leads to increased positive experiences and decreased negative experiences, although there is no confirmed theoretical rationale behind yoga practices that might account for this (de Manincor et al., 2016). Data from the present study suggest that this particular outcome could be related to increased feelings of agency, autonomy, and self-efficacy in clients of yoga therapy who are encouraged to take control of their experiences and subsequently make better choices for themselves. This supports research findings that yoga may be an effective complementary treatment for individuals suffering from symptomatic distress (Cabral et al., 2011).

Previous studies have found increased perceived social support to be among the positive outcomes of practising yoga (Psaros et al., 2015). Accounts presented here are consistent with this finding, adding depth by demonstrating the perceived importance of this outcome among participants. The current research also highlighted the emphasis the respondents placed on a positive relationship with the yoga practitioner and the self, which were said to be at the heart of yoga therapy. In their cross-sectional questionnaire with healthy adults, Tihanyi et al. (2016) found that yoga practice correlated negatively with body image dissatisfaction. The present research supports this and implies that this could be due to yoga teachers and therapists actively helping to improve their client's self-image and self-relationship through their teaching style, as the participants considered this a vital component of therapeutic practices.

All participants commented that they were highly sensitive to individual needs when teaching yoga therapeutically and finding out as much information about a client as possible enabled them to ensure the client had the most therapeutic and valuable experience with them, whether in a group or one-to-one. The participants also recognised that while they might help their clients become accustomed to yoga and find the practices that are most

beneficial for them, yoga was a self-practice and the client would achieve the best outcomes if they maintained a regular practice at home, rather than relying on their yoga therapy sessions. This point has been highlighted in some previous research (e.g. Bilderbeck et al., 2015; Harkess et al., 2016). Bilderbeck and colleagues (2015) found preliminary evidence with quantitative methods that the progressive mental health outcomes that were found in a prison population following a yoga intervention correlated positively with frequency of self-practice. Other findings from short term interventions have shown that outcomes are not seen at follow up, leading to recommendations that a longer intervention duration and a self-practice should be investigated to see whether this gives optimal results (Harkess et al., 2016). The results of the present study support such suggestions.

The qualitative design of the current study allowed for an in-depth, detailed analysis of the perceptions of those with experience of the phenomena of interest. This may be used to refine the theoretical rationale behind future interventions which could be examined quantitatively in randomised controlled studies and compared with more established interventions such as CBT. Such research should include more methodologically robust studies as the existing literature is limited due to a number of methodological issues such as small sample sizes, lack of control groups and lack of comparisons with other interventions (Gangadhar and Varambally, 2015; Kinser and Robins, 2013). Based on the results of the present study, individualized interventions appear to provide benefits; these should be further investigated to explore their degree of effectiveness and whether they should be more broadly supported (de Manincor et al., 2016).

Limitations

The study does not come without limitations. The first limitation is the small sample size. However, many studies have reported saturation after six interviews (e.g., Isman et al., 2013) especially when the sample is homogeneous (Guest et al., 2006), as is the case in this study.

Another limitation could be the principal investigator's background in yoga as this might have influenced both the interview process and the interpretation of the findings. However, this background was useful in the coding and analysis of the data, as the language used and the context of the phenomena described were clearly understood. Furthermore, the analysis and themes were confirmed by the second author. Although strong evidence for each of the themes was found, as with all qualitative research, any generalisation of the results should be cautious and sparing and further quantitative research that allows for generalisability is warranted.

Conclusion

To conclude, these findings provide insight into the theoretical rationale behind yoga as a therapeutic intervention by identifying the defining features of therapeutic yoga and its mechanisms of change in treating psychological distress, as perceived by qualified providers of yoga therapy. The analysis of the data revealed that increased awareness, increased feelings of autonomy and self-efficacy, increased perceptions of support and self-compassion, and a long-term, individualised, self-practice might be the main mechanisms of change. These findings are in line with the results of previous studies (Bilderbeck et al., 2015; Cabral et al., 2011; de Manincor et al., 2016; Tihanyi et al., 2016) and are of potential value for yoga teachers and therapists with an interest in designing and testing the effectiveness of yoga interventions. Future studies could also explore the experiences of individuals who have sought yoga therapy as a means of dealing with psychological distress. Finally, the importance and effectiveness of these mechanisms needs to be empirically supported by rigorous, randomised controlled studies.

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Table 1

Participant characteristics

<i>Participant (by Pseudonym)</i>	<i>Years of experience</i>	<i>Specific details of experience with therapeutic yoga</i>
<i>Steve</i>	<i>3 years teaching</i>	<i>300 hours training in India included Ayurvedic medicine and Indian yoga therapy</i>
<i>Sarah</i>	<i>1 year teaching</i>	<i>Teaches private clients with stress, anxiety, insomnia and attends yoga therapy clinic</i>
<i>Lisa</i>	<i>10 years teaching</i>	<i>Teaches trauma sensitive yoga sessions</i>
<i>Nita</i>	<i>5 years teaching</i>	<i>Completed yoga therapy diploma in 2014 so practices yoga therapy and is also a psychotherapist</i>
<i>Sue</i>	<i>4 years teaching</i>	<i>Completed yoga therapy diploma in 2016 as well as multiple other trainings in treating mental health with yoga</i>
<i>Kate</i>	<i>4 years teaching</i>	<i>Finishing yoga therapy diploma at time of interview.</i>

Table 2

Themes, subthemes and supporting quotes representative of perceived therapeutic mechanisms

Theme	Sub-theme	Supporting quotes
Awareness	Somatic awareness	“The postures are simply forms in which they can experience how it feels to have a body”
	Noticing the breath	“If you start to notice your breath, you start to notice when you feel tense”
	Self-awareness	“I would say the only thing that is essential for any therapeutic yoga practice is self-awareness”
Choice	Autonomy	“That it’s OK to say ‘no’ to something, and not even to know why, you know, but it’s enough just to not want to do something”
	Agency	“And the choice might be to not do something, sometimes”
	Self-efficacy	“That relationship with yourself is at the heart of your yoga and yoga therapy journey”
Relationships	Self-compassion	“I think that can be really good yeah for your sense of self, and your self-esteem, and how you view yourself”
	Supportive community	“It can really help to foster a sense of community”
	Therapeutic relationship	“You teach them techniques that you think might help, and then it’s between the two of you to see, well what are the effects of that?”
Tailoring	Observing presentation	“It’s kind of almost like you create a treatment plan for that person depending on what they’re presenting with”
	Adapting to individual needs	“So, actually there is more scope within a therapeutic environment to be able to tailor things individually”
	Home/self- practice	“There is a big emphasis on somebody's ‘sadhana’, on their self-practice”



Figure 1. Possible mediators between yoga and psychological well-being. Adapted from Tihanyi et al. (2016)