Integrating Yoga and Counselling: A Phenomenological Exploration of the Client Experience Intégration du yoga et du counseling : une exploration phénoménologique de l'expérience du client

Samantha N. Beveridge Marla J. Buchanan *University of British Columbia*

ABSTRACT

Yoga is a widely utilized practice with extensive research demonstrating its benefits. Dually certified counsellors are increasingly integrating yoga into their practice. Given the paucity of research examining this integrative therapy approach, a phenomenological investigation was designed to explore and describe the lived experiences of clients engaged in this therapeutic approach. 6 clients described their experience of counselling that integrated yoga through in-depth qualitative interviews. 5 main themes emerged: (a) yoga components; (b) counselling components; (c) structure of the integration of yoga and counselling components; (d) counsellor's way of being matters; and (e) inclusion of yoga in counselling facilitates processes, including bottom-up processing, affect regulation, affect tolerance, and a whole-person approach. The findings are examined considering the extant literature on the integration of yoga and counselling. Recommendations for the inclusion of yoga in counselling practice and implications for future research are discussed.

RÉSUMÉ

Le yoga est une discipline très répandue, et de nombreuses recherches ont permis d'établir ses effets bénéfiques. Un nombre croissant de conseillères et de conseillers certifiés dans les deux disciplines ont décidé d'intégrer le yoga à leur pratique du counseling. Étant donné la rareté de la recherche portant sur cette approche thérapeutique intégrative, on a conçu une enquête phénoménologique destinée à explorer et à décrire les expériences vécues de clients inscrits dans une telle approche. Dans le cadre d'entrevues qualitatives approfondies, 6 clients ont ainsi décrit leur expérience du counseling intégrant le yoga. Il en est ressorti 5 grandes thématiques : (a) les composantes du yoga; (b) les composantes du counseling; (c) la structure d'intégration des deux types de composantes; (d) l'importance de la manière d'être du conseiller ou de la conseillère et (e) l'inclusion du yoga dans le counseling facilite les processus, notamment le traitement de bas en haut, la régulation affective, la tolérance affective et une approche de la personne globale. On examine les résultats à la lumière des publications existantes sur l'intégration du yoga et du counseling. On y discute de recommandations sur l'inclusion du yoga à la pratique du counseling et des implications pour la recherche à venir.

Yoga is a methodology developed and used by ancient civilizations to cultivate the connection between body and mind, which facilitates psychological and spiritual well-being (Desikachar, Bragdon, & Bossart, 2005). The Yoga Sutras of

Patanjali is a seminal text that outlines eight aspects of practice that address human pathology and reactivity: *yama* (integrity), *niyama* (discipline), *asana* (postures), *pranayama* (breath control), *pratyahara* (sensory withdrawal), *dharana* (concentration), *dhyana* (absorption), and *samadhi* (transcendence) (Sléde & Pomerantz, 2001). Yoga is being increasingly utilized in North America and integrated into Western therapeutic systems (Forfylow, 2011). There is a comprehensive body of research investigating yoga and its effects. Yoga is a broad term that encompasses many styles, including Hatha, Kundalini, Ashtanga, Anusara, and Jivamukti. Practices can vary in terms of the aspects that they include. For example, most contemporary yoga classes focus on postures, breathwork, and meditation (Sléde & Pomerantz, 2001).

The literature demonstrates the therapeutic effectiveness of yoga on physical and mental health (Caplan, 2018; Gallegos, Crean, Pigeon, & Heffner, 2017; Jeter, Slutsky, Singh, & Khalsa, 2015; Sléde & Pomerantz, 2001). Yoga has been shown to modify the neurophysiology of the body. Yoga reduces activation of the hypothalamic-pituitary-adrenal axis that is associated with the stress response, and increases activation of the parasympathetic nervous system that is associated with restoring states of relaxation and homeostasis in the body (Streeter, Gerbarg, Saper, Ciraulo, & Brown, 2012).

Yoga has been shown to help with the management of physical issues, such as chronic pain and cardiovascular conditions (Khalsa, 2004). Researchers using meta-analytic review methods have examined the effectiveness of using yoga practice for several psychological concerns (Adams & Puig, 2008; Khalsa, 2004). Shelov, Suchday, and Friedberg (2009) found that yoga increased trait mindfulness and protected against anxiety and depression. One meta-analysis that reviewed 35 clinical trials and randomized control trials (RCTs) examining yoga programs found that 25 of the studies demonstrated significant improvement in the management of stress and anxiety (Li & Goldsmith, 2012). In another meta-analysis, 12 RCTs evidenced a therapeutic effect of yoga on individuals with depression (Cramer, Lauche, Langhorst, & Dobos, 2013). Given the accumulating evidence, it is not surprising that yoga is emerging as a method of choice for those seeking mental health (Forbes, Akhtar, & Douglass, 2011).

This trend is also being echoed in counselling practice with the incorporation of yoga in treatment. The trend is both consumer-driven and a result of mental health practitioners increasingly acknowledging the importance of the body in clinical practice (Forbes et al., 2011). Adjunct yoga programs offered by postsecondary counselling centres and healthcare facilities are showing benefit for people accessing these services (Kabat-Zinn, 2013; Milligan, 2006). Please note that the terms *counselling* and *psychotherapy* are used interchangeably in this article.

One theoretical framework proposes that yoga facilitates psychological and physical health through the development of self-regulation (Gard, Noggle, Park, Vago, & Wilson, 2014). This model outlines several mechanisms that occur in yoga that are also psychotherapeutic processes, including goal setting, attentional control, interoception, and reappraisal. The findings of a preliminary mixed-

methods study support the theory that *interoception*, defined as the ability to perceive body sensations, is a mechanism through which yoga reduces trauma symptoms and improves psychological health (Neukirch, Reid, & Shires, 2018).

Interest in integrating yoga with psychotherapy is growing, and clinicians have begun to incorporate the use of yoga into the counselling process (Forbes et al., 2011; Kocian, 2012). This trend makes sense given how both counselling and mind-body therapies like yoga can work to increase awareness and regulation, which support psychological functioning and well-being (Mehling et al., 2011). The trend also alludes to the growing importance of including the body in mental health treatments (Forbes et al., 2011). Forfylow (2011) acknowledged the great potential for using yoga within counselling sessions, but she also highlighted the need for research to inform this practice. Although this integrative practice is gaining popularity among therapists and clients, there is limited research exploring the use and integration of yoga in counselling. Further research is essential to understand the benefits and risks of using yoga within psychotherapy.

PURPOSE OF THE STUDY

The purpose of the present study was to address the current gap in understanding of the phenomenon of counselling that integrates the use of yoga through descriptions of the clients' lived experience. This study sought to understand the essential features of this phenomenon and provide descriptions of how clients experienced and made meaning of this integrative therapy. The field of counselling psychology is shifting toward a more holistic, integrative approach to mental health treatment (Forbes et al., 2011). As such, the findings of this study will help inform clients interested in these services, as well as the growing body of mental health practitioners pursuing yoga training to integrate yoga into their counselling practice. As this practice becomes more prevalent, this study and future research will provide the understanding and justification that ensures this practice is safe and evidence-informed.

THE RESEARCH QUESTION

The research question for this study is: What is the client's lived experience of counselling that integrates the use of yoga? A phenomenological method was chosen to investigate the meaning of the lived experiences of 6 clients whose counsellors utilized yoga practices during their counselling sessions. This study sought to understand the essential structure of this phenomenon by uncovering common themes from the descriptions of experience offered by the participants in individual, in-depth, audio-recorded interviews.

METHOD

A descriptive phenomenological research design was utilized in this study to gain an in-depth understanding of the structure of the experience of counselling that incorporates yoga practices. The focus of this method is to understand the essential structures of lived experiences (Giorgi, 2009, 2012; Langdridge, 2007). A phenomenological approach enabled this study's research team to explore and highlight the themes deemed important by those who experienced this method of practice. Themes identified are those that clients, rather than researchers or therapists, highlighted as important elements of yoga-integrated counselling. This methodology also supports the exploratory nature of this study, as it examined an unaddressed area in the research literature (Kocian, 2012).

Participants

Phenomenological studies have small sample sizes due to their in-depth, exploratory nature (Langdridge, 2007). Ethics approval to conduct this study was granted by the research ethics board of the investigators' university. Recruitment was broad and included physical and online poster advertisements, as well as contact with counsellors. Participants were recruited until saturation was reached as additional themes did not emerge from the last two interviews during data analysis (Wertz, 2005). Each participant received a \$25 honorarium for participation in the study. All participants gave informed consent to participate in this research.

The 6 participants were clients of counsellors who integrated yoga into their practice. For inclusion, participants' counsellors were required to be dually certified as counsellors and either yoga teachers or yoga therapists. Counsellors were registered professional counsellors (RPCs), registered clinical counsellors (RCCs), and registered psychologists. Most counsellors were registered yoga teachers (RYTs). At least three were yoga therapists, including one designated phoenix rising yoga therapist (PRYT) and another who used psoma yoga therapy, which integrates yoga and Hakomi.

Most of the counselling sessions for each participant took place in a traditional counselling office with chairs; 1 participant noted that some of her counselling was in a group format and another participant noted that a massage table was used at times in the therapy. Five participants had completed their counselling, between 0 to 6 years in duration (M = 2.6), before their participation. At the time of the study, the participants' counselling had lasted 1 to 4 years (M = 2). Participants ranged in age from 28 to 48 years (M = 37) and had educational backgrounds ranging from technical certification to masters' degrees. All participants identified as female and Caucasian. Participants' counselling took place in Canada (n = 4), the United States (n = 1), and Costa Rica (n = 1).

Data Collection

Semi-structured interviews were conducted with each participant by the first author. The interviews were in person, with one interview conducted over Skype to accommodate an out-of-province participant. The following initial prompt was provided to each participant: "Tell me about your experience of counselling that integrated the use of yoga." Broad, open-ended probes and follow-up questions were used to follow and clarify the participants' descriptions.

Data Analysis

This study employed Giorgi's (2009, 2012) five-step descriptive phenomenological method of data analysis. Each interview was transcribed verbatim from audio recordings. First, the phenomenological attitude is assumed through bracketing, where researchers' biases, previous knowledge, and experiences were examined closely to hone in on researchers' subjectivity and frames of reference. Second, each transcript was read in its entirety to get a holistic sense of the participant's experience. Third, each transcript was broken into units of meaning, where demarcations were made each time the meaning shifted in the transcript. Fourth, meaning units were transformed by attaching statements that described their psychologically relevant lived meanings. A journal was kept that described the reasoning behind transformations, and exemplars from the data were drawn that best showcased the choice of wording for the transformation. This documentation is essential to justify and remember intentions at each transformational stage in the analysis. The fifth and final step synthesized the constituent components to draw out the universal structure of the lived experience of the phenomenon common to all participants. The synthesis was established by reviewing all texts in search of convergent meanings that become the constituent components of the experience that made up the general theme structure.

Trustworthiness and Rigour

In addition to bracketing, which is embedded in the descriptive phenomenological research process, there were several strategies used to establish the trustworthiness of the findings. An audit trail and a researcher log were kept throughout the analysis process to track the reasoning of how the raw data were transformed into themes. Two member checks were conducted once the interviews were transcribed and after the analysis was completed. For the initial member check, 3 participants made minimal edits and additions and no deletions to their transcripts. These changes were mostly to clarify or support existing elements in their transcripts and were included in the data analysis. Two participants responded with no changes, and 1 participant did not respond. The second member check allowed each participant to review and provide feedback on the thematic results. The overall theme structure was sent to each participant with the following two questions: (a) Do the findings resonate with your experience of counselling that used yoga, and (b) is the thematic structure comprehensive? This member check ensured analysis accurately represented what the participants felt they were describing in their interviews. Any theme that any participant would not have believed reflected a part of their experience would not have been included in the final gestalt of the phenomenon. Three participants did not respond to the second

member check email. The responses from the 3 participants who did respond were affirmative to the two questions above.

FINDINGS

Only the elements that were endorsed by all 6 participants were included in the thematic structure per the study's methodology. Through the analysis process, five themes and 12 subthemes emerged that comprised the structure and experience of yoga-integrated counselling as described by the participants. Table 1 lists the themes and subthemes. In the description of the findings below, participants' names have been replaced with pseudonyms.

Table 1 *Identified themes and subthemes*

1. Yoga Components

Breath

Bodywork

Body Awareness

Mindfulness

2. Counselling Components

Verbal Exploration and Processing

Curious and Nonjudgmental Style

Person-Centred and Experiential Approach

- 3. Structure of the Integration of Yoga and Counselling Components
- 4. Counsellor's Way of Being Matters

Counsellor's Presence

Counsellor Facilitates Trust

5. Inclusion of Yoga in Counselling Facilitates Process

Bottom-Up Processing

Affect Regulation and Affect Tolerance

Whole Person Approach

Theme 1: Yoga Components

All 6 participants described breath, bodywork, body awareness, and mindfulness as components they experienced in yoga-integrated counselling. There were other aspects of yoga (e.g., yogic philosophy) and related practices (e.g., compassion) that some participants also described as being part of their experiences; however, these were not endorsed by all participants and therefore were not included in the reporting of these findings.

Breath. Breath was a major component of all 6 participants' experiences. The timing, manner, and reason for using breath varied; however, the purpose was typically either focused on awareness or regulation of breath. During breath awareness, participants described often having their eyes closed and being guided to attend to their breath. Participants noted that a common use for breath awareness, especially in the early stages of counselling, was to connect with

their present-moment, embodied experience. Anna's counsellor described this as "finding an inner connection." Dana described the "focused breathing time" that her counsellor regularly facilitated in this quote:

At the end of the session, she'd ask you even if you were just sitting at the couch to close your eyes and take a few moments to again internalize your awareness and become connected to your breath and where it was in your body.

Rebecca, Megan, and Stacey noted that breath regulation—changing the length, depth, and rhythm of the breath—was used when their counsellors observed them feeling stuck, anxious, overwhelmed, or confused. All 6 participants noted that breath awareness and regulation of breath had a calming effect.

Bodywork. Bodywork is the term chosen to describe the participants' experiences of engaging the body through movement. The movement was not technical, specific, or strenuous. The focus was on the sensations that arose rather than the movement itself. Participants described the movement as including stretching, incremental shifts, nonspecific poses, walking, and any body motion that created a sensation. Their counsellors emphasized that the movement should be comfortable and that clients should not push themselves or their bodies. Commonly, participants were in the supine position with their eyes open or closed listening to their counsellors guide them through the movements. While moving, counsellors helped participants track and verbalize their internal experience. Four participants' counselling did include the use of yoga postures, including the child's pose, supported squat, mountain pose, and forward bend. Participants noted the postures were typically simple and functioned to facilitate body awareness or affect regulation.

Body awareness. Becoming aware of the body was a major component of yogaintegrated counselling for all 6 participants. Counsellors used prompts and openended questions to help participants identify aspects of their internal state. Two participants acknowledged having previously been disconnected from or avoiding their bodies. Participants noted that connecting with their internal experience helped broaden their awareness of what was happening, including noticing their current physical, emotional, and mental states, and how they change from moment to moment. Participants described developing their interoceptive capacity: the ability to sense the internal state of the body through repeated practice of body awareness in counselling.

Mindfulness. All 6 participants described paying attention to various stimuli in an intentional way, in the present moment, and without judgment. Although only two participants explicitly named mindfulness as a component of the counselling, all participants described the quality of their awareness in a way that is consistent with the definition of mindfulness (Kabat-Zinn, 2013). Objects that were mindfully attended to included body sensations, breath, thoughts, emotions, memories, and visual stimuli. Many of the objects of mindful awareness were used consistently for similar purposes. Physical sensations associated with the breath and body were focused upon to help participants connect with their internal

experience, regulate affective states, and access psychological content. Psychological objects such as thoughts, emotions, and memories were examined in the context of verbally exploring and processing counselling issues. Objects in the room were focused on to help clients regulate when they felt overwhelmed.

Theme 2: Counselling Components

Verbal exploration and processing. All 6 participants described dialogical exploration and processing as part of their experience. Participants reported verbally describing and exploring their present-moment experience, including naming emotions and automatic reactions or urges they were experiencing. Reflection occurred during or shortly after yoga interventions to identify and process insights and experiences that emerged during the practice. Their counsellors facilitated exploration of memories or thoughts when they arose during mindful body awareness. Participants described old belief patterns that had formed from past experiences. By "working through" these emotions, memories, thoughts, and underlying beliefs, participants' awareness grew, and they were able to understand their experiences in new and helpful ways. Megan, for example, mentioned:

Basically, taking a current emotion or current upset and staying with the feeling, tracing it back to an earlier time where you had that same feeling and through that, you could see these were the different messages I gave myself.

Megan stated that this process helped her undo old meanings and take back ownership of her past.

Curious and nonjudgmental style. Brenda provided an exemplar description of how all 6 participants similarly described the counselling style as: "a nonjudgmental, kind, accepting attitude mixed with a sense of curiosity." Participants noted that the inclusion of the body helped them feel more open, trusting, and safe to be themselves in session. Dana stated:

It feels, to me, nonjudgmental even more... you can relax your physical being and have that also not be judged; it's being attended to as well. I think that's a huge advantage of being able to go to someone who can work with your body and talk about your stuff.

Person-centred and experiential approach. As 1 participant succinctly described, counsellors who use yoga "aren't trying to figure out what is happening, they are following the experience—using the body as a map." Brenda states that counselling that uses yoga:

Involves a sort of person-centred perspective, that every individual has the answers to their own life quest; however, you want to put it, that learning, to be your own teacher and your own pupil is part of it and learning that trust in yourself.

All 6 participants described this counselling style as collaborative, client-directed, following rather than guiding, or experiential rather than theoretical.

The counsellors were present and engaged, which often resulted in participants describing a sense of being attended to, heard, and supported. Participants felt that they were viewed as the expert in their own lives and that counselling was a place to expand their awareness. The counsellor was described as a guide who offered and initiated interventions and issues to explore more deeply in session; however, the decision to proceed ultimately came from the client.

Theme 3: Structure of the Integration of Yoga and Counselling Components

All 6 participants described the components being used both independently and in conjunction with one another. There were common ways of combining and transitioning between the counselling and yoga components. The inclusion of yoga was client-directed and collaborative. Counsellors initiated the use of yoga through attuning to the moment-to-moment experience of the client and then making suggestions that were thought to be relevant. Dana captures these aspects in her description of the inclusion as: "... organic and spontaneous the way that the addition of the physical work was done. And it was... directed by me in the sense of deciding when that would happen or not." Some of the reasons for inclusion of the yoga components were unambiguous. For example, acute anxiety states would prompt the transition from talking to the practice of yoga for grounding. Verbal exploration and processing occurred during and after yoga interventions. Stacey noted that her counsellor would ask questions like "How are you feeling now?" and "Where do you feel it in your body?" that would mine for awareness and shifts in understanding and experiencing.

All 6 participants described the components as, at times, being intermixed in such a way that it was less clear to discern the components of counselling from those of yoga. Dana's reflection captures the nature of this blended experience: "It just feels quite expansive... the marriage between talk therapy and yoga therapy coming together as some new amorphous thing."

Theme 4: Counsellor's Way of Being Matters

Counsellor's presence. All 6 participants mentioned their counsellors' way of being as an important aspect of therapy. Participants described their counsellors as kind, open, nonjudgmental, and patient. Four participants explicitly described their counsellors as embodying the yogic approach they used in their counselling practice. They reflected that mindfulness was not just an intervention used in counselling; it was emulated in their counsellors' essence. Participants described their counsellors as being truly present and engaged with them and the process. As Dana noted, "the therapist... is 100% with you."

Counsellor facilitates trust. All participants felt a sense of fit, comfort, trust, and safety with their counsellor. Three participants reflected that the dual certification in counselling and yoga practices helped them trust in the clinical competency of their counsellor. All participants felt that trust was fostered through the counsellor's presence and use of a nonjudgmental approach. Brenda summarizes how her counsellor's presence facilitated the therapeutic work:

I feel like the relationship is more there. Like the counsellor who uses yoga really, I feel like they're *really* there, and they're really there without judgment but with curiosity and together we can go into these places that I wouldn't let myself go on my own.

Theme 5: Inclusion of Yoga in Counselling Facilitates Process

All 6 participants described the inclusion of yoga as creating a body-based counselling process that facilitated access to and processing of psychological issues, regulation and tolerance of emotion, and an approach that attends to the whole person. A part of the mechanism that was common to all three subthemes was mindful body awareness. Below is the description of these processes that were facilitated by the inclusion of yoga.

Bottom-up processing. All 6 participants described yoga-integrated counselling as accessing and processing psychological content through mindful body awareness. This process included: tracking sensation; noticing thoughts, emotions, images, and memories as they arise; connecting with and verbally exploring what arises in a curious and nonjudgmental way; and making sense of and/or emotionally processing their present struggles and past experiences, which led to insight and a felt sense of lightness.

As described above, processing started by first paying attention to sensation in the body to notice present-moment mental and emotional activity. In the following statement, Anna describes her experience of connecting with emotion by attending to the body:

Within the counselling sessions, we did some work where, when I was aware of a sensation when we were doing the bodywork, [my counsellor] would encourage me to breathe into that area and then just explore what's coming up even if it seems totally not related to anything. And often actually breathing into that area and bringing awareness to that, something *would* come up that would seem inconsequential in that moment, but actually, it was something, an emotion or something happening behind that.

Of note, 5 participants described somatic experiencing as bringing them in contact with unpleasant sensations and emotions. Some of these experiences were described as intense, unnerving, or overwhelming. Stacey described bottom-up processing as difficult but healing:

Yoga is the hard way of healing, but it does actually work... it's sort of a double-edged sword because all that stuff is sort of there and I can feel it inside of me, and the yoga does open it up and release it, and you know it does actually really heal on a deeper level.

Once participants accessed psychological content through the body, counsellors facilitated the processing of the material. This included discussing thoughts, emotions, memories, images, and beliefs. All six participants described that

pairing mindful body awareness and verbal processing facilitated new cognitive understanding, emotional experiencing, and a subsequent sense of relief and clarity.

Affect regulation and affect tolerance. All 6 participants described experiencing and developing affect regulation through this therapy process. Affect regulation was described as calming or grounding in moments when participants felt tense, anxious, stuck, overwhelmed, or triggered. Once counsellors became aware of shifts or spikes in the clients' state, either through observation or the clients' description, counsellors were reported to use the following yoga interventions to increase feelings of calm: breath awareness and regulation, grounding exercises, mindfulness, body awareness, and postures (including child's pose, forward bends, mountain pose, and other strong, rooting postures). Grounding exercises included noticing the sensations of one's feet on the ground or attending to the sensory input in the room. All techniques functioned to bring clients back into the present moment, feel their body in the here-and-now, and reduce the intensity of their emotional and physiological experience.

All 6 participants noted learning to tolerate difficult experiences. This capacity enabled clients to contact unpleasant sensations, thoughts, memories, and emotions, which were previously avoided. Participants described this as "resilience," "capacity to meet whatever happens at the moment," "staying with," "being with," and "developing a practice of noticing." Mindfulness was the process through which participants stayed with discomfort. Participants described building tolerance through these opportunities to sustain exposure to uncomfortable experiences. Brenda described how this counselling approach led to a life practice of being with:

Using yoga in counselling helps to build personal capacity and resilience. When I don't know what to do, and I feel out of control in my life, I can come back to my breath and body and connect in. I can pay attention to or even change aspects of my experience even when nothing external will shift or change. This has greatly increased my capacity to sit with difficult experiences, emotions, and thoughts; to wait to act until I am sure that the action is best for me—rather than acting for the sake of acting to release the tension caused by difficulty... yoga and counselling together have helped me realize that I have capacity to meet whatever happens in the moment.

Whole-person approach. Marrying the physical being with emotional and intellectual ways of processing is a whole person approach that, as 1 participant described, "says yes to" and supports all parts of the client. All 6 participants described experiencing yoga-integrated counselling as comprehensively acknowledging and engaging all parts of the person: mind, emotions, and body. Participants reported noticing the relationship between mind and body through tracking shifts in the body and seeing shifts in what arose mentally and emotionally. Dana noted that being physically, emotionally, and mentally attended to and supported felt holistic, vulnerable, and valuable. Stacey and Megan emphasized that the deeper root of their issues was accessed and addressed through

this integrated practice, in contrast to other therapies they had experienced that focused exclusively on symptom relief and behavioural and cognitive changes.

DISCUSSION

Situating the Findings Within Previous Research

The findings aligned with the parts of yoga psychotherapy described by Kocian (2012), namely that yoga-integrated psychotherapy includes bodywork, breath, some form of meditation or mindfulness, and verbal processing. It is important to note that this can possibly be accounted for as an artifact of the study's inclusion criteria, as these were requirements for participation. Nevertheless, the components described by the participants in this study are congruent with the components described by the counsellor participants in Kocian's study. Given the paucity of research in this area, this consistency in findings offers promising insight into the likelihood of this new practice having common elements and organization.

In the literature, body awareness has been identified as an essential feature through which affect regulation and healing occur (Mehling et al., 2011). Body awareness emerged in the findings of this study as an essential part of the experience of counselling which integrated yoga. Given the current trend for the inclusion of somatic-based therapies in counselling practice (Ogden, Minton, & Pain, 2006; van der Kolk, 2014), the findings are well supported by this body of research. However, as Mehling et al. (2011) highlighted, body awareness is necessary but not sufficient for healing. To be therapeutic, body awareness needs to be non-elaborative and nonjudgmental; in other words, it needs to be mindful. In this study, body awareness and mindfulness were found to be inextricably related components of the essential structure of the experience for clients. All awareness practice, whether the object was the body or otherwise, was described as mindful. Participants described a shift in their way of relating to self, from being judgmental to being curious and compassionate, which is reflected in the growing body of research on mindfulness practices within psychotherapy (Kabat-Zinn, 2013; Siegel, 2010).

In the literature, self-regulation has been proposed as a possible mechanism of action for yoga and mindfulness practices (Gard et al., 2014; Hölzel et al., 2011). Hölzel et al. (2011) posited that the self-regulation components that enable mindfulness to be a beneficial practice include attention regulation, body awareness, affect regulation, and change in perspective on the self. All participants in the current study described attention regulation, body awareness, and affect regulation as being part of their experience. This study's findings are consistent with the extant literature and support body awareness and mindfulness as important components of yoga that facilitate both the processing and regulation of emotions in therapy.

In this study, when participants were asked about their experience of counselling, they inevitably reflected on their counsellors and how their qualities and presence facilitated the counselling process. This was an unexpected finding; however, it fits with Siegel's (2010) work on the power of therapist presence. It also fits with the

body of literature outlining the common factors of effective psychotherapy, which include the therapeutic relationship (Wampold & Imel, 2015). The spontaneous emergence of this theme shows that the counsellor and therapeutic relationship are relevant to research examining psychotherapeutic approaches.

For the most part, experiencing emotions somatically appeared to be a helpful intervention. Participants described it as overwhelming when sensations were novel, unpleasant, and strong; the participants did not feel grounded; or a traumatic memory was triggered. Yogic and somatic practices have the potential to expose clients to embodied experiences that feel intense and overwhelm current coping levels. This speaks to the importance of establishing and maintaining safety in this counselling approach given that it accesses and processes psychological pain somatically, especially when working with clients with trauma histories.

Further, given the prevalence of exposure to traumatic events in the general population, this discussion proposes that any psychotherapy that includes the body should operate within a trauma-informed framework. As Ogden et al. (2006) cautioned, it is important to acknowledge the necessity of the counsellors' ability keep the client within the window of tolerance and use containment and grounding when clients feel overwhelmed or out of control of their experience in session.

Relevance of the Findings to Clinical Practice and Training

This study adds to the understanding of the elements and structure of this integrative counselling approach and its therapeutic capabilities. This is important given that there is still limited research examining the practice of yoga-integrated psychotherapy. The reflections of the participants in this study highlight ways that clinicians may integrate yoga into their counselling practice safely and effectively. For example, this study's findings demonstrate that a nonjudgmental stance, mindful presence, and a collaborative approach likely help establish trust and safety in therapy. Another important aspect of the findings for clinical work includes providing clients with information and choice, especially when offering yoga interventions. This may be particularly important if clients have had little experience with body awareness before counselling. To implement yoga safely, assessing a client's level of skill and comfort with interoception would enable counsellors to balance the use of body awareness with grounding practices appropriately.

This an exciting time for those interested in the integration of Eastern and Western therapeutics. It is important to continue examining yoga-integrated psychotherapy to ensure its practice is evidence-informed. Forbes et al. (2011) highlighted the importance of dual training for clinicians who are motivated to integrate yoga or yoga therapy with their counselling and psychotherapy practice. Mindfulness is an example of a yoga practice that is increasingly used in counselling. Counsellors can implement yogic breathing and awareness practices with or without yoga certification. Weintraub (2012) wrote a skills book for therapists to use simple yoga practices within the regular counselling context. For clinicians who are interested in using more complex or complete

versions of yoga or yoga therapy, the ethical choice is likely to pursue training and certification.

Further, the findings of this study concur with recommendations made by traumatologists that certification in the neuroscience of trauma would provide safety in clinical practice. Trauma training would provide clinicians with the knowledge and skill of how to titrate emotional processing and how to work with clients when their experience in a session becomes overwhelming, and containment is necessary. This is an ethical imperative for those wishing to integrate yoga and counselling, given the findings that this approach involves affect regulation, affect tolerance, mindfulness, and emotional processing. In summary, certification in yoga, counselling, and trauma-informed practice would enable clinicians to provide services safely and reduce the risk of treatment being iatrogenic.

Limitations of the Study and Implications for Future Research

The integration of yoga and counselling is a new area of practice and research that warrants further inquiry. From this study's findings, the implications for future research include further inquiry into how yoga in counselling facilitates self-regulation, processing, affect tolerance, and healing. Theoretical models of the self-regulatory mechanism of yoga and mindfulness also need further examination (Gard et al., 2014; Hölzel et al., 2011). Different styles of yoga may affect health through different mechanisms. The style of yoga used in counselling was out of the scope of this study's investigation; however, future research can identify whether different yoga lineages have unique ways of affecting the human body and mind.

The demographic characteristics of the participants represented an intelligent, self-reflective group of adult women who were earnest in their approach to their healing and yoga practice. It is important to acknowledge that the sample was homogeneous regarding their gender and ethnicity. All participants in this study were familiar with and had practiced yoga outside of the therapy context. However, the physicality of the yoga used within the counselling was adjusted to accommodate physical restrictions such as wearing regular clothing, sitting in chairs, and any mobility limitations of the clients. Future research should review the use of this integrative therapy with a diverse range of clients.

Forbes et al. (2011) discussed the "trend toward the integration of yoga and psychology" (p. 7) and what this shift means for ethical practice and training requirements. Future research should include an examination of training needs for this therapy. Touch and physical adjustment are included in some yoga classes and yoga therapies (Sneed & Hammer, 2018). One participant in this study reported that therapeutic touch was included in her yoga-integrated counselling. Inquiry into the risks and benefits of touch in this therapy was outside of the scope of this study; however, it would be an important area of further research to inform clinical practice ethically.

With the advances in neuroscience research, including polyvagal theory, further research on the clinical practice of yoga psychotherapy would help develop

an awareness of how this practice may facilitate prosocial behaviour. Finally, a potential difference was noticed among the participant experiences relating to the mental health concern being worked within therapy. Specifically, 1 participant who described experiencing depression symptomatology found the therapy to be activating, and participants with trauma histories found the therapy to be over-activating at times, particularly when processing memories and sensations related to trauma. When analyzing the data, a query that arose included whether this difference could be accounted for by arousal states typically associated with different mental health concerns. Future research in this area would have clinical implications concerning how to balance the use of yoga to regulate and to access emotionally salient material when windows of tolerance may differ according to the mental health concern being experienced by the client.

References

- Adams, C. M., & Puig, A. (2008). Incorporating yoga into college counseling. *Journal of Creativity in Mental Health*, 3(4), 357–372. https://doi.org/10.1080/15401380802527456
- Caplan, M. (2018). Yoga and psyche: Integrating the paths of yoga and psychology for healing, transformation and joy. Boulder, CO: Sounds True.
- Cramer, H., Lauche, R., Langhorst, J., & Dobos, G. (2013). Yoga for depression: A systematic review and meta-analysis. *Depression and Anxiety*, 30(11), 1068–1083. https://doi.org/10.1002/da.22166
- Desikachar, K., Bragdon, L., & Bossart, C. (2005). The yoga of healing: Exploring yoga's holistic model for health and well-being. *International Journal of Yoga Therapy*, 15, 17–39. https://doi.org/10.17761/ijyt.15.1.p501l33535230737
- Forbes, B., Akhtar, F., & Douglass, L. (2011). Training issues in yoga therapy and mental health treatment. *International Journal of Yoga Therapy*, 21, 7–11. https://doi.org/10.17761/ijyt.21.1.bxv1314ht737r748
- Forfylow, A. L. (2011). Integrating yoga with psychotherapy: A complementary treatment for anxiety and depression. *Canadian Journal of Counselling and Psychotherapy*, 45(2), 132–150. Retrieved from https://cjc-rcc.ucalgary.ca/article/view/59303
- Gallegos, A. M., Crean, H. F., Pigeon, W. R., & Heffner, K. L. (2017). Meditation and yoga for posttraumatic stress disorder: A meta-analytic review of randomized controlled trials. *Clinical Psychology Review*, 58, 115–124. https://doi.org/10.1016/j.cpr.2017.10.004
- Gard, T., Noggle, J., Park, C., Vago, D., & Wilson, A. (2014). Potential self-regulatory mechanisms of yoga for psychological health. *Frontiers in Human Neuroscience*, 8(770), 1–20. https://doi.org/10.3389/fnhum.2014.00770
- Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (2012). The descriptive phenomenological psychological method. Journal of Phenomenological Psychology, 43, 3–12. https://doi.org/10.1163/156916212X632934
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), 537–559. https://doi.org/10.1177/1745691611419671
- Jeter, P., Slutsky, J., Singh, N., & Khalsa, S. (2015). Yoga as a therapeutic intervention: A bibliometric analysis of published research studies from 1967 to 2013. Alternative and Complementary Medicine, 21(10), 586–592. https://doi.org/10.1089/acm.2015.0057
- Kabat-Zinn, J. (2013). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness (15th anniversary ed.). New York, NY: Delta Trade Paperback/Bantam Dell.

- Khalsa, S. (2004). Yoga as a therapeutic intervention: A bibliometric analysis of published research studies. *Indian Journal of Physiology and Pharmacology*, 48(3), 269–285. https://doi.org/10.1089/acm.2015.0057
- Kocian, A. (2012). Yoga psychotherapy: A qualitative inquiry (Doctoral dissertation). Retrieved from Psychology Doctoral Projects. http://ir.stthomas.edu/caps_gradpsych_docproj/22/
- Langdridge, D. (2007). Phenomenological psychology: Theory, research and method. New York, NY: Pearson Prentice Hall.
- Li, A., & Goldsmith, C. (2012). The effects of yoga on anxiety and stress. *Alternative Medicine Review*, 17(1), 21–35.
- Mehling, W. E., Wrubel, J., Daubenmier, J. J., Price, C. J., Kerr, C. E., Silow, T., ... Stewart, A. L. (2011). Body awareness: A phenomenological inquiry into the common ground of mind-body therapies. *Philosophy, Ethics & Humanities in Medicine*, 6(1), 6–17. https://doi.org/10.1186/1747-5341-6-6
- Milligan, C. K. (2006). Yoga for stress management program as a complementary alternative counseling resource in a university counseling center. *Journal of College Counseling*, 9(2), 181. https://doi.org/10.1002/j.2161-1882.2006.tb00105.x
- Neukirch, N., Reid, S., & Shires, A. (2018). Yoga for PTSD and the role of interoceptive awareness: A preliminary mixed-methods case series study. *European Journal of Trauma & Dissociation*, 1–9. https://doi.org/10.1016/j.ejtd.2018.10.003
- Ogden, P., Minton, K., & Pain, C. (2006). Trauma and the body: A sensorimotor approach to psychotherapy. New York, NY: Norton.
- Shelov, D. V., Suchday, S., & Friedberg, J. P. (2009). A pilot study measuring the impact of yoga on the trait of mindfulness. *Behavioural & Cognitive Psychotherapy*, 37(5), 595–598. https://doi.org/10.1017/S1352465809990361
- Siegel, D. (2010). The mindful therapist: A clinician's guide to mindsight and neural integration. New York, NY: W. W. Norton.
- Sléde, M. A., & Pomerantz, R. (2001). Yoga and psychotherapy: A review of the literature. *Journal of Yoga Therapy, 11,* 61–75. https://doi.org/10.17761/ijyt.11.1.hr52n4682x684k78
- Sneed, J., & Hammer, T. (2018). Phenomenological inquiry into Phoenix Rising Yoga Therapy. *International Journal of Yoga Therapy*, 28, 87–95. https://doi.org/10.17761/2018-00002
- Streeter, C., Gerbarg, P., Saper, R., Ciraulo, D., & Brown, R. (2012). Effects of yoga on the autonomic nervous system, gamma-aminobutyric-acid, and allostasis in epilepsy, depression, and post-traumatic stress disorder. *Medical Hypotheses*, 78(5), 571–579. https://doi.org/10.1016/j.mehy.2012.01.021
- van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York, NY: Viking.
- Wampold, B. E., & Imel, Z. E. (2015). The great psychotherapy debate: The evidence for what makes psychotherapy work (2nd ed.). New York, NY: Routledge/Taylor & Francis.
- Weintraub, A. (2012). Yoga skills for therapists: Mood-management techniques to teach & practice. New York, NY: Norton.
- Wertz, F. J. (2005). Phenomenological research methods for counselling psychology. *Journal of Counseling Psychology*, 52(2), 167–177. https://doi.org/10.1037/0022-0167.52.2.167

About the Authors

Samantha Beveridge is a graduate of the master's program in counselling psychology at the University of British Columbia and a counsellor in postsecondary counselling services and private practice. Her areas of interest include stress, resilience, and somatic and experiential psychotherapies.

Marla J. Buchanan is a professor in counselling psychology at the University of British Columbia. Her research interests include studies in traumatic stress.

Address correspondence to Samantha Beveridge, 1037 West Broadway, Suite 201, Vancouver, BC, V6H 1E3. E-mail: sbeveridge@live.ca.