

The Center for Motivation and Change

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Self Compassion and Trusting the Body; Increasing Access to and Presence with Difficult Emotions through Group Yoga Therapy. A Case Study.

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INTRODUCTION

Early research suggests that increases in self compassion (Crews et al., 2016; Gard et al., 2012) and interoception (Farb et al., 2015; Daubenmier et al., 2013) may have a mediating role in the benefits of yoga therapy, including the development of self regulatory skills.

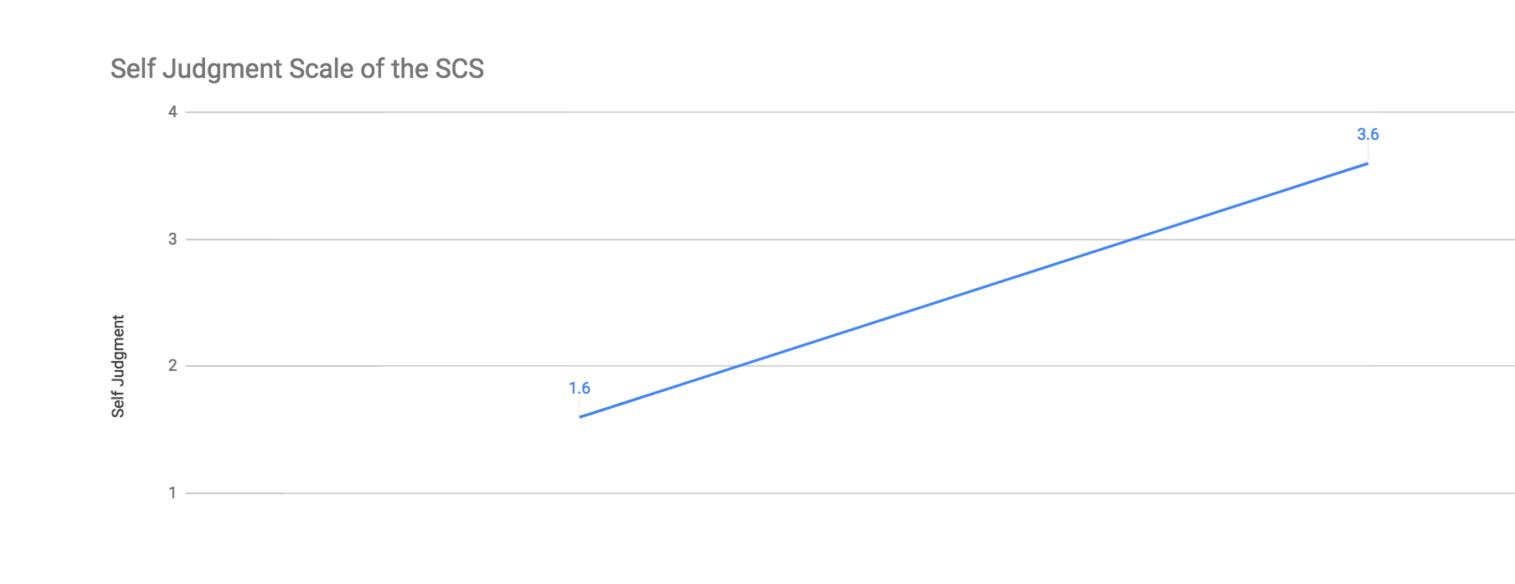
Yoga's attention to the body, through awareness and movement, makes it a unique intervention for building self regulation skills. It is likely not the body awareness alone that makes this such a beneficial practice, but the fact that consideration of the body, along with decisive movement and action, is integrated with other skills such as mindful attention and a quality of softness with oneself. Indeed, yoga's integrative nature could be precisely what makes it so healing (Gard et al., 2014). Attending to signals and sensations from within the body with a compassionate stance may allow for more presence with difficult, and often avoided or ignored, emotional experiences.

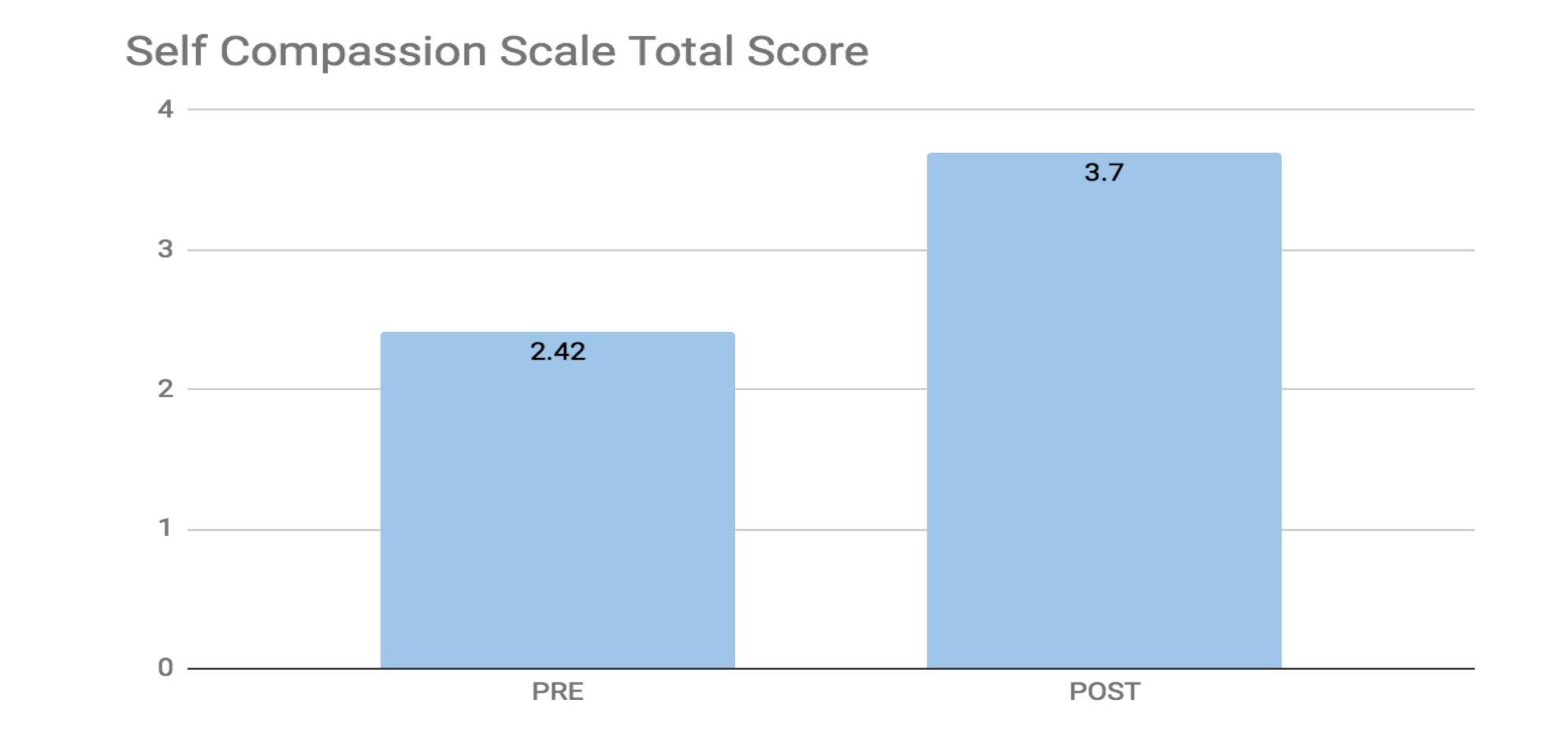
The purpose of this study is to examine the effects of group yoga therapy on self compassion and interoception and their potential contributions to the healing process of a woman managing depression, sexual trauma and substance use disorder.

METHODOLOGY

A 53 year-old Caucasian woman presenting with symptoms of depression, post traumatic stress disorder and alcohol use disorder participated in an eight-week yoga therapy group in an outpatient program. The Self Compassion Scale (SCS) and the Multidimensional Assessment of Interoceptive Awareness (MAIA) were used to assess self compassion and interoception pre and post intervention. Two qualitative questions were asked post-intervention.

Eight 1.5 hour-long sessions included group discussions and a comprehensive (breath, postures, relaxation and meditation) yoga practice with various themes, such as balance, intention and kindness.





MEASURES

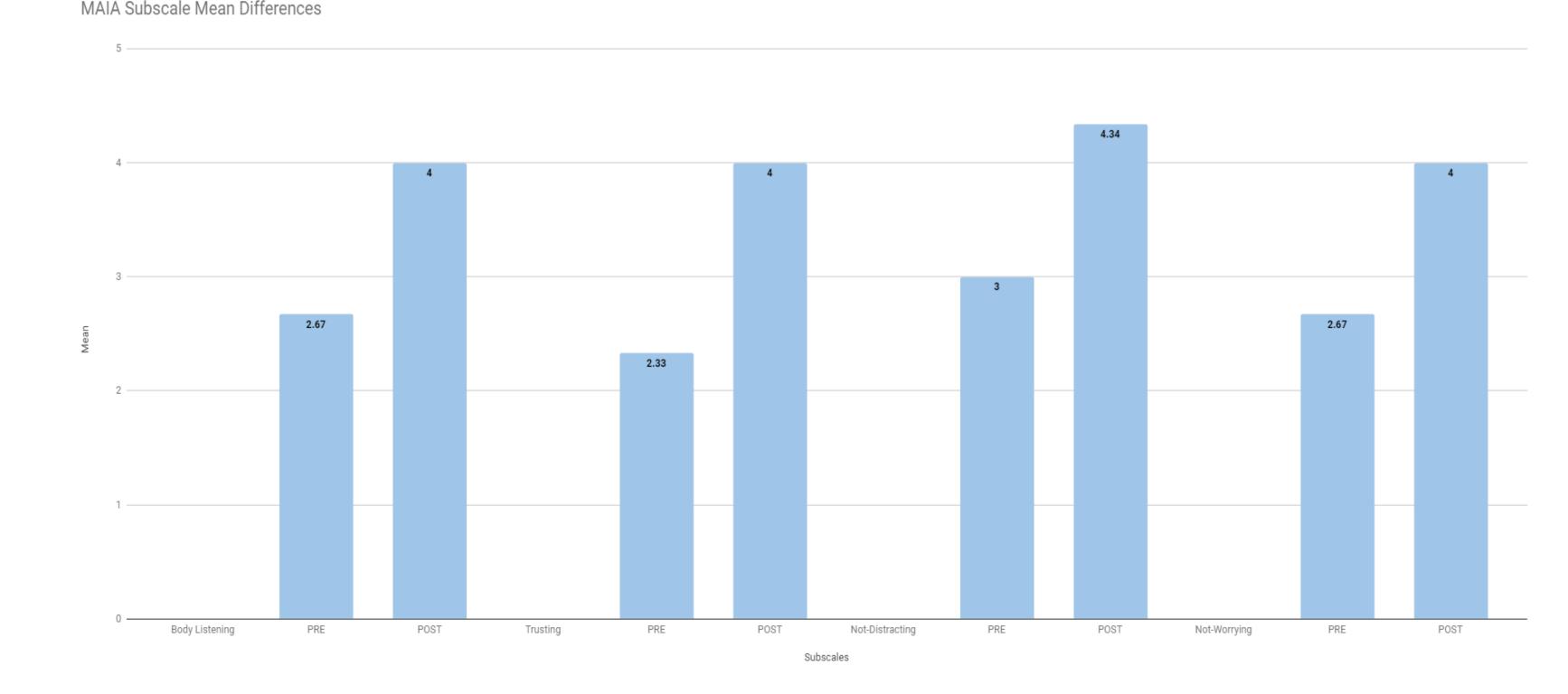
- The Self Compassion Scale (SCS, Neff, K.D. 2003). A 26-item self-report measure rated on a 5-point scale (1=almost never, 5=almost always). It yields an overall self compassion score in addition to 6 subscales; Self-kindness, Self-judgment, Common Humanity, Isolation, Mindfulness and Over-identification. The scale was validated on middle class, mostly Caucasian adolescents in Texas and had an overall internal consistency of .90. Self-compassion was positively associated with well being in adolescents. The adult version has been shown to have convergent validity, correlating negatively with self-criticism and divergent validity, not correlating with social desirability or narcissism, as well as test-retest reliability.
- The Multidimensional Assessment of Interoceptive Awareness (MAIA, Mehling et al., 2012). A 32-item self-report measure rated on a 6-point scale (1=never, 5=always). The measure has eight subscales, including Noticing, Not Distracting, Not Worrying, Attention Regulation, Emotional Awareness, Self-regulation, Body Listening, and Trusting. Validated on an adult population of mostly Caucasian subjects with some experience in mind-body modalities (i.e., yoga, Alexander technique, Tai Chi), the eight subscales have internal consistencies from .66-.87. In addition, the scale shows convergent validity with constructs such as mindful awareness, attention regulation, body listening and emotional awareness.
- Qualitative Questionnaire. Post intervention, the participant was asked to write answers to two questions:
- Please describe ways in which this group has impacted (or not) changes you are making in regards to substance use.
- Please describe any connections you've made between this group and the work you are doing in individual therapy.

RESULTS

After participating in 7 of the 8 sessions, increases in self compassion were seen across all subscales and the total score of the SCS. The largest shift was seen in the Self Judgment subscale. There were also increases in all subscales of the MAIA, with the largest changes in the areas of Not-Distracting, Not-Worrying, Body Listening and Trusting. Answers to qualitative questions indicated that the groups had contributed to both her awareness of the relationship between her emotions and her body and her capacity to physically and emotionally tolerate "sorrow, extreme fear, anger and pain" in her individual psychotherapy. Furthermore, she stated, "Yoga has become more readily available to me in the many small moments during the day."

CONCLUSION

Participation in a group yoga therapy program increased self compassion and interoception for a woman managing symptoms of mood, trauma and substance use disorders. Yoga therapy may offer increased access to, tolerance for, and regulation of difficult emotions by cultivating kindness toward one's self and a positive and informative relationship to one's body. Group yoga therapy provides benefits as a stand alone intervention and may have the potential to enhance other forms of psychotherapy. More rigorous research is recommended around these constructs and with yoga therapy's influence on other therapeutic processes.



References:

References:
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