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Evolving From an Illusionary and Self Destructive Quest for Power to a State of Empowerment: The Curative Potential Yoga May Hold as a Vehicle to Reclaiming Bodily Empowerment for Women with Anorexia

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Eating disorders disproportionately afflict women and they are one of the most lethal mental health conditions that practitioners in the field of social work and related mental health fields encounter. Equally alarming is the fact that Anorexia Nervosa is the deadliest of all eating disorders, yet, we are struggling to find an efficacious means of successfully intervening in the treatment and recovery maintenance of anorexia. Drawing from past empirical and theoretical literature, this study explored the potential that the mind body practice of yoga might hold as a complementary therapeutic tool for women struggling to recover from anorexia. The findings that emerged from the analysis of this study's data indicate that yoga can play a curative role with this population. The findings also revealed that yoga's primary efficacy resides in its potential to facilitate an experience of connected acceptance and feelings of empowerment in this population of women.

Key words: *feminism, anorexia, yoga, therapeutic intervention*

The body appears as a passive medium on which cultural meanings are inscribed and as the instrument through which an appropriate and interpretive will determines a cultural meaning for itself... The very shape and form of bodies...are always figured by a language imbued with political interests. (Butler, 1990, pp. 12, 60)

Judith Butler's (1990) specific concern in the above passage is with the social construction of gender. However, Butler's discussion of the meaning given to the body, gender socialization and how bodies are politically and socially contextualized is emblematic of the contentions made by feminist authors surrounding the etiology of eating disorders, specifically anorexia nervosa. Feminist theorists have identified the cultural oppression of women as a core sociocultural factor underpinning the development of eating disorders and more specifically anorexia nervosa, a mental health disorder that is manifested through the body.

This study drew from feminist theory specifically concerning women's bodies and power in our culture, arguing that anorexia transcends a woman's need to feel in control and becomes a personal quest to feel powerful and invincible in our culture. Ironically, however, it is this illusory quest for power through the 'instrument' of the body that oftentimes results in the physical and psychological demise of the anorexic woman (Bordo, 1993; Chernin, 1982; Lintott, 2003).

For the purpose of this study anorexia was defined as the possession of the clinical symptoms enumerated in the Diagnostic and Statistical Manual of Mental Disorders-TR, Fourth Edition (DSM- IV-TR) criteria and the terms eating disorder(s) and anorexia will be used interchangeably (American Psychiatric Association, 2000).

It is estimated that eight million Americans suffer from an eating disorder and that 90 to 95% of those who suffer are women (Douglass, 2009; Lintott, 2003). It has also been discovered that "eating disorders claim more lives annually than any other mental health disorder" (Douglass, 2009; Levchuck, Kosek, & Drohan, 2000; Rushford, 2006; The Renfrew Center Foundation for Eating Disorders, 2003). Equally alarming is the fact that Anorexia Nervosa is the deadliest of all eating disorders (The Renfrew Center Foundation for Eating Disorders, 2003; Rushford, 2006; Sharkey-Orgnero, 1999). This marked level of lethality associated with anorexia speaks to the need to find an effective means of not only treating this disorder but also aiding in the sustainment of recovery from it, as "only about fifty percent of individuals with anorexia are still in

remission after one year of treatment by specialists" (Douglass, 2009; Schmidt & Treasure, 2006).

Despite these stark realities, however, our system of mental health services still continues to treat this population of women under a medical model paradigm which consists of the administration of medication, behavioral therapy, cognitive behavioral therapy and solution focused therapy (Garett, 1997; Patching & Lawler, 2009). This paradigm of mental health treatment has not only been cited as lacking in efficacy but has also been found to at times replicate our cultural division of mind and body (Garett 1997; Patching & Lawler, 2009). This replicative state involving the division of mind and body is quite alarming as it has been deemed to lie at the etiological core of this disorder (Garett 1997; Patching & Lawler, 2009). In light of this overall lack of efficacy found in traditional treatment modalities, several theorists and researchers have sought to discover alternative treatment methods that do not "split the body, self and spirit" (Garrett, 1997). Among this research, mind-body work, specifically yoga, the practice of using breathing, meditative elements and a series of poses to 'yoke' or 'join' the body and the mind has emerged as a potential therapeutic mechanism for eating disorders (Boudette, 2006; Chaoul & Cohen, 2010; Douglass, 2009; Garrett, 1997; Kabat-Zinn, 1990; Patching & Lawler, 2009).

The proceeding sections of this paper will discuss the relevant theoretical literature used to contextualize this study through a feminist framework. The theoretical and empirical literature pertaining to the role yoga may hold in reducing mental health symptoms and the potential it might have to reduce emotions, cognitions and behaviors that have been correlated with patterns of disordered eating will be reviewed. The research questions framing the present exploratory qualitative study, the methods of data analysis used, and the pertinent participant demographics will also be reviewed. In addition, the common thematic findings that emerged from this study and their impending implications for the field of social work will be discussed.

Literature Review

Feminist Conceptualizations and the Etiological Underpinnings of Anorexia

The central premise of the current research study was constructed to respond to the disconcerting assertions made by Lintott and other feminist authors surrounding the fact that "Societal contributions to the problem of eating disorders ... also include the relative lack of socially encouraged or accepted ways women are invited to express their own power" by exploring yoga as a treatment alternative that might allow women to experience a healthier means of experiencing power through their bodies (Douglass, 2009; Kant, 1967, 1980; Lintott, 2003, pp. 72, 78).

This study explored the notion that, from a feminist perspective, a core etiological component of anorexia derives from a woman's quest to feel powerful through the purview of her body, a quest that is culturally reinforced (Lintott, 2003). "Too frequently, a woman will get more encouragement or praise for her weight loss than for many of her accomplishments" (Lintott, 2003, p. 78). Lintott and other feminist writers (Bordo, 1993) however, illuminate the fact that these feelings of power are "dangerously illusory" and that, ironically, the anorexic woman's quest to feel powerful through her body oftentimes results in a devastating state of physical and psychological disempowerment.

Feminist literature on eating disorders reveals the reality that this state of disempowerment ultimately renders the anorexic woman into a state of disembodiment. In an effort to feel powerful by triumphing over the needs of their bodies (hunger), women with anorexia often become split off from their bodies. Chernin (1982) saliently depicts this phenomenon by defining it as "An illness of self-division which can only be understood through the tragic splitting of body from mind" (p. 47). Chernin's conceptualization is congruent with what Bordo (1993) depicts as a desire to psychologically "split off" from one's body and describes this desire as emanating from both an historical and cultural construction:

But what remains, the constant element throughout historical variation is the construction of the body as

something apart from the true self (whether conceived as soul, mind, spirit, will, creativity, freedom ...) and as undermining the best efforts of the self. That which is not-body is the highest, the best, the noblest, and the closest to God (Chernin, 1982, p. 5).

Bordo (1993, p. 5) posits that in a culture where there are vast amounts of food for consumption, "demonstrating an ability to 'rise' above the need to eat imparts moral or aesthetic superiority." In accordance with this view of the body as something that one must strive to transcend, according to Bordo (1993), Chernin (1982) and Lintott (2003), the anorexic woman feels powerful and superior in her efforts to transcend her physicality, efforts which are at least initially applauded by her larger cultural context. Chernin further describes this state of reverence and envy as "an illness we share with the anorexic girl," an illness that propels her forward in her crusade (p. 49). However, Lintott points to the harrowing reality surrounding this illusory search for a powerful sense of self that the anorexic woman is ultimately left to face. "Of course strength and freedom cannot be sustained in a body too frail to hold itself up. Eventually whatever strength and freedom appear to have been achieved will be forfeited by the ailing body she herself has created" (Lintott, 2003, p. 82).

Yoga as a Complementary Mental Health Treatment

The theoretical and empirical literature indicates that yoga is an effective adjunctive form of treatment for various mental health issues, particularly mood disorders and anxiety-based disorders (Shapiro et al., 2007; Streeter et al., 2010; Uebelacker et al., 2010). Empirical research has also found that participation in yoga and yoga-based activities (meditation, yogic breathing) are associated with impacting the neurotransmitters (chemical messenger in the brain) gamma-amino butyric acid (GABA) and dopamine (Kjaer et al., 2002; Streeter et al., 2010). From a neurobiological perspective, GABA and dopamine both play a pivotal role in the etiology of various mental health issues, specifically anxiety and depression (Kjaer et al., 2002; Streeter et al., 2010). These findings indicate the potential yoga might offer involving the eating disorder recovery process. However, a review of the literature also indicates that

despite the advances that have been made pertaining to yoga and the treatment of specific mental health issues, there is a limited amount of both conceptual and empirical work that has been done involving the specific utilization of yoga in the realm of eating disorder treatment and recovery. This paucity of empirical knowledge exists despite the fact that the literature asserts a dire need for alternative treatments to be considered (Garrett, 1997; Patching & Lawler, 2008).

The Potential Yoga Holds to Ameliorate Eating Disorder Symptomatology

There has been to date a developing body of theoretical and empirical literature examining yoga's potential to attenuate eating disorder symptomatology. Douglass (2009, 2011) and Boudette (2006) theoretically explore the potential yoga offers as an adjunctive form of therapy in the treatment of eating disorders. Garrett (1997) and Patching and Lawler (2009) in their qualitative studies examine the use of therapeutic mechanisms that women struggling with eating disorders self initiate. The emergent findings from both of their studies reveal that this population of women prefers more experiential forms of treatment, including the mind body practice of yoga. There also appears to be a recent increase in the culmination of empirical studies indicating yoga's efficacy in the facilitation of embodiment (bodily connection) among this population (Dittman & Freedman, 2009; Daubenmier, 2005; Impett, Daubenmier, & Hirschman, 2006; McIver, McGartland, & O'Halloran, 2009). To date, however, Dale, Mattison, Greening, Galen, Neace, and Matacin (2009) appear to be the only researchers to find that yoga may be effective in not only increasing bodily awareness but also in decreasing mental health symptomatology in women struggling with disordered eating. In addition, Delaney and Anthis's (2010) quantitative study with a cross sectional design was the first to compare how effective different types of yoga might be in increasing body awareness and body satisfaction among its participants. Their study found that individuals who participated in classes that placed a greater emphasis on the mind-body connection and the study of yogic texts reported a higher increase along the dimensions of bodily connection and body part satisfaction. Individuals

participating in classes emphasizing the mind body connection and yogic philosophies were compared with their study counterparts who engaged in classes with less emphasis placed on the mind body connection (Delaney & Anthis, 2010). Conversely, however, Mitchell, Mazzeo, Rausch, and Cooke (2007) in their quantitative study with an experimental design found that yoga had no impact on eating disorder behaviors and symptomatology. In addition, Neumark-Sztainer and colleagues (Neumark-Sztainer, Eisenberg, Wall, & Loth, 2010) did not find that yoga served as a protective factor against bodily dissatisfaction and weight management behaviors.

The design, focus and findings of these studies have begun to illuminate the reality that yoga may serve as an efficacious adjunctive form of treatment. They also speak to the need for further development and research in this area, a sentiment echoed by Klein and Cook-Cottone (2013). Klein and Cook-Cottone conducted a systematic review and synthesis of the empirical literature that examines yoga's potential to attenuate risk factors associated with disordered eating. Their review found that there are potential benefits that yoga holds as an intervention for individuals struggling with eating disorders but that, "well controlled studies are needed to understand whether the positive effects of yoga on eating disorder symptoms and correlates are related to the type of yoga practiced, the amount/frequency of practice, and/or other variables" (Klein & Cook-Cottone, 2013, p. 41).

Despite the recently growing knowledge base in the field of eating disorder treatment there is still a dearth of research regarding what types of therapies and treatments are healing and empowering to women who have struggled with eating disorders (Patching & Lawler, 2009). There appears to be an absence of literature regarding not only effective treatment for women struggling with anorexia but also in the realm of exploring mechanisms for recovery sustainment. Douglass (2009) describes how mystified helping professionals are when it comes to intervening with this population, proclaiming, "It's as if they are adrift at sea and everyone can see them, but can do nothing but watch them drift further and further out" (Douglass, 2009, p. 126).

In response to the concerns expressed by Douglass and

others regarding eating disorder treatment and recovery the current study sought to explore the overarching question, "What are the experiences of women who practice yoga in an effort to sustain recovery from anorexia?" Subsequent questions that this study explored were "How does or doesn't the practice of yoga provide women with a sense embodiment?" and "Does this experience of embodiment allow women through the practice of yoga to feel a sense of power and awe at what their bodies can do?" (If yes) "How can these feelings of power have a potentially curative impact?"

Methods

Upon attainment of Human Subjects approval recruitment for this exploratory qualitative study was initiated. Flexible methodology and the epistemology of fallibistic realism were utilized (Anastas, 1999). Prior to conducting participant interviews, the data collection instruments were piloted to ensure their sensitivity and trustworthiness and changes were made to clarify the content of all of the instruments (Anastas, 1999; Charmaz, 2006). Sampling was purposive and participants were recruited throughout the United States on line and through the posting of flyers in yoga studios. The majority of the interviews were conducted over the phone with only three of the interviews occurring in person. Participants were given the option to review the transcription of their interviews using a secure email account for the purposes of accuracy, member checking and with the intent of adding to the credibility and trustworthiness of the qualitative data collected (Anastas, 1999; Drisko 1997, 2005).

In order to qualify for participation in this study women needed to be at least 18 years of age, speak English fluently and have a self-reported history of struggling with symptoms of anorexia. Interested potential candidates also needed to self-report that they had been in recovery from anorexia for at least a year. In addition, individuals needed to self-report that they intentionally utilized yoga as part of their recovery process, or that they did not initially connect it with their healing process but began practicing yoga and found it to be helpful to their recovery process. It is important to note, however, that individuals who consciously used yoga as part of their recovery

process, for example, those who participated in a treatment facility where yoga was integrated and found it to be unhelpful were not excluded from this study.

Once recruitment and participant interviews began elements of grounded theory, developed by Glaser and Strauss (1967), were utilized to analyze the qualitative data, namely, open level and axial coding. The process of open level coding is enumerated by Strauss & Corbin (1998) as a preliminary level of data examination where constant comparisons are made among the data and the "naming and categorizing of phenomena" is conducted (pp. 62, 111).

The central components of axial coding that the data analysis drew from are summarized by Strauss and Corbin as a process that reassembles the data in a manner which offers "new ways of making connections between a category and its subcategories" through offering "statements of relationships" with a continuous effort aimed at ongoing verification of these associative and interrelated links (p. 111).

Equally essential in its alignment with this study's methodological and philosophical underpinnings was the notion that the words of the participants would hold 'views and actions from their perspective,' and as a result inherently serve as this study's data (Swignoski, 1994). This process of analyzing the data from the 'perspective' of the participants themselves was highly congruent with social work values (Swignoski, 1994). This analytic approach granted a voice to participants, positioning them as active subjects in the study, as opposed to rendering them into the state of objectified objects. "A profession whose hallmark is a commitment to enhancing client's dignity and worth must question approaches to research in which activities reduce clients to mere objects of observation and manipulation" (Swignoski, 1994, p. 394). Honoring the participants' status and position of "subject" was particularly salient, as the women in this study represented a population who have struggled with a lethal disorder that etiologically originated, at least in part, from the oppression and objectification of women in our culture (Swignoski, 1994).

Participant Demographics

The majority of the women who participated in this study

were white and well educated. A total of sixteen ($n = 16$) women participated in this study. Descriptive statistics were run to capture the relevant demographics pertaining to this study's participants. In the realm of demographic information, the ages of the participants ranged from twenty-one to fifty-one years of age, with many of the participants (25% or $n = 7$) falling between twenty-four to twenty-seven years of age. The income levels of this study's participants were fairly dispersed throughout the sample and the level of education attained varied from the completion of High School to the receipt of a doctoral degree. Almost all of the participants ($n = 15$) reported receiving an education that exceeded the completion of High School. The majority of the women reported that they either were working towards or had completed a Master's degree ($n = 8$) at the time of the study, while two ($n = 2$) of this study's participants indicated the attainment of a doctoral degree. In the realm of the duration and course of each participant's experience with anorexia, the amount of time that the women in this study reported struggling with anorexia ranged from one and a half years to thirty years with eight and a half years capturing the median length of time. The length of recovery time attained by this study's sample ranged from one to thirteen and a half years, with the median length of recovery time falling at three years.

Thematic Findings

Illusory Feelings of Power and Accomplishment

The participants in this study were asked how they felt about and viewed themselves while they were in the active phase of anorexia. In response to this question many participants revealed that the act of self starvation granted them, at least initially, a sense of superiority and achievement, as captured in the provision of Participant #8's reflection:

And I remember so many women who would say like, 'Oh, I want your diet, like, you know, you are so skinny, like how do you do it?' and um, I would be like, 'You don't want my diet,' I said that internally, but um, yeah it made me feel really proud that like I had accomplished something that nobody else had, or

could, or like because I had major self-control, um, I was really like, um, above everyone else, like on this skinny plane that no one else could attain (Participant #8)

These words spoken by Participant #8 are reflective of a common experience held by the women in this study. However, ultimately, many of the women in this study were forced to confront the realization that the feelings of power and "pride" that they initially experienced were illusory, or in the words of one participant (Participant #15) a "false sense of pride." This participant (Participant #15) recounted regarding her initial experiences with anorexia, "and like I was powerful in that sense that like I can be as thin as possible and run so many miles, it gave me like a false sense of pride in regards to that." Another Participant (Participant #3) spoke pointedly to the fact that once these feelings of pride and accomplishment abated she was left with the disconcerting reality of their ultimate deceptiveness and ensuing destructive nature:

Yeah, so I think I felt really good about it (weight loss and exercise regime) for a while...and I felt like the thinner I got the faster I ran, um, and so I think that that and the comments, and then just like having my clothes feel really big and loose on me, like I loved that feeling. Um, but it got to the point where my hair just started falling out in clumps, and it like clogged the drain, um, I like, could actually look down and see my chest pulse with every beat of my heart and I think that like, those things were very concerning to me (Participant #3)

Moving from a State of Disembodiment to Embodiment

The women in this study were asked, how yoga changed their relationship with their bodies (if at all). In response to this question several of the women reported that yoga facilitated a sense of connection, appreciation for and an awareness of their bodies and what their bodies were both capable and incapable of doing, "I think I have accepted my body a lot more, I think there is a lot more appreciation for what it does and what it can do" (Participant #15).

One participant talked specifically about the fact that she

used to conceptualize her body as split off from her mind and as something that she needed to "tame or punish." She reflected on the fact that it was the practice of yoga that mended her fissured notion of her "mind-body connection," a state of disembodiment which resulted in part from her history of struggling with anorexia:

And also thinking, re-thinking the mind-body connection, like, I've used my mind-body connection in such negative ways, um, or even like, I've also detached the two for such a long time...but um how, like how caring for our bodies is actually, you know, a really important part of self-care, and I shouldn't, (pause) like the fact that my body and mind are one or like, they're part of the same system, is like such a basic belief... and you know the philosophy of yoga is that basically you're doing these postures in order to prepare your mind for meditation and for silence and for calmness, so it's like um, (pause) I also found that to be really important too. To think about the movements of my body, let me restate that, the movements of my body not just as, like, to get rid of something, like to get rid of calories or to like, get in better shape, but rather to prepare my mind for like, different sorts of thinking, or an absence of thinking even, is just like so important and just like so helpful for somebody like me who has a really distorted view of how my mind and my body were connected (Participant #8)

A couple of the women in this study also spoke to how the practice itself heightened their awareness around the impact that self-starvation had on their bodies as well as the inverse effect that transpired from eating and taking care of their bodies:

It was more seeing how my body, as I gained weight, seeing how much stronger my practice was and that hyper awareness and I guess you could argue that, because I practiced yoga I was more aware of my body... (Participant #3)

Yoga has given me a new appreciation (for her body),

because being in a yoga class when you're starved or when you haven't eaten is really hard, and then when you do it when you're nourished, it's a different experience, I think that gave me a good appreciation of my body and how strong it can be when it's healthy (Participant #5)

A Sense of Power, Empowerment and Awe at What the Body Can Do

Several of the participants in this study discussed the fact that yoga allowed them to derive a feeling of confidence, power and empowerment in relation to their bodies. One participant, (Participant #11) expounded upon the fact that she developed an awareness and sense of awe at what her body was capable of doing beyond functioning as an aesthetic adornment, "I started working to do a head stand and thought, 'you know what? I can do this and that's a really huge accomplishment!' It had absolutely nothing to do with what size pants I wear because I can just do this."

This participant (Participant #11) also explicated upon the fact that yoga for her, as it did for many of the women in this study, functioned as a "healthy replacement" or a healthier means of garnering a sense of "achievement" and accomplishment, a sense of accomplishment that she had previously derived from food restriction and over exercising. This woman (Participant #11) referred to her use of yoga as a replacement technique as the "healthier" side of her quest for a sense of power. This "healthier side" stood in striking juxtaposition to the eating disorder which she described as the "dark side of it" or the "dark" aspect of her quest for power:

These people who are Ashtanga yogis are very healthy, they have very strong bodies without having to restrict. I really enjoyed it, so I thought maybe that would be my bridge so I just really liked that feeling of accomplishment but the healthy side of it instead of the dark side of it so I just kept going. Oh yeah, that started to replace it (unhealthy way of deriving feelings of accomplishment through self-starvation). It was a huge accomplishment! Instead of restricting I started working to do a head stand and thought, 'you know what? I can do this and that's a really huge accomplishment!' It had

absolutely nothing to do with what size pants I wear because I can just do this! (Participant #11)

The Incitation of an Authentic Sense of Self

The women in this study described how engaging in the practice of yoga allowed them to feel "alive" inside, facilitating the process of "getting back to knowing" who they truly were. This phenomenon was most profoundly captured by the words of Participant #6:

There's something about doing the poses that's really about being myself, or getting back to knowing who that is, because with anorexia and an eating disorder you kind of lose touch with who you are. You lose any sense of self that you had, because you're basically starving yourself to death. It's like a really long suicide to not feed yourself. You really lose that connection with who you are. So yoga has helped me to start to rediscover who that is, and it's happening through this journey that I'm on, it's a process of learning. It's been the one thing that's really helped me to uncover who that person is... And when I came back to my mat (referring to resuming the practice of yoga) that's what I was craving, just to be me, and have me be okay and be enough, because nothing I could do was enough, but on my mat, if I could just flow, and breathe, and move, it was enough, just to show up. And I think that for me (being enough and being herself) was being able to do vinyassa and slow style, because I wanted the expression to be myself and to not have rules, to not be perfect; to just be.... I can just be who I am (Participant #6)

The "Dialect" of Yoga and its potential to be "Hijacked"

In contrast to the experiences that were discussed by the majority of the participants regarding the pivotal role that yoga played in their healing process, a couple of the women in this study presented for consideration what one woman (participant #16), referred to as the "dialect" of yoga.

This participant (#16) was emphatic in her assertion, however, that she did not want "any one to get the wrong idea about yoga (and yogic philosophies) because the mental illness

hijacks what is good and right about you know these things... and it's not that yoga is bad or yoga is this or any of that." She also cautioned that her experiences point to the possibility that some styles of yoga might more readily lend themselves to being "hijacked by the eating disorder." In addition, she discussed her belief that when considering yoga as a therapeutic mechanism it is perhaps most important for individuals to be aware and "mindful" regarding their intent in practicing:

I don't want you or anyone to get any wrong idea about-about either of these philosophies or about yoga in general um because as you know the mental illness hijacks what is good and right about you know these things so that's what happened with me and it's not that yoga is bad or yoga is this or any of that. Ok lets start with, so I was kind of talking about classical yoga a little bit, very will powered, disciplined, control based, those things you can probably consider how easily they would be hijacked by an eating disorder um or by an over exerciser. 'How can they be beneficial?' They can also be used against the eating disorder against the you know, it's like, 'What can I do with my will power?' um and then mindfulness, there's obviously mindfulness and that's such a big part of yoga, people always talk about that if you don't have the awareness to know what you're using these tools for then they're not really going to help you so the mindfulness is a big piece... (Participant #16)

Another woman (participant #11) spoke to some concerns that arose in her yoga practice that are similar to what Participant #16 described. She revealed that at one point in her practice she reached a place where yoga became another form of stringent self-discipline and abuse. She reflected on how her yoga instructor intervened, making her aware of the fact that she was beginning to misuse the practice, a reality that her instructor would not endorse:

And she (yoga teacher/instructor) was like, 'You can't come in to use this space to punish yourself!' and so I was like, 'Oh my God?!' that's when I totally reevaluated what I was doing, that changed the whole thing for me, so I approached the practice again forcing

myself to take the days off and I was forcing myself to not practice when I was in pain and that was really hard. It took a while and then I started to feel better from letting myself relax about something. (Participant #11)

Discussion

Making Meaning from the Core Thematic Findings

The feminist theoretical framework in which this study was situated influenced the decision to explore the curative potential yoga might hold to facilitate experiences of embodiment, inner contentment and a healthier means of experiencing power through the use of the body for women who have struggled with anorexia (Bordo, 1993; Chernin, 1982; Lintott, 2003; Orbach, 1978). The contention that women still resort to the purview of their bodies to feel powerful in our culture and to develop a solidified sense of 'self' is consistent with some of the core thematic findings that arose from this study (Bordo, 1993; Chernin, 1982; Kant, 1967, 1980; Lintott, 2003; Orbach, 1978). Several of the women in this study recounted deriving feelings of power and/or empowerment through engaging in the act of self starvation. This finding lends credence to Lintott's assertion that it is the quest for power or the 'sublime' that underpins women's engagement in the act of self starvation (Lintott, 2003, p. 72):

Our capacity for the sublime, entailing as it does intelligence and strength, is grounds for respect and admiration, including most saliently, self-respect and self-admiration...she (the eating disordered woman) identifies herself with her inner life, and her body is a symbol of her inner strength which defines her (Kant, 1967, 1980; Lintott, 2003; pp. 72-73).

However, this study's findings also revealed that many of the women were ultimately forced to confront the realization that the feelings of power and pride that they initially experienced were illusory. Once these feelings of achievement abated they were left with the disconcerting reality of their psychological and physiological demise that ensued.

Given this assertion made by feminist authors regarding anorexia, the body, and a quest for power, this researcher (I) then felt it was imperative to explore the potential that yoga might hold to offer a means of sublimating this search for bodily power while also facilitating the mending of the fissured bodily state (Bordo, 1993; Chernin, 1982; Douglass, 2009).

This study's emergent findings confirmed that for many of its participants yoga "replaced" their need to use food restriction to garner feelings of bodily empowerment. This pivotal thematic finding indicates that this study begins to offer what Lintott considers to be a crucial component of eating disorder treatment, a healthier means for women to experience feelings of power through their bodies. "The one thing that does appear necessary for any treatment to be successful is that a woman must become convinced that there are things she can do and things that are more impressive and more interesting than her ability to lose weight or what size she wears" (Lintott, 2003, p. 74). It is also important to note that for many of the participants in this study the practice also facilitated the experience of re-embodiment and a more solidified sense of self, a finding that substantiated the extant theoretical and empirical yoga research (Dittman & Freedman, 2009; Douglass, 2009; McIver et al., 2009; Patching & Lawler, 2009).

The Findings and How they Substantiate and Contribute to the Existing Literature

The specific findings that emerged in this study regarding feeling empowered through the practice of yoga also lend support to the findings from McIver and Colleagues (2009) study. In addition, the present study's findings further substantiates one of the qualitative findings that arose in Dittman and Freedman's (2009) study. Dittman and Freedman, however, did not specifically explore the curative potential that yoga might hold as a healthier means for women to experience power or empowerment through their bodies. The fact that to date there does not appear to be a study that specifically explores the practice of yoga as a healthier means of experiencing power through the body speaks to the contributory potential that this current research study holds.

The fact that some of the women in this study described how yoga allowed them to rediscover and embrace their authentic sense of themselves is consistent with Douglass's proclamation that, "There is a growing body of literature that supports the idea that individuals with eating disorders are searching for a sense of self. If feminists are correct in the assessment that these individuals are looking to be identified as 'more than the body' yoga has a lot to offer" (Douglass, 2009, p. 139; Lintott, 2003).

In contrast to the curative potential that yoga holds through offering a healthier mode of feeling powerful in one's body while facilitating the process of re-embodiment and a stronger notion of one's self, thematic findings emerged in this study which point to yoga's potential to be misused or even "hijacked" by the eating disorder. This reality is only discussed tangentially and not extensively in the literature, illuminating the potential that this current study has to begin to add to our knowledge base in this area (Boudette, 2006; Douglass, 2009).

Social Work Implications and Recommendations

Given the findings that did emerge in this study surrounding the efficacy of yoga as a complementary therapeutic tool it is recommended that more treatment facilities and providers begin to incorporate yoga or elements of yoga into their ongoing work with women who either are struggling with or who have struggled with anorexia. In addition, further recommendations surfaced from the issue raised surrounding yoga functioning as another form of exercise to be "hijacked" by the eating disorder coupled with the fact that certain styles of yoga may be more susceptible to being misused in this manner (Participant #16). These emergent and compelling realities speak to the cautions one must take when integrating yoga into the therapeutic milieu with this population of women. It also speaks to the contributory potential this study holds as no study to date illuminates upon the potential yoga has to be misused to this extent.

Limitations and Directions for Future Research

There are a myriad of limitations to be found in this research study. Despite arduous efforts in the realm of

recruitment this study's sample size was small ($n = 16$). This study's small sample size and qualitative methodology forecloses the generalizability of its findings. This study also lacked prolonged engagement with participants and a lack of data saturation as a result (Drisko, 1997, 2005). With the provision of more time, participants providing more 'disconfirming evidence' regarding yoga's efficacy in the treatment of anorexia would have been intentionally recruited to add to the study's credibility (Drisko, 1997, 2005).

The demographic homogeneity of this study's sample posed another limitation to the findings. The vast majority of the women who participated in this study were white and well educated. In light of this study's current limitations it is recommended that future studies in this area draw from a larger and demographically more heterogeneous sample of women. Additional recommendations to be extracted from this study's limitations indicate that there needs to be ongoing exploration pertaining to the efficacious role that yoga might play in the lives of women struggling with a broader range of eating disorders. Although, this study's findings are promising more work needs to be done in this area, given that this study's sample was restricted to women who had only struggled with AN. It is also recommended that future studies draw from both quantitative and qualitative methodology (mixed) so that they can capture the voices and experiences of participants while also simultaneously falling in alignment with the potential need for replication and generalizability (Klein & Cook-Cottone, 2013).

Summary

This study's findings indicate that initially a quest for power and exhilaration can perpetuate women's engagement in anorectic behaviors (Bordo, 1993; Chernin, 1982; Lintott, 2003; Orbach, 1978). This study's data also revealed that anorexia did result for many women in a state of disembodiment and that yoga may offer the therapeutic facilitation of re-embodiment and a healthier means of deriving feelings of accomplishment through the body (Douglass, 2009). This study's emergent finding that yoga may serve as a form of power or empowerment for women struggling with anorexia

is quite salient. This finding is highly congruent with the feminist tenets which contextualized this study as well as feminist approaches to therapy, as, "The goal of feminist therapy is to create change through empowerment" (Oppenheimer, 1998, p. 89; Singh & Burnes, 2011).

Research findings uncovered in this study hold the potential to contribute to our current knowledge base in the realm of eating disorder treatment and the sustainment of recovery. This contribution may offer individuals working with women suffering from anorexia and the women themselves, alternative approaches to both treatment and the sustainment of recovery. The field of clinical social work and other related professions are in a state of dire need regarding this knowledge (Douglass, 2009; Rushford, 2006; Sharkey-Orghero, 1999).

The consideration of therapeutic mechanisms that take into account the salience of the body and the mind are needed. This therapeutic response is particularly needed in the field of social work and related mental health fields where some have argued the discipline(s) itself has been rendered into its own state of 'disembodiment' (Patching & Lawler, 2009; Saleebey, 1992; Tangenberg & Kemp, 2002; Wilson, 2004). It is particularly concerning that this state of 'disembodiment' that is arguably an inherent feature of anorexia, is then found in the very field(s) that is called upon to respond to the disorder (Wilson, 2004).

This study's exploration of yoga's role in the treatment of anorexia begins to answer the call for social work interventions that take into account the mind, the body and the totality of the 'human condition,' as, "A major failing in our health care system, (is that) eating disorders are investigated from a medical model perspective-a perspective that only provides minimal acknowledgement of the social and human aspects of the condition' (Patching & Lawler, 2009, p. 20). This becomes particularly important when responding to a mental health issue that is manifested through the body (Douglass, 2009; Garrett, 1997; Patching & Lawler, 2009). In light of this discussion, however, it is also important to note that eating disorders are inherently complex, often requiring a multidimensional approach (Geller, Cockell, Hewitt, Goldner, & Flett, 2000; Lester, 1997). Yoga alone cannot function as a 'cure' for

eating disorders or any other mental health issue but it can play a 'significantly' integrative role in our response to the disorder (Douglass, 2009). It can play this pivotal role by offering a holistic approach that embraces the full realities of the 'human experience,' an approach that many argue has been absent from the field of social work for far too long (Douglass, 2009).

Yoga, as a historic discipline and as a lived practice, was never meant to be a 'cure' for mental illness. What yoga can do is much smaller, but perhaps not insignificant: Yoga can bring us into the present moment, to experience the mixture of suffering and beauty that is the human experience. (Douglass, 2009, p. 134)

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