

2016

Journal of Sociology & Social Welfare Vol. 43, No. 4 (December 2016)

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Social Work Commons

Recommended Citation

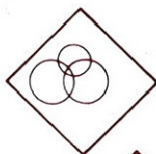
(2016) "Journal of Sociology & Social Welfare Vol. 43, No. 4 (December 2016)," *The Journal of Sociology & Social Welfare*: Vol. 43: Iss. 4, Article 1.

DOI: <https://doi.org/10.15453/0191-5096.4041>

Available at: <https://scholarworks.wmich.edu/jssw/vol43/iss4/1>

This Complete Issue is brought to you by the Western Michigan University School of Social Work. For more information, please contact wmu-scholarworks@wmich.edu.





Journal of Sociology & Social Welfare

VOLUME XLIII
NUMBER 4
December, 2016

The JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE is edited and published by the SCHOOL OF SOCIAL WORK, WESTERN MICHIGAN UNIVERSITY, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5354.

JSSW is sponsored jointly by Western Michigan University, the College of Health and Human Services, and School of Social Work. The substantial support of the University of California, Berkeley in the publication of the journal is gratefully acknowledged.

Editor: Robert D. Leighninger, Jr.

Managing Editor: Gary Mathews
E-Mail: gary.mathews@wmich.edu

Associate Editor: Robert Moroney *International Editor:* Jason L. Powell

Editorial Board

Mimi Abramowitz	Edward Gumz	John Murphy
Bruce Arrigo	Lorraine M. Gutiérrez	Robert Newby
Pallassana Balgopal	Charles Guzzetta	Wilma Peebles-
Ellen Benoit	Robert Hawkins	Wilkins
Katherine Briar-	John Herrick	Dennis Peck
Lawson	Alice K. Johnson	Philip Popple
William Buffum	Jill Jones	Jason L. Powell
Iris Carlton-LaNey	Terry Jones	Susan Robbins
Richard Caputo	Nancy Jurik	Steven R. Rose
Pranab Chatterjee	Robert Kronick	Marguerite Rosenthal
Mary Jo Deegan	Marina Lalayants	Eunice Shatz
Luisa S. Deprez	Timothy Lause	Fei Sun
Paula L. Dressel	Daniel Liechty	John Tropman
Robert Fisher	Taryn Lindhorst	Charmaine C. Williams
Sondra Fogel	Patricia Martin	John Williamson
Alejandro Garcia	Nick Mazza	James Wolk
Andrew Golub	Peter Meiksins	Miu Chung Yan
Richard M. Grinnell, Jr.	James Midgley	

Assistant Editor
Melinda McCormick

Book Review Editors

Fei Sun, Arizona State University, and Daniel Liechty, Illinois State University. Please mail books for review to: Fei Sun, School of Social Work, Arizona State University, Mail Code #3920, 411 N. Central Ave., Suite 800, Phoenix, AZ 85004 USA.

The Journal of Sociology and Social Welfare is published quarterly. Prior to photo-copying items for educational classroom use, please contact the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA, 01923, or Current Contents/Social & Behavioral Sciences (CC/S&BS), Institute for Scientific Information, 3501 Market Street, Philadelphia, PA, 19104. The Journal is abstracted and indexed in: Applied Social Sciences Index and Abstracts, Elsevier Bibliographic Databases, Psychological Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

JOURNAL OF SOCIOLOGY & SOCIAL WELFARE

Volume XLIII December, 2016 Number 4

Special Issue on Mind-Body Interventions in
Social Work Practice

Melinda McCormick and Yvonne A. Unrau

Special Issue Editors

INTRODUCTION TO THE SPECIAL ISSUE

Melinda McCormick and Yvonne A. Unrau 3

THE ENVIRONMENT-WITHIN-PERSON PERSPECTIVE:
INTEGRATING A MINDFULNESS FRAMEWORK INTO
SOCIAL WORK PRACTICE

Yvonne A. Unrau and Melinda McCormick 7

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

Heather C. Pizzanello 37

BEING ON THE MAT: A PROCESS EVALUATION OF
TRAUMA-INFORMED YOGA FOR WOMEN WITH
SUBSTANCE USE DISORDERS

Amy B. Smoyer 61

A SYSTEMATIC REVIEW OF YOGA INTERVENTIONS
IN THE INCARCERATED SETTING

Alexandra S. Wimberly and Jia Xue 85

AN ENVIRONMENTAL SCAN OF MINDFULNESS-
BASED INTERVENTIONS ON UNIVERSITY AND
COLLEGE CAMPUSES: A RESEARCH NOTE

*Kaley J. Cieslak, Lehanna E. Hardy, Natalie S. Kyles,
Erika L. Miller, Becky L. Mullins, Katelyn M. Root,
and Christina M. Smith* 109

This ends the special issue contents.

HOW ARE SOCIAL PROBLEMS VIEWED AND ANALYZED IN SOCIAL WORK POLICY TEXTBOOKS? <i>Marietta A. Barrett</i>	135
---	-----

BOOK REVIEWS

A Special Note from the former Book Review Co-Editor <i>Jennifer Zelnick</i>	161
---	-----

<i>Shared Prosperity in America's Communities.</i> Susan M. Wachter and Lei Ding. Reviewed by Cynthia Edmonds-Cady.	165
---	-----

<i>Dreams and Nightmares: Immigration Policy, Youth, and Families.</i> Marjorie S. Zatz and Nancy Rodriguez. Reviewed by Xiafei Wang.	169
---	-----

<i>Cultural-Existential Psychology: The Role of Culture in Suffering and Threat.</i> Daniel Sullivan. Reviewed by Daniel Liechty.	171
---	-----

<i>Invisible in Austin: Life and Labor in an American City.</i> Javier Auyero. Reviewed by Danielle Docka-Filipek.	175
--	-----

<i>Evicted: Poverty and Profit in the American City.</i> Mathew Desmond. Reviewed by Yeqing Yuan.	177
---	-----

Index of Volume XLIII	180
-----------------------	-----

Introduction to the Special Issue: Mind-Body Interventions in Social Work Practice

MELINDA McCORMICK

Marian University
School of Nursing and Health Professions

YVONNE A. UNRAU

Western Michigan University
School of Social Work

This special issue resulted from a series of conversations between the two guest editors related to social work practice and the growing field of mind-body interventions in society. Over the course of two years, we met to share information on new materials we had been exploring or new fields in which we were being trained. Dr. Unrau became certified in Integrative Restorative (iRest)® Yoga Nidra. She offered social work continuing education trainings by blending the iRest philosophy and techniques that Dr. McCormick attended and found compelling. Dr. Unrau also offered individual iRest sessions to Dr. McCormick, which Dr. McCormick found to be incredibly helpful and sometimes akin to spiritual experiences.

One of the biggest questions that came out of our discussions and explorations over the two years of discussion concerned the limits of talk therapy or cognitively-oriented problem-solving approaches with people who have trauma histories. We began to wonder what other approaches offer a different type of healing to people living with trauma, since trauma is frequently stored in the body. These explorations, experiences, and conversations resulted in this special issue of the *Journal of Sociology & Social Welfare*. Our call for papers for

this special issue brought us many submissions on the topic area, and we have selected those we found most appropriate for this issue.

The special issue begins with an article that we have been crafting for some time, which is the culmination of our engagement with our questions and recent scholarship in the field. Our paper offers a new framework from the meditation field for social workers to bring to their practices—a method of engagement with clients through the bodies in which we all live. One clear message that comes out of our work is that social workers need to acknowledge and listen to their own bodies in order to be fully engaged and optimal practitioners. Another message we take away from our work is that we also need to pay attention to the other body experiences in the room—those of our clients.

We have outlined an approach called the "environment within person," which we offer as a tool for assessment and intervention with clients who live with trauma residue or symptoms. The application of this approach allows practitioners to integrate the client's felt-sense experience in the present moment and then tailor responses to meet the client in that moment. By responding in this manner, we have a greater chance of meeting clients where they are at and address feelings or thoughts in a way that helps them choose well given their current life situations.

Following our article, Heather Pizzanello explores the curative potential of yoga for women who struggle with anorexia. Pizzanello's qualitative research has found that women have experienced a different sense of embodiment through their practice of yoga, as well as experiencing empowerment, awe at the power of their bodies, and an authentic sense of self. Given the lethality of anorexia nervosa, these findings are compelling, and they may serve to highlight new treatments for people who suffer from the condition.

Following this article, Amy Smoyer unpacks her research on offering trauma-informed yoga to women with substance use disorders. Smoyer presents and evaluates a process of introducing yoga to low-income women through the auspices of a community human services agency. One of the goals of this

project was to ascertain whether yoga offered by a person who was not a certified yoga instructor, but who had limited yoga training, was feasible and/or helpful for both agencies and the low-income women who interact with them. This is an interesting exploration of an attempt to offer the benefits of yoga practice to women who would not usually be able to access the practice. It also offers some insights for agencies that may wish to attempt to replicate Smoyer's work, since the women who participated ultimately found the yoga interventions helpful in terms of relaxation, mindfulness, and body movement.

From these qualitative papers, we move to a systematic review of yoga in incarcerated settings by Alexandra Wimberly and Jia Xue. The authors did extensive research on yoga interventions in order to determine if yoga was effective with this population. Although they found that the interventions showed some promise, there were several methodological issues within the research that make generalizations inadvisable. They do conclude, however, that yoga interventions in incarcerated settings demonstrate many positive outcomes, and they offer suggestions for future research.

Finally, we have included a research note on mindfulness-based interventions on college and university campuses by several graduate social work students, Kaley J. Cieslak, Lehanna E. Hardy, Natalie S. Kyles, Erika L. Miller, Becky L. Mullins, Katelyn M. Root, and Christina M. Smith. They collected data on student mental health interventions offered by colleges and universities, and they note the increasing use of mindfulness-based interventions to address student mental health. They present information on universities and colleges and the mental health interventions they offer to help people deal with life stress as a way of providing readers with a succinct resource guide of mental health interventions at North American colleges and universities.

We would like to thank all of those who submitted their work for this special issue and allowed us to read about the work being done in this area. Our hope is that this collection is able to spark more conversation and thought about bringing body awareness, as well as body-oriented knowledge and skill, more fully into social work practice as a way to support clients to experience healing and post-traumatic growth.

The Environment-Within-Person Perspective: Integrating a Mindfulness Framework into Social Work Practice

YVONNE A. UNRAU

Western Michigan University
School of Social Work

MELINDA MCCORMICK

Marian University
School of Nursing and Health Professions

Over the last 25 years there has been increasing recognition of the role that traumatic stress plays in a wide range of health, mental health, and social problems affecting client populations served by social workers. Traumatic stress is generated by conditions in one's external environment, mediated by internal cognitive processes, and stored in the physical body. Generalist social work practitioners are trained to address conditions of the environment through a social justice lens and to help clients think through logical steps of a problem-solving or change process. However, social workers are not typically trained to understand or respond to trauma symptoms with which a growing number of their clients live. Because traumatic stress adversely affects individual well-being at intra- and interpersonal levels, generalist social workers are in need of additional tools to effectively work with clients. In this article we argue that traditional frameworks used to guide social work practice do not equip social workers to respond effectively to individuals afflicted by traumatic stress because of the absence of attention to and understanding of the human body. We propose the integration of a mindfulness framework and introduce the environment-within-person perspective. It is a natural extension to the understanding of person in the Person-In-Environment perspective and provides a tangible pathway to supporting post-traumatic growth among people served by social workers.

Key words: mindfulness, traumatic stress, social work practice, person-in-environment, post-traumatic growth

Traumatic Stress and Social Work Populations

Traumatic experiences can have both short- and long-term impacts on people and their abilities to cope with life stressors. Social workers serve populations which come from varied backgrounds, many of which include different sources of trauma. There is ample evidence that traumatic events (e.g., physical abuse, sexual abuse, neglect, witness to violence) in childhood are negatively correlated with health in adulthood. The Adverse Childhood Experience study was the first to confirm that childhood abuse and other family dysfunction was related to physical and mental illness in adulthood (Felitti et al., 1998). Specifically, higher numbers of adverse childhood experiences predict increased problems in adulthood in affective, somatic, substance abuse, memory, sexual, and aggression-related domains (Anda et al., 2006). This new frontier is a challenge to social workers to learn more about the neuroscientific implications for practice (Matto, Strolin-Goltzman, & Ballan, 2014).

The trauma-related challenges among populations served by social workers are compounded by overwhelming loss in neighborhoods and communities. The breakdown at the community level is so pervasive that Abramovitz and Albrecht (2013) developed a Community Loss Index to measure it. The six areas measured to calculate loss within a community include rates of: unemployment, foreclosure, foster care placement, incarceration, long-term hospitalization, and untimely deaths. It is apparent that personal well-being of individuals living in neighborhoods with such profound loss will be adversely affected by elevated scores on this index. One of the possible effects of living in communities with high loss is traumatic stress that accumulates over time and is stored in the complex neuro-physiological networks that make up the human body. When a person moves out of depleted and dysfunctional environments, they carry within them the old negative imprints into new places. In summary, people can be impacted by experiences in childhood and in their communities, both of which are stored in their bodies and shape their perceptions and responses to life's challenges.

Prevalence of Traumatic Stress

Traumatic events involve an extreme level of stress that overwhelms a person's ability to cope. The long-term impact of the event appears to be mediated by one's self-appraisal of both the traumatic event and the coping strategy used in response to it (Pechtel & Pizzagalli, 2011). This self-appraisal filter, or how a person thinks about himself, in part, explains how it is possible for two people to experience the same traumatic event (e.g., two college roommates robbed at gunpoint following dinner together at a local restaurant; two siblings exposed to abuse by the same caregiver) but suffer different levels of distress related to the event. Furthermore, not everyone who experiences a traumatic event will suffer with symptoms that meet the level of a clinical diagnosis. For example, earlier studies estimated the prevalence of post-traumatic stress disorder (PTSD)—a clinical-level trauma disorder—at 1 percent in the general population, 3.5 percent for civilians exposed to physical attack, and 20 percent among Vietnam veterans (Helzer, Robins, & McEvoy, 1987). More recent studies focused on children report that the rate of PTSD for the general population of young adults is 6 percent, and for children who experience foster care placement, it is 15 percent (Kessler et al., 2010; McMillen et al., 2005). These are conservative estimates, since traumatic stress affects a larger segment of the population than is addressed here.

Levels of Disintegration of Traumatic Stress

Traumatic stress disrupts connection and cohesion that is essential for a sense of holistic well-being. This disintegration happens when differentiated components (e.g., memories, skills, experiences) do not link together in a coherent manner (e.g., personal narrative) (Siegel & Gottman, 2015). Importantly, disintegration happens at intrapersonal and interpersonal levels.

Intrapersonal integration. At the level of individual or self, adverse experiences over extended periods of childhood result in varying degrees of complex trauma, which adversely affect basic neurological and physiological processes integral to developmental growth (Van der Kolk, 2005). Siegel (2007) explains that early trauma affects brain

development by inhibiting the key neural linkages that allow individuals to perceive the world as a safe and secure place to explore and grow. Van der Kolk (2003) identifies learning, memory, perception, attachment, cognition, and affect regulation as brain functions that are at risk of being compromised by neural disintegration in response to early trauma. He further notes that these neural disruptions can affect how young people make sense of their growing up experiences, their learning capacities, and their reflexive responses to the world around them.

Interpersonal integration. How well integration is achieved at the intrapersonal level has consequences for interpersonal connections, which is the second level of integration. Chronic traumatic stress negatively affects one's ability to attach or develop healthy and enduring relationships with others (Siegel & Gottman, 2015). Siegel (2007) explains how disintegration within interpersonal relationships can manifest as either rigidity or chaos. For example, among foster youth, those with "rigid" coping strategies operate from a "go-it-alone" attitude, often without seeking the help of others (Kools, 1999; Samuels & Pryce, 2008). In contrast, those with "chaotic" coping styles may have developed a habit of "oversharing" their struggles with multiple individuals, without managing to connect with any one person in particular, perhaps hoping that someone will emerge to assist them in some concrete way (Siegel, 2007). Another way disintegration manifests at the interpersonal level is when a person is able to recognize social cues but is unable to accurately interpret them in different contexts. The interpersonal rewiring that happens in response to a traumatic stress is real; however, it is possible to learn and adapt new strategies for relating through the emerging adulthood years (Scaer, 2014; Siegel & Gottman, 2015).

Among social workers these levels of integration are more commonly understood as micro (individual) and meso (social relationships) systems, which are part of ecological systems theory (Bronfenbrenner, 1979). Not only is there disintegration within each level, but without targeted supports, disconnections may exist between levels. Moreover, the presence of traumatic stress calls for social workers to skillfully attend to the intrapersonal experience of clients in order to achieve gains

in quality connections that clients make with others in their environments.

Post-Traumatic Growth

In this paper, we have acknowledged the critical role of trauma in the well-being of the person, and we have kept our attention focused on the person (vs. the trauma). Another way to focus on the person and help promote resilient outcomes is to explore the concept of post-traumatic growth (PTG). Post-traumatic growth was initially defined by Tedeschi, Park, and Calhoun (1998) as a cognitive process initiated by people in response to a traumatic life event; this cognitive process then results in people experiencing growth in response to the trauma. However, post-traumatic growth has not been widely discussed in social work literature. Froma Walsh (2015) briefly discussed post-traumatic growth in her work on family resilience, but we argue that there is much for social work to gain from further exploration of this concept.

Much research has been done on PTG in psychological literature (Arpawong et al., 2016; Ickovics et al., 2006; Jayawickreme & Blackie, 2014; Meyerson, Grant, Carter, & Kilmer, 2011; Pals & McAdams, 2004; Tedeschi & Calhoun, 2004; Woodward & Joseph, 2003) and in medicine, where it has been explored in terms of treatment of patients with cancer (Cordova, Cunningham, Carlson, & Andrianovsky, 2001; Lepore, 2001; Scignaro, Barni, & Magrin, 2011), or treatment of patients with heart disease or heart attacks (Affleck, Tennen, Croog, & Levine, 1987; Sheikh, 2004). Additionally, PTG has been studied in response to terrorism (Bleich, Gelkopt, Melamed, & Solomon, 2006; Galea et al., 2002; Hobfoll et al., 2007) and natural disasters (Bonanno, Galea, Bucciarelli, & Vlahov, 2007). Given the strengths-focused perspective of the field of social work, it would seem appropriate for social work practitioners to explore PTG.

Tedeschi and Calhoun (2004) found that PTG occurs when people are trying to adapt to highly distressing life circumstances. As a result of this struggle, people have shown a variety of changes in appreciation for life, meaning in interpersonal relationships, increases in the sense of their own

strength, and changed priorities.

Similarly, Scrignaro, Barni, and Magrin (2011) noted that they observed post-traumatic growth in cancer patients as "changes in the perceptions of oneself, one's social relationships, and one's life priorities" (p. 823). In their work, they found that having basic needs such as autonomy and relatedness fulfilled in the time following their cancer diagnosis was helpful in facilitating clients' perception of the experience of post-traumatic growth.

Malchiodi, Steele, and Kuban (2008), in their work with traumatized children, identified several interventions that reduce post-traumatic stress and may encourage post-traumatic growth. Among these are receiving social support from others during recovery, developing a cohesive trauma narrative (as well as being heard and validated), and understanding that they are not to blame for what happened. Malchiodi and her colleagues stated that developing an understanding of the traumatic event and being allowed to feel and integrate the experience was very important in terms of facilitating PTG in children. In terms of our focus on embodiment in this paper, Malchiodi and colleagues (2008) noted that,

While it is important to provide children with the opportunity to communicate their memories of and feelings about what happened, it is equally important to ask them to explore how the experience may have helped them to become stronger or discover new things. Otherwise, they are left with the sensory aspects of the trauma and have not identified how they have changed for the better in some cases since the crisis or loss occurred. (p. 298)

Here, the authors focus on dealing with trauma, through communicating memories and feelings and thinking about their experiences. Yet they also recognize the role of the body in storing the "sensory aspects of the trauma" (p. 298). Further, they note the importance of asking about growth as a way of opening the framing of the experience, which makes room for people to consider ways in which they may have grown following a traumatic experience.

PTG, then, is something that can be encouraged and facilitated in people who experience dysregulation of self because of traumatic or external stressors. In order for that to happen, however, social workers need to know about PTG and access relevant literature that can help them foster PTG in their clients. Adding the concept of PTG to the social work knowledge base will give workers another tool to help their clients effectively engage with trauma, and may offer some hope to those struggling with the disintegration effects of trauma in their lives.

Traditional Social Work Practice Frameworks

Social work has traditionally drawn from three main frameworks to guide generalist practice: the biopsychosocial model, the systems perspective, and the ecological approach (Pyles & Adam, 2015). The biopsychosocial model considers client problems due to factors of biology, psychology, and social systems in which they interact (Pyles & Adam, 2015). Systems theory focuses on the systems practitioners address, which are "collections of interrelated parts that typically function as a unit and change in concert" (Hudson, 2012, p. 4), with the primary system of focus being the family. The ecological approach focuses on the importance of recognizing the influence of the environments in which people live. In Bronfenbrenner's (1979) ecological theory, human behavior consists of individuals interacting with their environments, which he modeled as a nested set of concentric circles which lead from the individual, to the family, to the community, to the larger social context (Van Hook, 2008). All choices made by people have to be understood by social workers within the greater contexts of the worlds in which they live and interact. A major focus of social work practice then becomes the person-in-environment (Kondrat, 2008). When working with clients, social workers employ a strengths perspective to ascertain what strengths and resources clients are able to bring to bear upon solving their problems (Karls & Wandrei, 1992) at all of the levels of their environments.

Attention to person in the person-in-environment perspective is typically approached using a problem-solving process in which clients work collaboratively with the worker to articulate

treatment or target goals that call for change by the individual. Common steps in this change process include engagement, assessment, planning, intervention, evaluation, termination and follow up (Kirst-Ashman & Hull, 2012). In general, the specified outcome at the micro level of practice typically calls for the client to demonstrate growth in one or more areas, such as greater insight (e.g., awareness of how personal behavior supports or undermines treatment goals), acquisition of new knowledge (e.g., learning rules or procedures), or achievement of new skills (e.g., asking for help, self-advocacy).

Traditional social work frameworks, then, emphasize the person in relationship to external environments. The concept of internal bodily experiences has been largely absent from social work practice frameworks, and we believe its inclusion will increase social work efficacy in practice.

The Absence of the Body in Social Work Practice Frameworks

The body is a very important component in understanding the effects of our environments (Scaer, 2014; van der Kolk, 2014), but in our Cartesian worldview, our bodies often become invisible. Leder (1990) describes "the absent body" this way:

While in one sense the body is the most abiding and inescapable presence in our lives, it is also essentially characterized by absence. That is, one's own body is rarely the thematic object of experience. When reading a book or lost in thought, my own bodily state may be the farthest thing from my awareness. I experientially dwell in a world of ideas, paying little heed to my physical sensations or posture. (p. 108)

In social work practice, the focus on the problems experienced by clients and the related paperwork demands or organizational constrictions within which we work can leave us unaware of our own bodies, thus making it harder to pay attention to the bodily experiences of our clients (Mensinga, 2011). Nevrin (2008) described how our habitual use of our bodies as "background to goal-oriented thoughts and actions" (p. 126) leaves us feeling disconnected from our bodies, our

selves, and our environments. According to Pyles and Adam (2015), our bodily experiences become another aspect of life that we have to manage, instead of being seen as resources that we can explore for the messages our bodies may hold for us. One thing seems certain—a person disconnected from his or her own present moment experience cannot create genuineness and authenticity in connection with another person. This holds for both social workers and their clients.

Peile (1998) decried the dominance of conceptual and rational processes in social work, which he claimed leave out the body. Older practice wisdom, according to Peile, held that "it is a good idea in any interaction to have *touched* (emphasis added) how the other is thinking, feeling and acting in relation to the issue at hand," as this approach recognizes "emotions (feelings) and the body (action) as equally legitimate realms for exploration along side the conceptual (thinking)" (p. 57). Indeed, social workers "touch" their clients with words, body language, gesture and quality of presence. In social work this touch is often referred to as genuineness, empathy and warmth, which are hallmarks of a quality worker-client relationship, and it is understood that these worker qualities affect client experience (Trevithick, 2003). Moreover, these qualities of a worker are intended to create a physically felt sense of safety and trust.

Importantly, the goal of client growth cannot be accomplished if the body is not included in the process. Thus, social workers can enhance their practice effectiveness by incorporating understanding of skills of body-based approaches. Since the mind and body work together to inform us about our states of being, we must be prepared to address both in a manner that meets clients where they are; that is, in the present moment experience during interaction with social workers. Tangenberg and Kemp (2002) challenged social workers to focus on "how to gain access to, value, and validate the lived experience of the body" (p. 13), in part to bring forth an "invigorated praxis of the body for present day social work" (p. 10), and as a method of understanding our clients better.

These discussions show that the concept of embodiment continues to be overlooked in social work practice, as the topic arises repeatedly over time. This is problematic for effective

social work practice, if we are to live up to the standards in the field and embody the profession's ethical values and principles.

The Environment-Within-Person Perspective

Saleebey stated in 1992 that "the social work profession has become, in both theory and practice, disembodied" (p. 112), and he called for social work to move toward embodiment of the person-in-environment perspective, because without it, social workers can miss out on bodily wisdom, which can serve the forces of "transformation, regeneration, and healing" (p. 112). Research investigating the effects of intervention approaches that target the internal physical experience has explored a wide variety of body-based interventions and their effects on well-being and is promising. Examples include the teaching of specific breathing practices, which correlated with reduced stress and anxiety among adult women who have been sexually assaulted (Kim, 2012). Additionally, movement and stretching through yoga have been associated with reduced post-traumatic stress symptoms in veterans (Staples, Hamilton, & Uddo, 2013) and adult women with trauma histories (van der Kolk et al., 2014). These body-based approaches typically augment rational problem solving approaches that rely on clients having insight and language capabilities to be effective.

Given the absence of attention to the internal experiences of the body in social work practice, and the increased understanding about how traumatic stress negatively impacts one's ability to both self-regulate and relate to the environment, we propose expanding the practice paradigm of the profession to equip social workers for the current demands in the field. Specifically, we introduce the "environment-within-person perspective," which adapts a mindfulness framework for social work practice.

Although mindfulness meditation has its roots in Buddhist traditions, it draws from spiritual, psychological, and neurophysiological arenas (Hölzel et al., 2011). Moreover, its philosophy and practices have long been adapted and incorporated into secular psychotherapeutic modalities, including Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Dialectical

Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Mindfulness-based Stress Reduction (MBSR), Hakomi, and Sensorimotor Psychotherapy, to name a few.

The environment-within-person perspective, introduced here, is not presented as a modality of therapy but as a paradigm shift to expand the standpoint of generalist social work practice. Specifically, it extends the person-in-environment perspective, which is a signature framework used to orient social workers, by adding knowledge and skills to engage with each client in the moment, or "where the client is at." It also draws from the rich resource of mindfulness practices and research to provide tools to support self-regulation, or self-integration, through attunement to present moment experiences.

Principles of the Environment-within-Person Perspective

The environment-within-person perspective is an application of a mindfulness meditation framework. Therefore, it stands that social workers who adopt this perspective would necessarily cultivate a personal mindfulness practice, so that they may be equipped to focus attention to what is happening in the present moment without judgement. Nonjudgement is about relating (not reacting) to our internal thoughts, emotions and feelings as experiences when interacting with the external environment of which our clients are a part. Mindfulness builds capacity for social workers to hold space for clients to generate self-integration that involves sense-making of one's life and to build healthy connections with people and opportunities. The boundaries of this mindful space between worker and client continues to be informed by the profession's knowledge and values; policy, procedure and regulations; evidence-based and evaluative practices; and organizational specifications. That said, we identify three interrelated principles that aim to ready social workers for using the environment-within-person perspective.

Asynchronous communication. The first principle addresses the flow of communication between worker and client. All phenomena from internal and external environments of an individual inform the well-being of that person. Moreover, the information flows between internal and external environments of a person appear to be connected

asynchronously by the social worker, who is an outside observer. In other words, a client's verbal or behavioral expressions may not match happenings in the immediate external environment. Internal experiences and external environments are both dynamic and constantly changing. This principle of asynchronous connection helps to understand the importance of engaging clients as partners in the change process and conferring with them about the meaning of any notable observations in the present moment. For example, flat affect expressed by the client may be interpreted as indifference by the worker, when in fact the client is (consciously or unconsciously) masking a sense of fear or surprise. Careful communication about observations with the client is essential as the worker makes her assessments. Moreover, any observations made about a client that are to be documented should be applicably tied to the context in which they were made and not used to suggest enduring qualities or characterizations of a person.

Worker self-attunement. A second principle of the environment-within-person perspective is self-attunement by the social worker throughout the process of interacting with clients and client systems. The orientation of one's own internal environment builds capacity for workers to be fully present and ready to attend to needs and opportunities for a client. Self-attunement is not a belief about one's identity as a social worker (e.g., I am a compassionate worker) but is an ability to suspend belief and remain receptive to information as it presents in the process of interaction with a client. Self-attunement includes a worker turning towards her own biases and emotions about a client or client situation and being aware of her own internal patterns, especially in client situations that are difficult (Himelstein, 2013).

Present-moment centered. A third principle of environment-within-person perspective is being present-moment centered. A present-moment orientation to the change process necessarily includes relevant past information and future change targets; however, the worker attends to the client's experience in the process. Huffman (2013) discussed this idea as "making one's body about the other," or "embodied aboutness" (p. 95), a term he coined while researching compassionate communication by professionals working with youth served

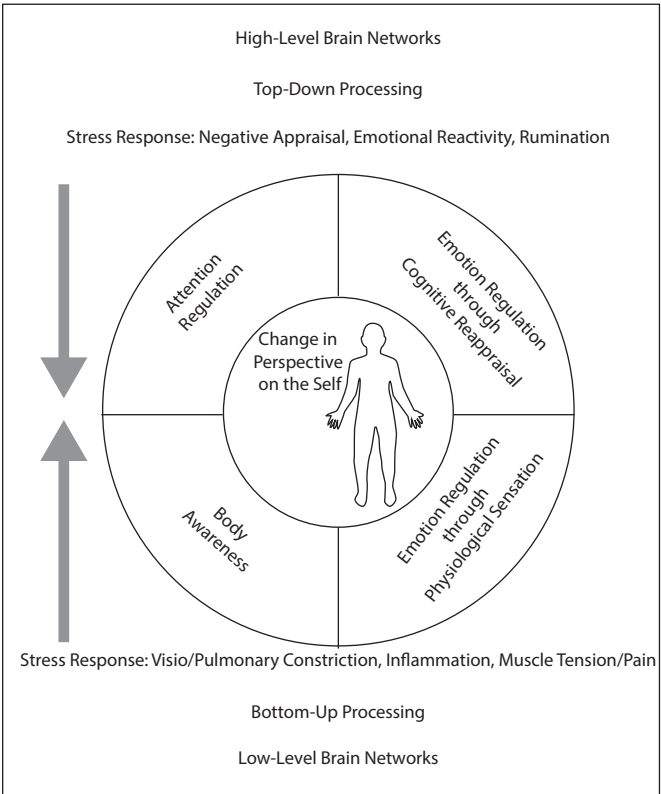
at homeless shelters. Embodied aboutness was a quality of the workers that were able to successfully engage usually resistant or reluctant youth, which in turn resulted in youth gaining better access to resources and available supports. Embodied aboutness combines the notion of being in the present-moment and having body awareness into one experience. It is a helpful concept for social workers who often provide services to clients living with traumatic stress, while working in environments where organizational demands compete with and sometimes thwart client needs. Embodied aboutness helps social workers to fortify the space they hold in which to explore with clients their needs, strengths and opportunities. While the breadth of the shared space will be impacted by organizational constraints, the focus of the worker-client interaction remains on the highest level of service to the client.

The Environment-Within-Person Map

How do social workers skillfully navigate worker-client interactions to more fully attend to the intrapersonal or inner environment of a client? When the above three principles are internalized by the worker in a way that informs the worker-client interaction, then the worker is minimally ready to navigate the environment-within-person map as a tool for generalist practice. As we will demonstrate, mindfulness meditation provides a framework that synchronizes with traditional frameworks of the profession, harmonizes with social work values and ethics, and elicits differential pathways for intervention. There are many models of mindfulness; however, we draw from Hölzel and colleagues (2011), who wrote about interrelated mechanisms of mindfulness meditation and underlying brain function. The mechanisms, which are rooted in neuroscience, ultimately reveal practical "points-of-entry" to engage clients in order to promote self-regulation, which builds capacity for integration at intra- and interpersonal levels. With communication tools that match where the client is at, or the client's present-moment experience, social workers can do much to help clients regain and maintain the self-regulation that is needed to engage optimally in life situations, including the social work helping relationship.

Figure 1 illustrates the environment-within-person map and is based on the work of Hölzel and her colleagues (2011). This figure shows the workings of the environment within a person as separated into high-level brain functions (e.g., cognition, perception, memory) and low-level brain functions (e.g., somatic sensation, physical exposure) that are connected through multiple neurological and physiological networks that ultimately inform the perspective that one has on the self.

Figure 1. The Environment-Within-Person Map



(Adapted from Hölzel et al., 2011)

As depicted in the top half of Figure 1, high-level brain networks emphasize mental and intellectual capacities and rely on "top-down" brain processing. Signs that self-regulation within a client is compromised in the high-level brain networks include persistent negative appraisal, accelerated

emotional reactivity and rumination. Mindful tools that can be used by social workers to restore self-regulation for clients include mechanisms of attention regulation and emotional regulation reappraisal.

In contrast, low-level brain networks emphasize functions of the body and rely on "bottom-up" brain processing. Some signs that self-regulation within clients is compromised in the low-level brain networks include rapid heart rate increases, shallow breathing, muscle tension, and perspiration. Mindfulness tools available to social workers to restore self-regulation in these instances include exercises to increase body awareness and exposure to emotional felt sensation. The center of Figure 1 features the perspective on the self, which reflects a holistic sense of self that involves fluid integration of both high- and low-level networks.

The Five Mechanisms of Self-Regulation

The circular representation of Figure 1 illustrates the non-linear orientation of the map; that is, clients may display signs of internal dysregulation from any of the five mechanisms. Social workers are tasked with the challenge of helping clients to discern which mechanism is the source of compromise, and then applying appropriate tools that align with where the client is at during the worker-client interaction. Because social work practice has historically emphasized higher-level brain network interventions that focus on cognition, reasoning and executive function, the top half of the map (Figure 1) is likely to be more familiar to practitioners. The bottom half of the environment-within-person map offers workers a way to navigate lower-level brain network strategies through body-based approaches, which for the majority of social workers opens up another dimension of intervention tools.

Change in Perspective on the Self

The first mechanism of mindfulness that we discuss is located at the center of the environment-within-person map (see Figure 1) and is labeled "change in perspective on the self." At the heart of this mechanism is the inquiry about how one views him or herself in light of the situations and circumstances of their lives. When individuals fuse with their

circumstances and form a fixed identity, they develop a static sense of self. Examples include individuals who ruminate on a single identity, such as "I am a victim" or "I am a survivor," and ignore or dismiss other aspects that make up the complexity of their dynamic selves. From the environment-within-person perspective, the social worker intentionally supports detachment from or letting go of identification with a static or uni-dimensional self, which Hölzel and colleagues (2011) explain as a product of mental processes and not a true representation of being. The idea of detaching from or letting go of a particular identification is not a process of rejection but one of acceptance; that is, the one identification is a partial and temporary reflection of the totality of the person. When a client gets stuck on a single identity or thought, as is common with traumatic stress, then there is misalignment with the present moment, and difficult emotions are inevitable. Clients can learn to experience thoughts, emotions, and sensations as distinct parts of the holistic self. Providing knowledge about the ever-changing sense of self will better serve clients to be prepared when responding to life situations and often unjust conditions in their external environments.

Attention Regulation

The second mechanism we discuss as part of the environment-within-person map is attention regulation (top left quadrant of Figure 1), and this refers largely to executive attention that allows a person to sustain focus on a single object in spite of distractions in one's internal (e.g., thoughts, body pains) and external environments (e.g., sounds, smells, communication from others). Improved attention regulation enhances alertness and orientation and reduces distractibility. In many models of mindfulness, strengthening attention is prioritized as a foundational step to improve focus and concentration, which widens the field of awareness. Indeed, mindfulness is a practice of paying attention to the present moment without judgement (Kabat-Zinn, 1990). Since different mindfulness programs impact distinct subcomponents of attention (Jha, Krompinger, & Baime, 2007), social workers will want to use evidence-informed practice skills to learn both the intervention and its target effect prior to application with clients. Attention regulation draws primarily on cognitive skills that

involve mental reasoning, which is a top-down brain processing function. Problem-solving exercises commonly used by social workers to facilitate the change process require clients to keep attention on a focused target goal or behavior.

Emotion Regulation through Cognitive Reappraisal

The third mechanism featured in the environment-within-person map—emotion regulation through cognitive reappraisal (top right quadrant of Figure 1) also involves top-down mental processing and reasoning. A prerequisite of reappraisal is commonly understood as emotional intelligence, which is the capacity of individuals to recognize and discriminate between their own and other people's emotions by labelling them accurately and using this emotional information to guide thinking and behavior (Goleman, 2006). Stronger emotional recognition abilities are correlated with lower emotional defensiveness (Mayer & Geher, 1996), which allows for greater access to intellectual reasoning as a tool for self-regulation. Reappraisal is a process of reconsidering one's thoughts, feelings and actions and how they inform one another, and it is not available to individuals suffering an acute episode of traumatic stress. Cognitive or reasoning tools, such as rational self-analysis from the Rational Emotive Behavioral Tradition, are useful in helping clients approach emotional reactions from different vantage points to accurately align beliefs with observations in the client's environment.

Emotion Regulation through Physiological Sensation

The fourth mechanism—emotion regulation as experienced through physiological sensation—is shown in the bottom right quadrant of the environment-within-person map and shifts orientation to the client's internal environment that is processed through bottom-up brain networks and is experienced as somatic, visceral, or physiological functions. Thus, we understand that emotion regulation, which is the ability to alter ongoing emotional responses through action of conscious monitoring processes, has two regulatory pathways. One involves cognitive appraisal (top-down brain processing), which can literally change one's mind about an emotional experience (i.e., third mechanism described above), while the other involves sensory exposure in the body (bottom-up brain

processing) as a way of reducing reactivity to emotions. In other words, the worker guides the client to "let themselves be affected by the experience, refraining from engaging in internal reactivity toward it, and instead bringing acceptance to bodily and affective response" (Hölzel et al., 2011, p. 545). Exposure to the physical sensations of difficult emotions (e.g., clenching jaw, tight chest, heat, tightness in hands) is generally more tolerable than thinking about the emotion (e.g., being angry).

Body Awareness

The fifth mechanism to self-regulation is body awareness (bottom left quadrant of Figure 1), which is the ability to notice obvious and subtle bodily sensations. These internal sensory experiences may be generated by the five senses (i.e., taste, smell, sound, sight, touch), breathing, thoughts, emotions and/or body movements, and they provide important information about an individual's needs in a given moment (Hölzel et al., 2011). They are experienced as a myriad of sensation such as temperature (e.g., hot, cold), texture (e.g., rough, smooth), density (e.g., solid, hollow), movement (e.g., pulsing, quivering) and so on. As discussed earlier, too often the inner experience of the body is ignored by clients and social workers alike, and valuable information for assessing situations and acting on decisions in the present moment is ignored. Body awareness is a simple concept to grasp, but like all of the mechanisms of the person-within-environment map, it takes consistent practice to master.

The key roles of social workers when working with the fourth and fifth mechanisms are: (1) to facilitate a conscious experience of sensations that are already happening within the client, without attempting to change the present moment but, instead, letting change happen; and (2) to facilitate a conscious shift to more tolerable or pleasant sensations only if the client requests it. The roles of facilitation are nondirective and supportive, allowing the client to be with all experience, including those that are difficult, unfamiliar and uncomfortable in the safety of the social work relationship. While it may be tempting to analyze physical sensations from a psychodynamic lens, doing so effectively shuts down the body-based pathways for healing and can reignite old cognitive-based habits. A

complimentary role is to provide clients psycho-education about underlying physiological sensations of arousal and their connection to emotional labels, as well as how these sensations can generate fight, flight or freeze reflexes. There are many intervention models from which social workers can learn how to safely support clients through intense physiological arousal or emotional flooding (e.g., Gottman & Gottman, 2012; Levine, 2008; Odgen, Minton, & Pain, 2006; Weiss, Johanson, & Monda, 2015).

Application of the Environment-Within-Person Map

As we have shown, the environment-within-person approach to working with clients offers ways to interact with clients differently. One way to use this approach is to determine where the client is in terms of how he or she is interacting interpersonally with the social worker or others, in general—which of the five mechanisms of self-regulation are they processing and working from? In this way, the social worker can discern the point of entry to optimally address the client. For example, suppose a client who was referred because of a recent eviction notice is "stuck" in rumination about frustrated feelings with a sibling during the meeting with the worker. The social worker could communicate this observation using behavioral language to the client, and then offer targeted interventions to help the client find relief in the moment from the agitation that typically accompanies this experience of dysregulation. The five mechanisms of the person-within-environment map offer differential points of entry, as illustrated in Table 1.

The ubiquitous Albert Einstein quote, "We cannot solve our problems with the same level of thinking that created them," provides helpful perspective for how best to approach the different points-of-entry offered by the five mechanisms of mindfulness meditation. In the example above, once rumination is experienced in the moment, the client will likely open to problem-solving the particular challenge or situation that is the primary reason for meeting with the social worker. And, if not, then the social worker will have at least helped the client process a current obstacle of self-dysregulation, which sabotages intrapersonal integration and interpersonal connection.

Table 1. Differential Points-of-Entry to Communication with a Client According to Mindfulness Mechanisms

Social worker shares observation: "I notice that you have mostly talked about your frustration with your sibling in the past 20 minutes, even as I have attempted to shift your focus to the matter at hand, which is responding to your recent eviction notice."	
Mechanism	Point-of-Entry via Question
Attention Regulation	Understanding that feelings of frustration with your sibling are strong today, is it available for you to shift your attention to focus only on problem-solving your recent eviction notice?
Emotion Regulation through Cognitive Reappraisal	Understanding that feelings of frustration with your sibling are strong today, is it available for you to assess how this frustration is similar to or different from the experience of your recent eviction notice?
Change in Perspective on the Self	Understanding that feelings of frustration with your sibling are strong today, is it available for you to broaden the scope of how you consider yourself? And, in so doing, reposition yourself to turn towards problem-solving the recent eviction notice?
Emotion Regulation through Physiological Functions	Understanding that feelings of frustration with your sibling are strong today, is it available for you to turn attention inward and experience the physical bodily sensations that accompany the frustration? Would you like to try being with those sensations before we shift to problem-solving your recent eviction notice?
Body Awareness	Understanding that feelings of frustration with your sibling are strong today and we are here because of your recent eviction notice, is it available for you to check in and notice subtle body sensations that are happening for you now to inform how best to proceed with problem solving in our time together?

Other types of self-regulation obstacles that clients present, such as anxiety, difficult emotions, resistance, and self-deprecating beliefs, can be similarly processed using the environment-within-person map.

Understanding the differential "points of entry" to engage clients helps to promote self-regulation, and ultimately, self-integration while tackling concrete problems and challenges in their environments. The particular point-of-entry, or mechanism, to use is decided in the moment and together with the client's participation. It may be that multiple points of entry are tried; if the social worker is unsure about how to proceed, then further exploration with the client is called for. We have used questions in Table 1 as illustrations in an effort to point to the different intervention pathways available within each mechanism, and not to suggest that the questions themselves offer a complete intervention. Overall, then, the environment-within-person map presents a holistic view of the internal experience of the person, capturing experiences within the body and mind, and using all of this information to facilitate self-integration.

Implications

In this paper, we have proposed the environment-within-person perspective as an expansion of the person-in-environment perspective and as an addition to the generalist practice framework in order to facilitate post-traumatic growth among clients living with traumatic stress. The implications for this expanded practice model have relevance for practice, education and research.

Implications for Social Work Practice

There are three immediate implications for social work practitioners. First, the scope of social work practice expands to incorporate a holistic view of the person, including the importance of the body, when helping clients to self-regulate and facilitating the possibility of experiencing post-traumatic growth. Moving forward, the generalist social work practice approach would expand to recognize that our bodies store

information that may be necessary to explore for problem-solving to be effective.

Understanding that our bodies have the capacity to act, perceive, and communicate...and that experiences become anchored in body memory allows us to change the focus of our interventions, so that we can access the bodily memories which "spread out and connect with the environment like an invisible network, which relates us to things and to people" (Fuchs, 2012, p. 11). Body-based techniques differ from cognitive intervention modalities in that they target subcortical or lower brain systems as a "point of entry" for improving behavioral health. Rather than target new thinking about a situation, the social worker focuses on facilitating attention to experience and learning in the present moment. Moreover, movement and sensation "in session" create sensory input, arousal stimulation that is considered a prerequisite experience for effective trauma processing (Warner, Spinazzola, Wescott, Gunn, & Hodgdon, 2014). Mindfulness interventions have capacity to help clients with integration at the intrapersonal level (Siegel & Gottman, 2015). However, we strongly discourage generalist practitioners using any body-based or mindfulness techniques in the absence of adequate training and without expert supervision. This caution, however, does not preclude the need to continue to grow—in ourselves, in our knowledge, and in the range of tools that we can use to help our clients.

Second, new skills would be added to the generalist social worker toolkit. For example, Adam and Pyles (2015) describe their approach as an intentional practice that allows us to use our "whole self" to engage in participatory processes—"a moving, breathing, developing practice that empowers a new understanding of the dimension of connection" (p. 35). They offer four vital skills for social workers to become so engaged. The first is presence with the whole self, which includes "the sources of our body, mind, heart, and spirit" (p. 36). The second is "whole self-inquiry," which they define as "a lifelong authentic and deliberate learning about all aspects of the whole self" (p. 39). The third is "empathic connection," or intentionally joining with the experiences of another with our whole selves to bear witness. Finally, they include "compassionate attention," which is "seeing things as they are with a

discerning capacity to suspend action or judgment en route to uninterrupted presence" (p. 43). These four skills together can help social work practitioners develop foundational readiness for embodying the mindfulness approach to the environment-within-person perspective by accessing more ways of knowing their clients and themselves, as well as help them integrate more data into their practices through bodily knowledge.

A third implication for social work practice is that practitioners must give greater attention to understanding their own experiences in the context of the worker–client relationship. At issue is a loss of access to data that our bodies take in through sensing and experience when workers fail to tune into their own present-moment experience. Being disconnected from our bodies as workers means incoming data that could enhance our efficacy with a client may be missed. Professionals require specific training in order to develop this capacity, "where each part of the body is noticed in a systematic and nonjudgmental manner and focus shifts away from the linguistic and conceptual to the nonverbal, imagistic, and somatic aspects of experience" (Pyles & Adam, 2015, p. 18). The capacity described sounds much like mindfulness and the environment-within-person model we have presented in this paper.

Implications for Social Work Education

A major implication for social work education is to revisit the generalist practice approach to social work with a view to updating perspectives, theories and research-supported practices. This involves branching out to other disciplines and theorists. For example, Nevrin (2008) describes some ways in which we can begin to focus on our own bodies and sensations as a way of reconnecting to our bodies and the world. Nevrin advocates the use of breath work in order to help our "inner" and "outer" selves become more aligned. The goal is to experience our own bodies in a more relational sense and to foster a "subtle, dialectical engagement of body-in-mind and mind-in-body" (Zarrilli, 2004, p. 661). Although Nevrin's work is in the field of yoga, he offers helpful insights for social work practitioners, noting that being able "to relax into an emotionally supportive atmosphere may enable the person to more openly express emotion and to feel 'at home' with others" (p. 132).

We must bring theories and models of intervention that offer holistic viewpoints to the forefront of social work education. For example, Pyles and Adam (2015), in their edited text *Holistic Engagement*, discuss a way to advance social work education that addresses many of the issues we have discussed in this paper. They want to help integrate our human experience through using multiple modes of knowledge and our own presence as tools to advance our personal growth, as well as that of our students. This holistic approach is characterized as the process of "integrative capability," by which we are able to use "the dynamic process of engaging fully, responding, and learning through attunement, experience, and context" to improve our practice (Adam & Pyles, 2015, p. 48). Similarly, Lee, Ng, Leung and Chan (2009) offer a social work practice approach that integrates not only components of mind and body, but also spirit. This model of holistic engagement brings the body into social work practice, and it helps social work faculty teach students body-based skills of mindfulness and awareness of multiple ways of knowing. These approaches to holistic engagement fill a gap in social work education, and Adam and Pyles (2015) argue that such approaches can lead to continued professional growth and personal development in social work practitioners. The environment-within-person approach and post-traumatic growth are two stepping stones towards a more holistic generalist practice approach.

Implications for Research

At the same time that body-based and other alternative approaches to social work intervention are becoming known, yoga, meditation and other "alternative" healing approaches are flooding mainstream western culture. The upside of this reality is that there are many mainstream books, workbooks, videos and workshops that package information that is accessible and understandable to a wide range of clients. It is incumbent on the social worker to assess the quality of research evidence supporting any tools recommended to clients. Indeed, Thyer and Pignotti (2015) have cautioned that social workers should avoid use of any pseudoscientific interventions, and point directly to some body-based

modalities in their critique. Social work, as a profession, continues to make advances towards more consistent use of evidence-based treatments; however, many such treatments (i.e., cognitive-behavior therapy, trauma-focused cognitive behavior therapy, exposure therapy), promise improvement for up to only half of individuals treated (Wells & Colbear, 2012). Consequently, there is considerable room to expand the evidence-based social work practice "toolkit," and this is especially true for people living with traumatic stress. Indeed, the adoption of mindfulness-based interventions to facilitate posttraumatic growth is an opportunity for social workers to engage in the rich research literature available in other disciplines, and to employ their evaluation skills in monitoring client progress. Future research opportunities include exploring the efficacy of the environment-within-person map (independent variable) on post-traumatic growth (dependent variable) among clients living with traumatic stress (population).

Summary

In this paper, we have presented a model for bringing mindfulness and the body into social work practice that we have named the environment-within-person perspective. We argue that the use of this perspective, as well as the awareness of the concept of post-traumatic growth, can help social workers interact more effectively with clients that have histories of trauma. We hope that this model is helpful for social workers in terms of bringing mindfulness into their own practices and in facilitating their engagement with clients and/or students of social work. Additionally, we hope that as people attempt to include this model in their practices that they are able to share their experiences with other practitioners through research, so that we can learn what kinds of effects this approach may have with clients and/or practitioners of social work.

References

- Abramovitz, M., & Albrecht, J. (2013). The Community Loss Index: A new social indicator. *Social Services Review*, 87(4), 677-724. Retrieved from http://www.hunter.cuny.edu/socwork/faculty/community_loss_paper_ssr.pdf

- Adam, G. J., & Pyles, L. (2015). A new model for holistic engagement: A foundation for social work pedagogies. In L. Pyles & G. Adam, *Holistic engagement: Transformative social work education in the 21st century* (pp. 31-54). New York, NY: Oxford University Press.
- Affleck, G., Tennen, H., Croog, S., & Levine, S. (1987). Causal attribution, perceived benefits, and morbidity after a heart attack: An 8-year study. *Journal of Consulting and Clinical Psychology*, 55(1), 29-35.
- Arpawong, T. E., Rohrback, L. A., Milam, J. E., Unger, J. B., Land, H., Sun, P., Spruijt-Metz, D., & Sussman, S. (2016). Stressful life events and predictors of post-traumatic growth among high-risk early emerging adults. *The Journal of Positive Psychology*, 11(1), 1-14.
- Anda, R. F., Felitti, V. J., Bremner, D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.
- Bleich, A., Gelkopf, M., Melamed, Y., & Solomon, Z. (2006). Mental health and resiliency following 44 months of terrorism: A survey of an Israeli national representative sample. *BMC Medicine*, 4(21). <http://doi.org/10.1186/1741-7015-4-21>
- Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of Consulting and Clinical Psychology*, 75(5), 671-682.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Cordova, M. J., Cunningham, L. L., Carlson, C. R., & Andrianovsky, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. *Health Psychology*, 20(3), 176-185.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245-258.
- Fuchs, T. (2012). The phenomenology of body memory. In S. C. Koch, T. Fuchs, & M. Summa (Eds.), *Body memory, metaphor and movement* (pp. 9-22). Amsterdam, NLD: John Benjamins Publishing Company.
- Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, D., Gold, J., & Vlahov, D. (2002). Psychological sequelae of September 11 terrorist attacks in New York City. *The New England Journal of Medicine*, 346, 982-987.
- Goleman, D. P. (2006). *Emotional intelligence*. New York: Bantam.
- Gottman, J., & Gottman, J. (2012). *Level I clinical training: Gottman method couples therapy*. Seattle, WA: The Gottman Institute.

- Helzer, J. F., Robins, L. N., McEvoy, L. (1987). Post-traumatic stress disorder in the general population. *The New England Journal of Medicine*, 317, 1630-1634.
- Hemelstein, S. (2013). *A mindfulness-based approach to working with high-risk adolescents*. New York: Routledge.
- Hobfoll, S. E., Hall, B. J., Canetti-Nisim, D., Galea, S., Johnson, R. J., & Palmieri, P. (2007). Refining our understanding of traumatic growth in the face of terrorism: Moving from meanings cognitions to doing what is meaningful. *Applied Psychology: An International Review*, 56(3), 345-366.
- 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.
- Hudson, C. G. (2010). *Complex systems and human behavior*. Chicago, IL: Lyceum Books.
- Huffman, T. (2013). *Organizing compassionate communication: Pragmatic fieldwork with nonprofits and homeless youth*. (Unpublished Doctoral Dissertation). Arizona State University, Phoenix, AZ. Retrieved from https://repository.asu.edu/attachments/110639/content/Huffman_asu_0010E_12980.pdf
- Ickovics, J. R., Meade, C. S., Kershaw, T. S., Milan, S., Lewis, J. B., Ethier, K. A. (2006). Urban teens: Trauma, post-traumatic growth, and emotional distress among female adolescents. *Journal of Counseling and Clinical Psychology*, 74(5), 841-850.
- Jayawickreme, E., & Blackie, L. E. R. (2014). Post-traumatic growth as positive personality change: Evidence, controversies and future directions. *European Journal of Personality*, 28, 312-331.
- Jha, A. P., Krompinger, J., & Baime, M. J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective & Behavioral Neuroscience*, 7(2), 109-119. Retrieved from <http://link.springer.com/article/10.3758/CABN.7.2.109#page-1>
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Dell Publishing.
- Karls, J. M., & Wandrei, K. E. (1992). PIE: A New Language for Social Work. *Social Work*, 37(1), 80-85. Retrieved from <http://www.jstor.org/stable/23716546>
- Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., ... Williams, D. R. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197(5), 378-385. <http://doi.org/10.1192/bjp.bp.110.080499>
- Kim, S. H. (2012). Mindfulness-based stretching and deep breathing exercises normalize serum cortisol levels and reverse symptoms of PTSD after: A prospective randomized-controlled trial. *Current Psychiatry Reports*, 14(6), 599-607.
- Kirst-Ashman, K. K., & Hull, G. (2012). *Understanding generalist practice*. Belmont, CA: Brooks/Cole, Cengage Learning.

- Kondrat, M. E. (2008). Person-in-environment. *Encyclopedia of Social Work*. National Association of Social Workers and Oxford University Press. DOI: 10.1093/acrefore/9780199975839.013.285
- Kools, S. (1999). Self-protection in adolescents in foster care. *Journal of Child and Adolescent Psychiatric Nursing*, 12, 139-152.
- Leder, D. (1990). *The absent body*. Chicago: University of Chicago Press.
- Lepore, S. J. (2001). A social-cognitive processing model of emotional adjustment to cancer. In A. Baum & B. Andersen (Eds.), *Psychosocial interventions for cancer* (pp. 99-116). Washington, DC: American Psychosocial Association.
- Lee, M. Y., Ng, S., Lueng, P. P. Y., Chan, C. L. W. (2009). *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. New York: Oxford.
- Levine, P. A. (2008). *Healing trauma*. Boulder, CO: Sounds True, Inc.
- Malchiodi, C. A., Steele, W., & Kuban, C. (2008). Resilience and posttraumatic growth in traumatized children. In C. A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 285-301). New York: Guilford.
- Matto, H. C., Strolin-Goltzman, J., & Ballan, M. S. (2014). *Neuroscience for social work*. New York: Springer.
- Mayer, J. D., & Geher, G. (1996). Emotional intelligence and the identification of emotion. *Intelligence*, 22(2), 89-113.
- McMillen, J. C., Zima, B. T., Scott, L. D., Auslander, W. F., Munson, M. R., Ollie, M. T., & Spitznagel, E. L. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(1), 88-95.
- Mensinga, J. (2011) The feeling of being a social worker: Including yoga as an embodied practice in social work education. *Social Work Education: The International Journal*, 30(6), 650-662.
- Meyerson, D. A., Grant, K. E., Carter, J. S., & Kilmer, R. P. (2011). Posttraumatic growth among children and adolescents: A systematic review. *Clinical Psychology Review*, 31, 949-964.
- Nevrin, K. (2008). Empowerment and using the body in modern postural yoga. In M. Singleton & J. Byrne (Eds.), *Yoga in the modern world: Contemporary perspectives* (pp. 119-139). New York: Routledge.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: W.W. Norton and Company.
- Pals, J. L., & McAdams, D. P. (2004). The transformed self: A narrative understanding of post-traumatic growth. *Psychological Inquiry*, 15(1), 65-69.
- Pechtel, P., & Pizzagalli, D. A. (2011). Effects of early life stress on cognitive and affective function: An integrated review of human literature. *Psychopharmacology*, 214, 55-70.

- Peile, C. (1998). Emotional and embodied knowledge: Implications for critical practice. *Journal of Sociology and Social Welfare*, 25(4), 39-59.
- Pyles, L., & Adam, G. J. (2015). Educating transformative social workers: The case for holistic pedagogies. In L. Pyles & G. Adam, *Holistic engagement: Transformative social work education in the 21st century* (pp. 3-29). New York: Oxford.
- Saleebey, D. (1992). Biology's challenge to social work: Embodying the person-in-environment perspective. *Social Work*, 37(2), 112-118.
- Samuels, G., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, 30, 1198-1210.
- Scaer, R. (2014). *The body bears the burden: Trauma, dissociation and disease*. New York: Routledge.
- Scrignaro, M., Barni, S., & Magrin, M. E. (2011). The combined contribution of social support and coping strategies in predicting post-traumatic growth: A longitudinal study on cancer patients. *Psycho-Oncology*, 20, 823-831.
- Sheikh, A. I. (2004). Posttraumatic growth in the context of heart disease. *Journal of Clinical Psychology in Medical Settings*, 11(4), 265-273.
- Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W.W. Norton & Company.
- Siegel, D. J., & Gottman, M. (2015). An interpersonal neurobiology approach to developmental trauma. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 210-226). New York: Guildford.
- Staples, J. K., Hamilton, M. F., & Uddo, M. (2013). A yoga program for the symptoms of post-traumatic stress disorder in veterans. *Military Medicine*, 178(8), 854-860.
- Tangenberg, K. M., & Kemp, S. (2002). Embodied practice: Claiming the body's experience, agency, and knowledge for social work. *Social Work*, 47(1), 9-18.
- Tedeschi, R. G., & Calhoun, L. G. (2004). Target article: Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.
- Thyer, B. A., & Pignotti, M. G. (2015). *Science and pseudoscience in social work*. New York: Springer.

- Trevithick, P. (2003). Effective relationship-based practice: a theoretical exploration. *Journal of Social Work Practice*, 17 (2), 163-176. Retrieved from [http://www.gaps.org.uk/sites/default/files/Trevithick%20\(2003a\)%20Effective%20Relationship%20Based%20Practice%20pp%20163-176.pdf](http://www.gaps.org.uk/sites/default/files/Trevithick%20(2003a)%20Effective%20Relationship%20Based%20Practice%20pp%20163-176.pdf)
- van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics*, 12, 293-317.
- van der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35, 401-408.
- van der Kolk, B. A. (2014). *The body keeps the score*. New York: The Penguin Group.
- van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for Posttraumatic Stress Disorder: A randomized controlled trial. *Journal of Clinical Psychiatry*, 75(6), e559-565.
- Van Hook, M. P. (2008). *Social work practice with families: A resiliency-based approach*. Chicago, IL: Lyceum Books.
- Walsh, F. (2015). *Strengthening family resilience* (3rd ed.). New York: Guilford Press.
- Warner, E., Spinazzola, J., Wescott, A., Gunn, C., & Hodgdon, H. (2014). The body can change the Score: Empirical support for somatic regulation in the treatment of traumatized adolescents. *Journal of Child and Adolescent Trauma*, 7(3), 143-202
- Weiss, H., Johanson G., & Monda, L. (2015). *Hakomi mindfulness-centered somatic psychotherapy*. New York: W.W. Norton & Company.
- Wells, A., & Colbear, J. S. (2012). Treating posttraumatic stress disorder with metacognitive therapy: A preliminary controlled trial. *Journal of Clinical Psychology*, 68(4), 373-381. doi: 10.1002/jclp.20871
- Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research and Practice*, 76, 267-283.
- Zarrilli, P. B. (2004). Toward a phenomenological model of the actor's embodied modes of experience. *Theatre Journal*, 56(4), 653-666. DOI: 10.1353/tj.2004.0189

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

HEATHER C. PIZZANELLO

Southern Connecticut State University
Department of Social Work

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-Orgero, 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)

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: American Psychiatric Association.
- Anastas, J. W. (1999). *Research design for social work and the human services* (2nd ed.). New York: Columbia University Press.
- Bordo, S. (1993). *Unbearable weight: Feminism, western culture, and the body*. Berkeley, CA: University of California
- Boudette, R. (2006). Question & answer: Yoga in the treatment of disordered eating and body image disturbance: How can the practice of yoga be helpful in recovery from an eating disorder? *Eating Disorders*, 14(2), 167-170.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity* (2nd ed.). New York, NY: Routledge.
- Chaoul, M., & Cohen, L. (2010). Rethinking yoga and the application of yoga in modern medicine. *Cross Currents*, 60(2), 144-167.
- Charmarz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications, Inc.
- Chernin, K. (1982). *The obsession: Reflections on the tyranny of slenderness*. New York: Harper and Row.
- Dale, L., Mattison, A., Greening, K., Galen, G., Neace, W., & Matacin, M. (2009). Yoga workshop impacts psychological functioning and mood of women with a self-reported history of eating disorders. *Eating Disorders*, 17(5), 422-434.
- Daubenmier, J. J. (2005). The relationship of yoga, body awareness and body responsiveness to self-objectification and disordered eating. *Psychology of Women Quarterly*, 29(2), 207-219.

- Delany, K., & Anthis, K. (2010). Is women's participation in different types of yoga classes associated with different levels of body awareness and body satisfaction? *International Journal of Yoga Therapy*, 20, 62-71.
- Dittman, K. A., & Freedman, M. R. (2009). Body awareness, eating attitudes, and spiritual beliefs of women practicing yoga. *Eating Disorders*, 17(4), 273-92.
- Douglass, L. (2009). Yoga as an intervention in the treatment of eating disorders: Does it help? *Eating Disorders*, 17(2), 126-139.
- Douglass, L. (2011). Thinking through the body: The conceptualization of yoga as therapy for individuals with eating disorders. *Eating Disorders*, 19(1), 83-96.
- Drisko, J. W. (1997). Strengthening qualitative studies and reports: Standards to promote academic integrity. *Journal of Social Work Education*, 33(1), 185-197.
- Drisko, J. W. (2005). Writing up qualitative research. *Families in Society*, 86(4), 589-593.
- Garrett, C. J. (1997). Recovery from anorexia nervosa: A sociological perspective. *International Journal of Eating Disorders*, 21(3), 261-272.
- Geller, J., Cockell, S. J., Hewitt, P. L., Goldner, E. M., & Flett, G. L. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28(1), 8-19.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New York: Aldine DeGrueter.
- Impett, E., Daubenmier, J., & Hirschman, A. (2006). Minding the body: Yoga, embodiment, and well-being. *Sexuality Research and Social Policy: Journal of NSRC*, 3(4), 39-48.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, NY: Random House.
- Kant, I. (1967). *Observations on the feeling of the beautiful and sublime* (J. T. Goldthwait, Trans.). Berkeley, CA: University of California Press.
- Kant, I. (1980). *Critique of judgment* (W. Pluhar, Trans.). Indianapolis, IN: Hackett Publishing.
- Kjaer, T., Bertelsen, C., Piccini, P., Brooks, D., Alving, J., & Lou, H. (2002). Increased dopamine tone during meditation-induced change of consciousness. *Cognitive Brain Research*, 13(2), 255-259.
- Klein, J., & Cook-Cottone, C. (2013). The effects of yoga on eating disorder symptoms and correlates: A review. *International Journal of Yoga Therapy*, 23(2), 41-49.
- Lester, R. (1997). The (dis) embodied self in anorexia nervosa. *Social Science Medicine*, 44(4), 479-489.
- Levchuck, C., Kosek, J., & Drohan, M. (2000). *Healthy living*. Farmington Hills, MI: UXL Publishing.

- Lintott, S. (2003). Sublime hunger: A consideration of eating disorders beyond beauty. *Hypatia*, 18(4), 65-86.
- McIver, S., McGartland, M., & O'Halloran, P. (2009). "Overeating is not about the food": Women describe their experience of a yoga treatment program for binge eating. *Qualitative Health Research*, 19(9), 1234-1245.
- Mitchell, K. S., Mazzeo, S. E., Rausch, S. M., & Cooke, K. L. (2007). Innovative interventions for disordered eating: Evaluating dissonance-based and yoga Interventions. *International Journal of Eating Disorders*, 40, 120-128.
- Neumark-Sztainer, D., Eisenberg, M. E., Wall, M., & Loth, K. A. (2010). Yoga and pilates: Associations with body image and disordered eating behaviors in a population based sample of young adults. *International Journal of Eating Disorders*, 44(3), 276-280.
- Oppenheimer, J. (1998). Politicizing survivors of incest and sexual abuse: Another facet of healing. *Women & Therapy*, 21(2), 79-87.
- Orbach, S. (1978). *Fat is a feminist issue: A self help guide for overeaters*. London: Random House.
- Patching, J., & Lawler, J. (2009). Understanding women's experiences of developing an eating disorder and recovering: A life-history approach. *Nursing Inquiry*, 16(1), 10-21.
- Renfrew Center Foundation for Eating Disorders. (2003). *Eating disorders 101 guide: A summary of issues, statistics and resources*. Retrieved from: <http://www.renfrew.org>.
- Rushford, N. (2006). Readiness to recover in anorexia nervosa: What does it depend on in female inpatients? *European Eating Disorders Review*, 14(6), 388-396.
- Saleebey, D. (1992). Biology's challenge to social work: Embodying the person-in-environment perspective. *Social Work*, 37(2), 112-118.
- Schmidt, U., & Treasure, J. (2006). Anorexia nervosa: Valued and visible. A cognitive-interpersonal maintenance model and its implications for research and practice. *British Journal of Clinical Psychology*, 45(3), 343-366.
- Shapiro, D., Cook, I., Daydov, D., Ottaviani, C., Leuchter, A., & Abrams, M. (2007). Yoga as a complementary treatment of depression: Effects of traits and moods on treatment outcome. *Evidence-Based Complementary and Alternative Medicine*, 4(4), 493-502.
- Sharkey-Orgnero, M. I. (1999). Anorexia Nervosa: A qualitative analysis of parents' perspectives on recovery. *Eating Disorder: The Journal of Treatment and Prevention*, 7(2), 123-141.
- Singh, A. A., & Burnes, T. R. (2010). Feminist therapy and street-level activism: Revisiting our roots and "acting up" in the next decade. *Women & Therapy*, 34(1-2), 129-142.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed). Thousand Oaks, CA: Sage Publications

- Streeter, C., Whitfield, T., Owen, L., Rein, T., Karri, S., Yakhkind, A., Perlmutter, R., Prescott, A., Renshaw, P., Ciraulo, D. & Jensen, J. (2010). Effects of yoga versus walking on mood, anxiety, and brain GABA levels: A randomized controlled MRS study. *The Journal of Alternative and Complementary Medicine*, 16(11), 1145-1152.
- Swignoski, M. (1994). The logic of feminist standpoint theory for social work research. *Social Work*, 39(4), 387-393.
- Tangenberg, K., & Kemp, S. (2002). Embodied practice: Claiming the body's experience, agency and knowledge for social work. *Social Work*, 47(1), 9-18.
- Uebelacker, L., Epstein-Lubow, G., Gaudiano, B., Tremont, G., Battle, C., & Miller, I. (2010). Hatha yoga for depression: Critical review of the evidence for efficacy, plausible mechanisms of action and directions for future research. *Journal of Psychiatric Practice*, 16(1), 22-33.
- Wilson, J. (2004). Beyond psychiatry: How social workers conceptualize women and self-starvation. *Australian Social Work*, 57(2), 150-160.

Being on the Mat: A Process Evaluation of Trauma-Informed Yoga for Women with Substance Use Disorders

AMY B. SMOYER

Southern Connecticut State University
Department of Social Work

Yoga practice is associated with positive health outcomes, including benefits related to managing substance use disorders and trauma symptomology. However, low-income vulnerable communities have limited access to yoga. This process evaluation of a trauma-informed yoga program for women with substance use disorders demonstrates the feasibility and utility of using non-certified yoga instructors to offer a basic yoga in community-based agencies. Participants describe outcomes related to relaxation, mindfulness, and movement that are well-aligned with their recovery needs. Study findings suggest the utilization of instructors with minimal training has the potential to expand research about and access to yoga among marginalized communities.

Key words: Yoga, women, substance use, qualitative, evaluation

In the United States, over 20 million people, nearly 9% of the adult population, practice yoga, an exercise of movement and breath that has been associated with positive health outcomes (Posadzki, Choi, Lee, & Ernst, 2014; Yoga Journal, 2012). However, this population of yogis does not reflect the diversity of the nation: U.S. yoga practitioners are predominately female (76%), White (84%), college-educated (50%), and have upper-middle class incomes or above (48%) (Birdee et al., 2008). In order to diversify and expand the population of individuals who practice yoga in the U.S., there are a growing number of non-profit organizations that offer free or reduced price yoga programs to underrepresented groups including military veterans, incarcerated people, school-aged children,

Journal of Sociology & Social Welfare, December 2016, Volume XLIII, Number 4

and low-income individuals. This paper reports on one such effort in a small urban area in New England. After describing the development and implementation of a yoga program for low-income women with substance use disorders, qualitative data from participants is presented in order to evaluate the initiative and inform future programming and research.

Yoga: Definitions and Impacts

Yoga is a broad term that encompasses a set of breathing, movement, and meditation practices that were first developed in India thousands of years ago (Khanna & Greesen, 2013). The practice seeks to foster a state of consciousness that balances physical, emotional, and spiritual health and encourages mindful focus on the present moment (Salmon, Lush, Jablonski, & Sephton, 2009; Telles, Singh, & Balkrishna, 2012). Yoga is a stand-alone intervention that may serve as a complementary or alternative therapy when used in addition to, or in place of, conventional health care (Blacher & Rundio, 2014).

Impact of Yoga on Health Outcomes

Research about yoga has suggested outcomes related to wellness and quality of life, including reductions in stress, anxiety, and depression (Bilderbeck, Farias, Brazil, Jakobowitz, & Wikholm, 2013; Danhauer et al., 2008; Kinser, Bourguignon, Whaley, Hauenstein, & Taylor, 2013; Muzik, Hamilton, Rosenblum, Waxler, & Hadi, 2012; Smith, Hancock, Blake-Mortimer, & Eckert, 2007; Uebelacker et al., 2010), improvements in mood, self-awareness, strength, posture, and flexibility (Calajoe, 1987; Conboy, Noggle, Frey, Kudesia, & Khalsa, 2013; Kissen & Kissen-Kohn, 2009; McIver, McGartland, & O'Halloran, 2009), and the effective management of chronic health problems and pain (Alexander, Innes, Selfe, & Brown, 2013; Cohen, Kanaya, Macer, Shen, Chang, & Grady, 2007; Field, 2011; Jacobs, Mehling, Goldberg, & Eppel, 2004). In comparative analyses, researchers have demonstrated that yoga is more effective (Bilderbeck et al., 2013; Javnbakht, Kenari, & Ghasemi, 2009) or comparable (Clark, Edwards, Thwala, & Louw, 2011; Shaffer, LaSalvia, & Stein, 1997; Skoro-Kondza, Tai, Gadelrab, Drincevic, & Greenhalgh, 2009; Smith et al.,

2007) to control groups. Systematic review of the random clinical trials about yoga have recognized these positive results and raise methodological questions about the research, including inadequate randomization, small sample sizes, high attrition rates, and lack of information about adverse effects (Kirkwood, Rampes, Tuffrey, Richardson, & Pilkington, 2005; Posadzki et al., 2014; Telles et al., 2012). In spite of these limitations, reviews describe the existing literature as "encouraging" and call for rigorous studies that more definitively measure the impact of yoga on health outcomes (Kirkwood et al., 2005, p. 890; Posadzki et al., 2014, p. 7).

Impact of Yoga on Addiction Outcomes

Researchers have hypothesized that yoga may be particularly useful for people living with substance use disorders by encouraging mindful focus on self in the present moment and reducing anxiety and depression (Khalsa, Khalsa, Khalsa, & Khalsa, 2008; Salmon et al., 2009). The results of studies that test this hypothesis have been mixed. Several studies have found that there is no statistically significant difference in outcomes related to substance use between individuals who participate in yoga and those in traditional psychodynamic therapy groups (Hallgren, Romberg, Bakshi, & Andréasson, 2014; Shaffer et al., 1997). Other work has found yoga participants reported slightly more improvement on some psychosocial measures related to substance use (Khalsa et al., 2008). One of the reviews described above that found yoga research to be "encouraging but inconclusive" focused specifically on random controlled trials that tested the impact of yoga on addiction to alcohol, drugs, and tobacco (Posadzki et al., 2014, p. 7). That review concludes that while more research is needed, yoga outcomes are not worse than those produced with more conventional cognitive therapies. Qualitative and case study research on the topic finds that although substance users are often skeptical about yoga interventions at first, especially if program staff express resistance, participants ultimately report positive experiences (Calajoe, 1987; Hallgren et al., 2014; Shaffer et al., 1997). In short, while the results of studies about the impact of yoga on substance use disorders are promising, no definitive conclusions can yet be drawn, in part because

of the small number of programs and participants engaged in this practice.

Trauma-Sensitive Yoga

Trauma-Sensitive Yoga (TSY) is a yoga style designed to support people who are survivors of trauma (Emerson & Hopper, 2011). The specific TSY protocol and related trainings were developed by researchers and yoga practitioners at the Trauma Center at Justice Resource Institute in Brookline, Massachusetts (Emerson, Sharma, Chaudhry, & Turner, 2009). This practice emphasizes the importance of respecting the yoga participants' physical space and personal boundaries and seeks to strengthen their sense of connection to the physical self and expand their capacity to keep thoughts in the present moment (Emerson & Hopper, 2011). For example, in TSY classes, prompts about poses are presented with language that invites participation, rather than forcing movement (Emerson et al., 2009). Intense poses are avoided, and instructors use verbal cues instead of hands-on assists. Participants are encouraged to make choices that reflect their bodies' diverse capacities. The classes are often provided in conjunction with psychotherapy and are delivered by certified yoga instructors who have undergone TSY training. Research demonstrates that TSY has a positive impact on PTSD symptomology and mental health, more generally (Clark et al., 2014; Emerson & Hopper, 2011).

Trauma-Informed Yoga

This article describes the development and implementation of a trauma-informed yoga program for low-income women with substance use disorders. This language of a "trauma-informed yoga" practice is used deliberately to differentiate the intervention from TSY. While the trauma-informed yoga described in this research utilizes many of the principals and intentions of TSY, it is a less formal and structured program that was developed in response to limited resource availability. In other words, trauma-informed yoga is a generic term used to describe a yoga practice that incorporates the research and knowledge about trauma and yoga but is distinct from the

TSY protocol developed at the Trauma Center.

Research Question

The goal of this research was to describe and evaluate a trauma-informed yoga program for low-income women with substance use disorders. The trauma-informed framework was chosen because many women with substance use disorders are survivors of lifetime trauma, and this personal history can complicate access to and adherence to treatment (Covington, 2008). Specifically, the research questions were: (1) What are the expectations and experiences of the women who participate in these classes? and (2) Is it feasible and acceptable to use class leaders with limited yoga training instead of certified yoga instructors? The significance of these questions is that many community-based organizations do not have the capacity to secure the services of certified yoga instructors, and those with specific TSY training could be even trickier to enlist. This research describes and explores a model for expanding community-based yoga opportunities that utilizes lay instructors to provide a basic trauma-informed practice.

Methods

Recruitment

All participants were recruited from a community-based non-profit substance abuse program, referred to here as SAP, which provides sober housing and supportive services to adult women in recovery. Most clients are referred to the program from in-patient treatment programs or correctional facilities, and many come directly from these institutions to SAP. Others may be homeless or unstably housed in the months and weeks before entering the program and are referred by case managers in the community. Clients generally reside at SAP for 60 to 90 days, during which time efforts focus on maintaining sobriety and securing employment and long-term housing. The State contracts with SAP for this service provision. The conditions of residence require residents to comply with all house rules, including participation in weekly community meetings and specific activities. The trauma-informed yoga class described

in this paper was one of these required activities. While the women were not forced to practice yoga, they did have to attend the class and could sit or lie on the mat if they choose not to participate.

Prior to participating in the program, at the start of their first class, women were asked to complete a self-administered anonymous intake survey that asked one close-ended question (Have you ever participated in a yoga class in the past? If yes, where and when?), and three open-ended questions (What is yoga? What do you hope to get out of this yoga class? What are your fears or concerns, if any, about this yoga class?). Women were also informed that after they attended three of the yoga classes, they could volunteer to participate in an evaluation interview for which they would be compensated \$20. There was no compensation for participating in the classes or completing the intake survey.

Approximately 30 women participated in the yoga classes over the course of this six-month evaluation. Using this method of convenience sampling, 10 women volunteered to participate in the evaluation interviews. Women who were willing to participate in the interviews could either identify themselves to the class instructor or SAP staff. The only eligibility criteria for interview participation were: (1) being an SAP client; and (2) having participated in at least three sessions of the SAP yoga program.

Intervention

This intervention was developed as a collaboration between SAP and a non-profit yoga organization that trains people who practice yoga to lead trauma-informed yoga classes in their communities. The 10-hour training, taught by a certified yoga instructor, provides an overview about the impact of trauma on physical and mental outcomes and specific instructions about how to lead a trauma-informed yoga class. Upon completion of the training, lay instructors are paired with certified yoga teachers who volunteer to co-lead community yoga classes until the lay instructors are ready to lead on their own. The organization's goal is to create a sustainable network of yoga classes for people who would be otherwise unable to practice on a regular basis. The author is a SAP volunteer who

underwent the 10-hour training in order to develop and lead SAP's trauma-informed yoga program.

The trauma-informed yoga classes were held every week for six months on a weeknight in the cafeteria of a public elementary school located one block from the SAP apartment building where the participants resided. For the first 6 weeks, the class was led by a certified yoga instructor who had been matched with SAP through the training program; subsequent classes were led by the first author. The class, which lasted from 30-45 minutes and was accompanied by instrumental yoga music, included a series of simple seated and standing poses, with a focus on gentle twisting and stretching movements. Verbal prompts were sparse and focused on providing basic guidance in regards to moving into the pose (See Appendix A for typical routine). All direction was provided in English: Sanskrit language and terms were not used. Discussion of yogic principals or meaning was not included.

Based on the trauma-informed yoga training, deliberate efforts were made to give participants control over their class experiences (Emerson & Hopper, 2001; Emerson et al., 2009). At the start of each session, the women were invited to stay on the mat and engage only in postures that were available to them: Engagement in each specific posture was determined by the individual participants. Further, no breathing prompts, aside from general encouragements like, "Take a deep breath in this pose," and "Don't forget to breathe," were provided. Breathing exercises that require holding breath were not included, and participants were encouraged to breathe and move at their own pace. Mats were laid out in a circle with all participants facing the middle, so that no one had anyone behind them (Emerson, & Hopper, 2001).

Data Collection

All of the participant interviews took place in a private office at SAP. The semi-structured interviews, that took about one hour to complete, were based on 11 questions about the yoga class and their current recovery efforts (see Appendix B). All interviews were audio-recorded, with the participants' consent.

Protection of Human Subjects

This research protocol was submitted for review by the Institutional Review Board at the author's university. Given the minimal risks associated with participation in the study, the protocol was deemed exempt from IRB oversight. Informed consent was verbally administered to each participant and no names, phone numbers, or other identifying information were recorded. Audio recordings of the interviews were transcribed by a trained graduate student research assistant, and identifying information mentioned during the interview was removed during this transcription process. After transcription was complete, the audio recordings were destroyed.

Trustworthiness

In total, 10 semi-structured evaluation interviews were conducted. The first five interviews were conducted by a trained graduate student research assistant who did not participate in the yoga classes and who had not met the study participants prior to the interviews. Due to unanticipated delays in data collection and limited study resources, the second five interviews were conducted by the author, who also led the yoga classes. While this design raises concerns about bias and response acceptability, several steps were taken to bolster the trustworthiness of the interview data. One, the potential conflict of interest posed by having the yoga instructor conduct the evaluation interviews was raised during the informed consent process. Participants were encouraged to provide frank input and assured that their responses would have no impact on their future participation in any of SAP programs, including the yoga classes. Two, during these interviews, the researcher asked several questions that explicitly sought constructive criticism and feedback about how the program might be improved. All of the participants' responses—whether positive or negative—were met with appreciation and interest.

Data Analysis

Two types of analysis were conducted using the qualitative data collected through the study's intake survey and semi-structured evaluation interviews. First, responses were analyzed by question. For example, summaries were constructed

from the participants' responses to the survey question, "What is yoga?" Similarly, all interview participants were asked to identify their favorite part of the yoga class and the part of the class that they would change. A matrix was created to organize all the responses to each individual question and then this data was summarized. Word frequencies were conducted to understand common terms and associations that arose in response to particular questions. Taken together, this analysis offered an evaluation of the yoga program along the specific lines of questioning set forth in the study instruments. Also gathered and summarized for reporting purposes were the unique feedback that was volunteered by participants in response to non-specific questions (e.g., "Is there anything else you would like to add?"), individual circumstances, or unscripted exchanges.

Second, thematic analysis of the study data was conducted in order to identify and understand the prominent ideas and perceptions shared by participants across questions (Braun & Clark, 2006). This analysis sought to identify normative themes about the women's yoga experiences, rather than "answers" to specific questions. Thematic analysis is an iterative process wherein qualitative data—in this case, open-ended responses to the interview questions—are read and explored in order to become familiar with the data and then identify common ideas across the data set (Braun & Clark, 2006). When a particular theme was articulated by a single participant, it was coded and infused into future analysis. Then other transcripts were reviewed for this same theme. After the data had been thoroughly reviewed, the various nodes across which data had been coded were examined to determine if they might be collapsed into a single theme, and the ways in which they were related was explored (Braun & Clark, 2006).

Results

In total, 28 women participated in the yoga classes. Attendance at any single class ranged from five to nine individuals. All of the participants were low-income women with substance abuse disorders who were living in SAP at the time of their class participation. Two SAP staff people, also women in recovery, also participated in some classes.

Intake Surveys: Participants' Perceptions of Yoga

Among the 28 class participants, 18 (69%) reported ever having participated in a yoga class before coming to SAP. The most common site for previous yoga practice was at in-patient substance abuse programs ($n = 14$), followed by a yoga studio or gym in the community ($n = 7$) and out-patient treatment ($n = 4$). Yoga in prison ($n = 2$) and high school ($n = 2$) was also reported. The time elapsed since their last yoga class ranged from a few months to five years. The words that were most frequently provided in response to the question, "What is yoga?" included: body, relaxation, exercise, and mind. Stretching, spirituality, soul, connect, meditation, and practice were also common. A full list of the words used in response to this question, with frequencies, is included in Appendix C. This woman's response exemplifies the group's definitions, "It's an exercise that relaxes the mind, body and soul. Teaches how to get in touch with the body."

The women's responses about what they hoped to get out of the class reflected their understanding of the practice. Respondents spoke of breathing, balance, relaxation, stress-relief, stretching, and flexibility. Some had general aspirations, hoping for "peace," "spirits of good grace," or "anything positive." Only one woman mentioned weight loss. When asked if they had any fears or concerns, 18 women (69%) reported that they had none. Among the 10 participants who expressed worries about the class, three mentioned pre-existing medical issues (knee, back, edema) and the rest voiced generalized concerns that "I won't get it right" for a variety of different reasons (e.g., inability to concentrate or stretch).

Interviews: Description of Sample

Ten participants were interviewed about their experiences in the yoga class. This sample included nine women and one gender non-conforming person who self-identified as a hermaphrodite. Seven of the women were White, one was Latina, and two were African-American. Eight of the participants reported being in recovery from heroin use, one from cocaine, and one from marijuana. Although there was no question in the interview instrument that directly inquired about trauma,

six of the women disclosed histories of acute trauma in the recent past. These traumatic experiences included overdose, loss of parental custody, eviction, accidental death of fiancé, survival sex (i.e., exchange of sex for shelter, money or food), incarceration, and physical assault. Immediately prior to coming to SAP, five of the women were homeless, and five had been at court-ordered in-patient treatment programs. In terms of treatment services, all of the women were participating in either peer support or cognitive behavioral groups, including Alcoholics Anonymous, Narcotics Anonymous, bible study, and job skills training. In addition, one woman had received acupuncture at her methadone program and another was participating in a meditation course at her out-patient mental health program. In general, staying busy, through work and programs, and associating with non-drug using people were described as central to sustaining recovery. As PT 104 asserted, "I can't be bored."

Physical activity. While none of the women were currently participating in any kind of formal exercise or body movement program, all reported walking regularly as part of their daily transportation patterns: "I always tried to keep some form of exercise, even if it is just walking, just to keep myself going, 'cause I believe it's important" (PT 101). Their lifetime experiences with organized physical activity were limited. Four of the participants had ever taken a yoga class before entering the program at SAP. Some had played recreational sports in high school, but none had kept up with these activities during their adult lives, in part because of their substance use. As PT 110 described, "I used to go hiking all the time with my brother and my friends. I used to do stuff. I used to go swimming in my school. I used to do gymnastics, for a really long time, and then I got into drugs and I stopped doing everything, you know?"

Expectations. Upon hearing about SAP's mandatory yoga program, two of the women who had practiced yoga in the past looked forward to participating. Two other women, without prior experience, had curious and hopeful expectations about the program.

I was pretty curious about how I would feel before and after, because I know it's supposed to relax you and

it's a big thing about mind, body, and soul, and the breathing technique. So, yeah, I was pretty excited to see the transformation from me starting it up until the end of the class to see how I change, and how I felt. (PT 106)

The remaining six did not want to participate because they were busy with other activities or felt their physical limitations would make the experience painful. When asked about her first impressions of the yoga requirement, PT 103 replied, "To be honest, in the beginning, I hated it. I hated having to stop what I'm doing, because I felt like it's mandatory, I had to come... I just thought I wasn't going to be able to do it. I thought it was, you had to be flexible." The gender non-conforming individual (PT 102) felt she wasn't female enough to practice yoga:

I didn't want nothing to do with it. I said, "Dykes don't do yoga!" That's exactly what I said ... Yoga is stereotyped as, "Oh, this is what women do." And I don't necessarily, I identify as a female, but I don't necessarily feel like that's me ... so I didn't think I would really fit in with the whole yoga [thing] because it's all supposed to be females and feminine females and I'm not feminine, so why would I go to yoga? But then I started taking your class and I got more open-minded about it. It's like, well, anybody can do this. This isn't just for females.

Participants' concerns reflected preconceived notions about what yoga practice would require and were, for the most part, dissuaded by the actual class.

Favorite parts of the class. In spite of the fact that the majority expressed initial reservations about the class, all the women who were interviewed reported that they ended up enjoying the experience. When asked to identify their favorite parts of the class, participants pointed to many different elements of the program. Three women highlighted the benefits of the final relaxation pose at the close of each session: "My favorite part was at the end when she made us just lay there and kind of like sink into the mat, because I like kind of just got, like, calm and relaxed, and I wasn't everywhere in my brain and

stressed out" (PT 110). Two stated a preference for the movement portions of the class:

The thing that I like the most about it actually is the exercises themselves, and the different poses, like the cat and cow. I like the warrior poses, and I like how once you figure out the poses and how your body can adjust to each one ... how more graceful you become into doing them. And it feels nice, and I like how I feel afterwards where I can feel like, my body feels more stretched, more relaxed, more flexible.... it brings me back to a time when things were kind of better, you know? Like, my childhood when things were cool ... running around the courtyard, doing cartwheels and back bends. (PT 101)

The other four women spoke about the overall experience, the music, the opportunity to stay busy, and the sense of accomplishing something positive.

My favorite part is that I can do it. I didn't think I would be good at it, but it makes me feel so good afterwards, I just feel light and healthy. I don't know how else to explain it. It's relaxing, and you just, you just kind of, you just free yourself. It's like nothing can touch you. That's how I feel when I'm in yoga, like I'm untouchable. (PT 102)

When asked about what they would change to improve about the class, ideas for modifications included adding music, extending the length of each class, increasing the number of classes per week, conducting classes in outdoor settings, and increasing the variety of poses.

Interviews: Thematic Analysis

Three themes surfaced in the participants' descriptions of their yoga experiences: relaxation, mindfulness, and body movement. Noticeably absent from this data are narratives about physical conditioning.

Relaxation. The most frequently mentioned theme in response to questions about the yoga class was relaxation. All ten

of the participants named this outcome as a benefit of practicing yoga. Women described their daily lives, busy with efforts to secure employment, housing and sobriety, as stressful. In her interview, PT 105 emphasizes the on-going and persistent pressures of her current existence, "I am so stressed out ... I know I am, but as long as I don't think about it, I think I ain't, but I know I am ... I am just going where I'm going and I don't see no body." PT 107 reflected the same sentiment, "Every day is stressful, either looking for a job, going to my program, whatever it is." In this context, women appreciated the opportunity provided by the yoga class, a "time to relax" (PT 107) and disconnect from their worries: "How do I explain it? With all the stresses of everyday life, for me, it's just nice to feel like you have some time for yourself. And that [yoga] is a good way" (PT 108). Similarly, PT 103 stated, "You're just taking a half hour out of your time to just like, drop everything and just have 'you' time for a minute, and it's very peaceful. I leave relaxed every time." Given the multiple demands of their recovery programs, permission to be still was treasured, "That's my time for me to relax ... just kind of let the earth support your body, and it does, it feels good to have that relaxing few minutes, because I think about how often am I able to really do that, and it's not very often" (PT 101). These narratives suggest that the relaxation benefits of yoga are well-matched to the specific challenges faced by women in recovery.

On a related point, participants associated the relaxation of yoga with improved sleep: "I've been sleeping better since I started yoga. My mind doesn't race, I don't wake up racing" (PT 102). Women with anxiety disorders also remarked that relaxing at yoga helped to reduce the symptoms of this condition: "I felt very less stressed, and very less anxious. And I have very, very high anxiety problems where it's, it's bad. So, it helps, it definitely helps" (PT 110).

Mindfulness. The second most common theme, raised by six participants, was mindfulness. As PT 109 described, the class was a space where she could manage her worries by staying in the present moment: "It's hard to wake up positive every day. So, with the yoga, I'm able to clear my mind and just listen to, [the instructor's] voice, and if my mind starts to go somewhere else, try to get back focused to that." Specifically, participating

in yoga suggested a focus on healthy self and healthy behaviors: "I can go to yoga and it just makes me feel like I don't need to go use. I'm better than that. I'm healthier than that. It keeps me on the right frame of being healthy and not using ... it's helping me focus on being healthy" (PT 102). Women reported that the practice built their capacity to manage difficult situations off the mat, "If I ever get worked up on the outside or get too excited or get too upset or whatever the case may be, I can just sit back and breathe on it and take a few seconds, take my time, and that's a lot yoga has to offer as well. It teaches you to take your time, at your own pace, so that's definitely something that I'm going to take with me" (PT 106). In the following extended passage, PT 101 expresses a range of mindfulness concepts and goals:

Yoga really helps with just keeping my focus and keeping my mind kind of in the here and now, or keeping it to where I want it to be, whether it's you know, like, just paying attention and doing the moves and concentrating on the moves ... [Yoga] gives me a lot of free, clear time in my brain, and that's so unheard of for me, because I'm usually all over the place and kind of, I feel like I'm going crazy half the time, but the yoga really helps with that, and it helps with just kind of focusing and just giving myself and that clear mind that I need. It's just so hard to get sometimes, especially when you have all these different things on your plate, you know? So, the yoga really, really helps with just giving me that clearing in my mind. (PT 101)

In this passage, PT 101 highlights the challenges of coping with many "different things on your plate" during recovery and the feeling of "going crazy half the time." In this context, the opportunity to just "concentrate on the moves" is "unheard of" and appreciated. PT 104 described experiencing a moment of peace, "When you sit for a while, it's like peace, you get that moment where you really feel it."

Body movement. A less pronounced theme in the narratives related to body and movement. PT 101, for example, identified progress towards an increased ability to move and control their bodies as a benefit to the class:

At first I felt very clumsy with the moves, but I noticed that from each time that I participated that it was ... easier to go into from one pose into another, and it definitely felt more fluid, I guess you can say. And that felt good, it feels good to be able to be like, "Okay," you know, "I feel like I'm doing this right." I feel like it gives me something to concentrate on and in a good way, and not something that, I can't do anything about. I feel like it's something that I can work on, and I can progress and become better at, and that feels good, because not everything that we do is that easy, or for me to kind of come together and feel like I'm doing something really productive for my body, I guess I can say, 'cause after so many years of abusing my body and not taking care of it properly, it feels good to be able to do good for it, you know?

As was described earlier, the women who were participating in the yoga class faced myriad challenges, many of which—for example, employment and housing—are shaped by structural dynamics and social issues that were difficult for them to control. Faced with these frustrating circumstances, the women appreciated engaging in an activity which they could control and in which they could progress. Further, the yoga class aligned with their recovery intentions and supported their efforts to make healthy choices and do something "productive for my body."

While not all the women described achieving the "fluidity" to which PT 101 progressed, the open expectations of the class allowed each woman to define success in her own way. As PT 109 explained, it was clear that just staying on the mat was enough: "We all grab a mat, and I even told them, 'If you can't do it, it's fine. Just sit on the mat, just close your eyes if you have to and listen, but try to stay focused, as if it was a class or something' ... [The instructor] reminds the group that, 'Okay, you don't have to do this, but here's an alternate move'" (PT 109). Her suggestion to her peers that they try "to stay focused, as if it was a class" suggests an interesting perception that the yoga program was not, in fact, a class. In this description, the program seems to be some kind of participatory

gathering where women can choose their own level of activity and engagement. Following every pose, as if it were a class, is an option, but not the only one.

Absent: Physical conditioning. It is worthwhile to note that women's narratives did not include expectations related to physical conditioning. While women discussed the benefits of movement and reconnecting with their physical selves, their feedback did not indicate that they thought yoga practice would lead to weight loss or specific strength-related goals. What was clear was that these women in recovery were building foundations and struggling to maintain their sobriety, not perfect their triceps muscles. The outcomes that they described (i.e., relaxation, mindfulness, movement) seemed to suffice: None of the women indicated that they thought the class should be more rigorous or involved. They expressed satisfaction with the level of exertion and challenge in the class.

Discussion

This yoga program engaged a population of low-income women with substance use disorders in a weekly practice of gentle poses and stretches led by a volunteer instructor who was not a certified yoga teacher but had been trained to facilitate trauma-informed yoga in the community. While some of the women had been exposed to yoga in the past, primarily through in-patient substance abuse treatment programs, most were yoga naïve, with very limited practice experience. In large part because of this lack of familiarity with yoga and misconceptions about what the classes would entail, many of the women expressed reluctance about taking this class. However, when interviewed after actually participating in the class, all of them reported finding it beneficial. Specifically, they described positive outcomes related to relaxation, mindfulness, and body movement. In addition, participants, who perceived staying busy as key to their recovery, appreciated having a healthy activity to fill their time. Input about improving the class included suggestions for longer classes and more frequent meetings. So while the experiences were ultimately positive, with initially hesitant individuals calling for more classes, these findings suggest the need to either provide

information about yoga practice when recruiting or make the class mandatory in order to engage reluctant individuals.

The yoga classes, which included gentle poses and stretches, were simple enough that women without recent histories of physical activity or fitness could participate. Further, these modest moves were poses that the instructor was capable of facilitating, even without a yoga teacher certification. Advanced poses like arm balances and headstand series were not included; even the classic downward dog and sun salutations were deemed too complex for this setting. While the elementary level of the class limited the physical fitness benefits of the class (i.e., strengthening, weight loss), study data reveals that participants did not seek these types of outcomes. Data collected from intake surveys and evaluation interviews found that the women understood yoga to be a pathway to relaxation, mindfulness, and physical movement. These outcomes were well-matched to their current need to negotiate the strain and pressures of their recovery. At the same time, the classes were perceived as challenging, and women celebrated their improved ability to practice the poses. When women found that poses were not available to them, they understood that simply staying on the mat was enough. They enjoyed the movement and expressed a general enthusiasm for exercise.

Yoga is not generally available to low-income women with substance use disorders. While there is wide recognition of the relationship between mind and body, especially among survivors of trauma (van der Kolk, 2014), the women in this study were receiving primarily cognitive therapy; none were engaged in treatment that included physical movement. Study findings presented here demonstrate that it is feasible and productive for non-certified yoga instructors to receive a short training and lead basic yoga classes. While this class included only simple poses, the format was well-aligned with the women's low fitness levels and pronounced stress management needs. This option can facilitate broader implementation of yoga programs in community-based organizations that serve vulnerable populations by allowing existing staff, volunteers, or even clients, to lead yoga classes instead of relying on certified teachers. Having staff lead yoga classes presents the added potential benefit of allowing these employees to engage

in a healthy, stress-reducing activity during their work day. By lowering the training requirements for this specific type of gentle yoga, and making the practice more widely available, opportunities to conduct research about the impact of this type of intervention will also be expanded.

These findings should not diminish the expertise and critical role of certified yoga teachers in building community health. As was demonstrated in this project, certified yoga teachers provided essential support in the training of amateur yoga instructors. The goal of this type of intervention is not to supplant certified yoga teachers but rather to expand their reach. Creating opportunities for social service providers and agency volunteers to lead elementary yoga classes focused on gentle poses and stretches may generate the participation numbers that are needed to conduct rigorous evaluation of these interventions. In addition, an interdisciplinary network of yoga practitioners and lay instructors is more sustainable than one that relies entirely on a single segment of the yoga community to teach. At some point, if a comprehensive network of basic yoga instruction makes the practice more universally available, there would be a need for more highly trained teachers to lead advanced classes. However, at this point, the challenge is simply to bring more diverse and vulnerable populations to the mat. This study suggests a feasible pathway for building that opportunity in our communities.

References

- Alexander, G. K., Innes, K. E., Selfe, T. K., & Brown, C. J. (2013). "More than I expected": Perceived benefits of yoga practice among older adults at risk for cardiovascular disease. *Complementary Therapies in Medicine*, 21(1), 14-28.
- Bilderbeck, A. C., Farias, M., Brazil, I. A., Jakobowitz, S., & Wikholm, C. (2013). Participation in a 10-week course of yoga improves behavioural control and decreases psychological distress in a prison population. *Journal of Psychiatric Research*, 47(10), 1438-1445.
- Birdee, G. S., Legedza, A. T., Saper, R. B., Bertisch, S. M., Eisenberg, D. M., & Phillips, R. S. (2008). Characteristics of yoga users: Results of a national survey. *Journal of General Internal Medicine*, 23(10), 1653-1658.

- Blacher, S., & Rundio, A. (2014). Complementary and integrative modalities in addiction treatment. *Journal of Addictions Nursing*, 25(4), 165-166.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Calajoe, A. (1987). Yoga as a therapeutic component in treating chemical dependency. *Alcoholism Treatment Quarterly*, 3(4), 33-46.
- Clark, C. J., Lewis-Dmello, A., Anders, D., Parsons, A., Nguyen-Feng, V., Henn, L., & Emerson, D. (2014). Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: A feasibility study. *Complementary Therapies in Clinical Practice*, 20(3), 152-158.
- Clark, L., Edwards, S., Thwala, J., & Louw, P. (2011). The influence of yoga therapy on anxiety. *Inkanyiso: Journal of Human and Social Science*, 3(1), 24-31.
- Cohen, B. E., Kanaya, A. M., Macer, J. L., Shen, H., Chang, A. A., & Grady, D. (2007). Feasibility and acceptability of restorative yoga for treatment of hot flushes: A pilot trial. *Maturitas*, 56(2), 198-204.
- Conboy, L. A., Noggle, J. J., Frey, J. L., Kudesia, R. S., & Khalsa, S. B. S. (2013). Qualitative evaluation of a high school yoga program: Feasibility and perceived benefits. *Explore: The Journal of Science and Healing*, 9(3), 171-180.
- Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs*, 40(sup5), 377-385.
- Danhauer, S. C., Tooze, J. A., Farmer, D. F., Campbell, C. R., McQuellon, R. P., Barrett, R., & Miller, B. E. (2008). Restorative yoga for women with ovarian or breast cancer: Findings from a pilot study. *Journal of the Society for Integrative Oncology*, 6(2), 47-58.
- Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books.
- Emerson, D., Sharma, R., Chaudhry, S., & Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, and research. *International Journal of Yoga Therapy*, 19(1), 123-128.
- Field, T. (2011). Yoga clinical research review. *Complementary Therapies in Clinical Practice*, 17(1), 1-8.
- Hallgren, M., Romberg, K., Bakshi, A. S., & Andréasson, S. (2014). Yoga as an adjunct treatment for alcohol dependence: A pilot study. *Complementary Therapies in Medicine*, 22(3), 441-445.
- Jacobs, B. P., Mehling, W., Goldberg, H., & Eppel, E. (2004). Feasibility of conducting a clinical trial on Hatha yoga for chronic low back pain: Methodological lessons. *Alternative Therapies in Health and Medicine*, 10(2), 80-83.
- Javnbakht, M., Kenari, R. H., & Ghasemi, M. (2009). Effects of yoga on depression and anxiety of women. *Complementary Therapies in Clinical Practice*, 15(2), 102-104.

- Khalsa, S. B. S., Khalsa, G. S., Khalsa, H. K., & Khalsa, M. K. (2008). Evaluation of a residential Kundalini yoga lifestyle pilot program for addiction in India. *Journal of Ethnicity in Substance Abuse*, 7(1), 67-79.
- Khanna, S., & Greeson, J. M. (2013). A narrative review of yoga and mindfulness as complementary therapies for addiction. *Complementary Therapies in Medicine*, 21(3), 244-252.
- Kinser, P. A., Bourguignon, C., Whaley, D., Hauenstein, E., & Taylor, A. G. (2013). Feasibility, acceptability, and effects of gentle hatha yoga for women with major depression: Findings from a randomized controlled mixed-methods study. *Archives of Psychiatric Nursing*, 27(3), 137-147.
- Kirkwood, G., Rampes, H., Tuffrey, V., Richardson, J., & Pilkington, K. (2005). Yoga for anxiety: A systematic review of the research evidence. *British Journal of Sports Medicine*, 39(12), 884-891.
- Kissen, M., & Kissen-Kohn, D. A. (2009). Reducing addictions via the self-soothing effects of yoga. *Bulletin of the Menninger Clinic*, 73(1), 34-43.
- McIver, S., McGartland, M., & O'Halloran, P. (2009). "Overeating is not about the food": Women describe their experience of a yoga treatment program for binge eating. *Qualitative Health Research*, 19(9), 1234-1245.
- Muzik, M., Hamilton, S. E., Rosenblum, K. L., Waxler, E., & Hadi, Z. (2012). Mindfulness yoga during pregnancy for psychiatrically at-risk women: Preliminary results from a pilot feasibility study. *Complementary Therapies in Clinical Practice*, 18(4), 235-240.
- Posadzki, P., Choi, J., Lee, M. S., & Ernst, E. (2014). Yoga for addictions: A systematic review of randomised clinical trials. *Focus on Alternative and Complementary Therapies*, 19(1), 1-8.
- Salmon, P., Lush, E., Jablonski, M., & Sephton, S. E. (2009). Yoga and mindfulness: Clinical aspects of an ancient mind/body practice. *Cognitive and Behavioral Practice*, 16(1), 59-72.
- Shaffer, H. J., LaSalvia, T. A., & Stein, J. P. (1997). Comparing Hatha yoga with dynamic group psychotherapy for enhancing methadone maintenance treatment: A randomized clinical trial. *Alternative Therapies in Health and Medicine*, 3(4), 57-66.
- Skoro-Kondza, L., Tai, S. S., Gadelrab, R., Drincevic, D., & Greenhalgh, T. (2009). Community based yoga classes for type 2 diabetes: An exploratory randomised controlled trial. *BMC Health Services Research*, 9(1), 33. doi: 10.1186/1472-6963-9-33
- Smith, C., Hancock, H., Blake-Mortimer, J., & Eckert, K. (2007). A randomised comparative trial of yoga and relaxation to reduce stress and anxiety. *Complementary Therapies in Medicine*, 15(2), 77-83.
- Telles, S., Singh, N., & Balkrishna, A. (2012). Managing mental health disorders resulting from trauma through yoga: A review. *Depression Research and Treatment*. Article ID 401513. Retrieved from <http://dx.doi.org/10.1155/2012/401513>

- Uebelacker, L. A., Tremont, G., Epstein-Lubow, G., Gaudiano, B. A., Gillette, T., Kalibatseva, Z., & Miller, I. W. (2010). Open trial of Vinyasa yoga for persistently depressed individuals: Evidence of feasibility and acceptability. *Behavior Modification*, 34(3), 247-264. doi: 10.1177/0145445510368845.
- Van Der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
- Yoga Journal. (2012). New study finds more than 20 million yogis in the US. *Yoga Journal*. Retrieved from <http://www.yogajournal.com/uncategorized/new-study-finds-20-million-yogis-u-s/>

Appendix A: Gentle Yoga Routine

1. Seated position
 - a. Focused breathing
 - b. Side Bend with Neck Release
2. Lying on Back Abdominals
 - a. Goddess pose
 - b. Reaching Baby
 - c. Slow Crunch
 - d. Bridge
3. Table Top
 - a. Cow (inhale) – Cat (exhale)
 - b. Opposite Leg and Hand Extension
4. Child's Pose
5. Warrior Series #1: Repeat on both sides
 - a. Lunge
 - b. Twist: Elbow to Knee
 - c. Lunge
 - d. Runner's Stretch
 - e. Twist
 - f. Warrior 1
6. Warrior Series #2: Repeat on both sides
 - a. Bend at waist and hang
 - b. Warrior 2
 - c. Reverse the warrior
 - d. Side angle
 - e. Warrior 2
 - f. Step to front of the mat
 - g. Mountain pose with elbows together or eagle arms.
7. Lying on Back Stretches
 - a. Knees bent, feet on floor: Windshield legs back and forth
 - b. Lying pigeon
 - c. Twist
 - d. Hug both knees to chest
8. Final Relaxation

Appendix B: Interview Guide

- 1) When did you move to SAP? Tell me about how you came to the program. (a) Clarify if coming from prison, or inpatient drug program, or some other referral.
- 2) Since moving to SAP, what programs or services have you been accessing to support your recovery? (e.g., therapy, AA groups, outpatient program, job placement, etc.)
- 3) What program has been most useful in your recovery? How so?
- 4) What program has been least useful in your recovery? How so?
- 5) Before you started the Yoga @ SAP program, had you ever practiced yoga before? (a) Where, for how long, what did you think of it?; (b) What impact, if any, did this prior yoga practice have on your life?; (c) When was the last time you had practiced yoga (before SAP class began)?
- 6) What were your expectations for the class when you began?
- 7) Tell me about your experience in the yoga class. (a) What was your favorite part?; (b) What part you would change?
- 8) On the evenings after you practice yoga, have you noticed any difference in how you feel? (i.e., changes in sleep, anxiety, drug use, attention, health?)
- 9) Would you recommend this class to a friend? Why or why not?
- 10) How has participating in a yoga class with other women living at SAP impacted your relationship with these people?
- 11) What do you see as your biggest challenge in maintaining your recovery? (a) How might yoga help you to cope with this challenge?

Appendix C: What is yoga? Word Frequencies

Word(s)	Frequency
body; relaxation/relax/relaxes/relaxing	10
exercise(s); mind	9
stretching/stretch	6
spirit/spiritual/spirituality	5
soul	4
connect/connected/connects; meditation; practice	3
breathe/breathing; center/centering; strength/strengthening; stress; technique(s)	2
ancient; balance; bending; complete; confidence; emotional; endurance; focus; freedom; gaining; knees; lean; learning; mat; muscle; one; pain; peace; positive; power; release; setting; stamina; staying; teaches; tension; toning; touch; whole	1

A Systematic Review of Yoga Interventions in the Incarcerated Setting

ALEXANDRA S. WIMBERLY

JIA XUE

School of Social Policy & Practice
University of Pennsylvania

While yoga interventions in the incarcerated setting are on the rise, little is known regarding their efficacy. The objective of this article is to assess the effects of yoga on the well-being of incarcerated populations. Two reviewers systematically searched PubMed, PsycInfo, EBSCO MegaFILE, Web of Science, Science Direct, AMED, and Google Scholar for yoga intervention studies in jails and prisons. The search yielded 54 results; ten papers met inclusion criteria. Evaluated outcomes included stress, cognitive performance, mental and physical well-being and re-incarceration rates. While the majority of yoga practiced was hatha, yoga interventions also included a focus on yogic philosophy and spirituality. The reviewed studies found statistically significant outcomes pointing to the benefits of yoga. Many of the studies were limited by study design challenges (such as lack of control groups) and minimal discussion regarding the intervention's purported mechanism. Yoga interventions in the incarcerated setting are associated with positive well-being outcomes. Future interventions can choose outcomes based both on the type of yoga practiced and on the needs of the criminal justice population.

Key words: Yoga, jail, prison, incarcerate, correctional

Nearly seven million people are under correctional supervision in the United States, including almost five million people on probation or parole and over two million people in jail or prison (Kaeble, Glaze, Tsoutis, & Minton, 2015). People who are incarcerated often experience multiple deleterious health conditions at higher rates than the general population, including mental health problems (Prins, 2014), infectious diseases and stress-related illnesses (Massoglia, 2008) and chronic

Journal of Sociology & Social Welfare, December 2016, Volume XLIII, Number 4

health problems (Binswanger, Krueger, & Steiner, 2009). In addition, substance use problems have widely been noted among the criminal justice population; in 2006, it was estimated that 85% of all incarcerated persons experienced problematic substance use (The National Center on Addiction and Substance Abuse, 2010). These poor health outcomes often continue into community reentry, which can contribute to a more difficult reentry experience. For example, eight in ten men and nine in ten women reentering the community report chronic health conditions (Mallik-Kane & Visser, 2008).

Despite the association of physical and mental health complications with incarceration and reentry, substance use services (Taxman, Perdoni, & Harrison, 2007) and mental health services (James & Glaze, 2005) in the corrections system are insufficient to meet the overall need. For example, in 2006, of incarcerated persons with a substance use disorder, only 11 percent received professional treatment (The National Center on Addiction and Substance Abuse, 2010). Service provision is also poor during reentry, as only three in ten of persons with need report participation in substance use treatment immediately following release; this further declines to two in ten in the year following release (Mallik-Kane & Visser, 2008). In regards to mental health services provision, just six in ten persons with mental health need report receiving treatment while incarcerated, which further declines to five in ten following release (Mallik-Kane & Visser, 2008). Further, one quarter of women and one third of men with physical health conditions do not receive treatment while incarcerated. Treatment provision decreases when released; eight to ten months after release, one half of men and two fifths of women with need report receiving no treatment for physical health conditions (Mallik-Kane & Visser, 2008).

With the sizeable criminal justice population in the United States, and the corresponding physical and behavioral health need of this population, innovative programming is needed to alleviate the poor health outcomes associated with correctional involvement. Yoga, a physical, mental and spiritual practice originating in South Asia, has recently been highlighted in the popular press for numerous correctional-based programs that address prisoner well-being (Grissom, 2013; Pilon, 2013;

Ullman, 2014).

The degree or reason for yoga's popularity in the criminal justice setting has yet to be researched; however, interviews with correctional administrators and experts reveal belief in the rehabilitative benefits of yoga and the draw of fiscally cheap programming (Pilon, 2013; Rammohan, 2012). It is also possible that the popularity of yoga practice in the correctional setting simply mirrors the rise in yoga practice in the general population in the United States. Six percent (approximately 13 million) of adults practiced yoga for health purposes during 2006 to 2007, which was an increase of approximately three million people since 2002 (Barnes, Bloom, & Nahin, 2008; U.S. Department of Health and Human Services, 2013). Another plausible reason for the popularity of yoga instruction within the criminal justice population is related to a desire among yoga teachers to reach an underserved population. Yoga practice in the United States has been critiqued for its marketing to privileged white women of a slender body type. Yoga teachers who are conscious of this disparity may be interested in expanding access to yoga instruction, such as to those within the criminal justice system. For example, a *New York Times* article reported that some yoga teachers are more fulfilled teaching to people in prison than teaching to the general population in yoga studios (Pilon, 2013).

Despite anecdotal endorsement of the benefits of yoga practice in the correctional setting, relatively limited empirical research exists. The following paper seeks to fill this gap by systematically reviewing the literature regarding yoga interventions in jails and prisons to determine the efficacy of yoga in addressing health and well-being in the correctional setting.

The State of Yoga Research

While research regarding yoga in the correctional setting is limited, research within the general population suggests that yoga improves physical health (Ross & Thomas, 2010), in particular by addressing low back pain (Posadzki & Ernst, 2011; Sherman et al., 2011; Sherman, Cherkin, Erro, Miglioretti, & Deyo, 2005), chronic disease (Yang, 2007) and cardiovascular disease and metabolic syndrome risk factors (Chu, Gotink, Yeh, Goldie, & Hunink, 2014). Research also demonstrates that

yoga may be an effective method of reducing psychological and emotional problems. Reviews regarding yoga and anxiety (Kirkwood, Rampes, Tuffrey, Richardson, & Pilkington, 2005), yoga and stress and anxiety (Wi & Goldsmith, 2012); and yoga and stress among healthy adults (Chong, Tsunaka, Tsang, Chan, & Cheung, 2011) find that the evidence is promising in support of yoga's effect in reducing anxiety and stress; however, limitations in study methodology prevent any definitive conclusion.

While yoga research in the general population is growing, research on yoga interventions in jails and prisons is in its infancy. We identified just one systematic review and meta-analysis that looked at both yoga and the associated practice of mindfulness meditation in prison (Auty, Cope, & Liebling, 2015). Of the 24 studies included in the systematic review, only 5 of those studies focused primarily on yoga. The review found that practitioners of yoga and meditation in prison experienced statistically significant small increases in psychological well-being and behavioral functioning. Further, interventions of a longer duration and less intensity had a slightly more positive, statistically significant effect on behavioral functioning than interventions of a shorter duration and more intensity.

Challenges with yoga research have also been identified (Elwy et al., 2014; Wi & Goldsmith, 2012). Elwy et al. (2014) detailed that yoga studies often lack rigorous reporting of the components and duration of the yoga practice and description of teacher qualifications, all components that can impact the intervention efficacy. Further, while the implementation of yoga randomized controlled trials has risen, the rigor of such trials has generally been low. Reviews have consistently pointed out that methodological rigor is lacking in yoga studies for any conclusive statement regarding yoga's efficacy to be reached.

With the breadth of health issues that incarcerated persons face and the breadth of health issues for which yoga has proven promising, yoga appears to be a feasible and low-cost intervention for that population. However, yoga research within the criminal justice system is limited, and issues with yoga research in the general population have been identified. The purpose of this review, therefore, is to look at the various outcomes assessed in yoga studies in jails and prisons, identify

methodological strengths and weaknesses of these studies and assess the impact of yoga on these populations. Coalescing the results of yoga practice in the incarcerated setting to date will inform future directions of research and practice.

Methods

The objective of this study is to summarize and assess research that documents the effects of yoga interventions among incarcerated persons in order to inform yoga programming in the incarcerated setting.

Literature Research Methods

PubMed, PsycInfo, EBSCO MegaFILE, Web of Science, Science Direct, AMED, and Google Scholar were systematically searched for yoga intervention studies in the incarcerated setting published up to January 15, 2016. Two reviewers extracted data and assessed study quality using data evaluation forms. The following terms were used for search criteria: "yoga" OR "yogic" AND "prison" OR "inmate" OR "jail" OR "correctional" OR "incarcerate" OR "criminal justice" OR "offender."

The inclusion criteria included quantitative or qualitative peer-reviewed journal articles or dissertations documenting yoga-based intervention studies that were conducted with a sample of incarcerated persons, and were written in English. A yoga intervention was defined as any intervention that was titled 'yoga' and included practice of one or more of the eight limbs associated with yoga practice, including ethical standards (yamas and niyamas), physical postures (asana), breathing exercises (pranayama), focusing attention on internal processes (pratyahara), concentration (dharana), meditation (dhyana), and integration (samadhi). The following were excluded from analysis: (1) books; (2) conference studies without full texts; and (3) news and reports without data. The two reviewers identified titles and abstracts, corroborated findings and extracted data using a data evaluation form crafted for this paper and informed by the Cochrane Collaboration (Higgins & Green, 2011).

Results

Search Results

The literature search yielded 54 relevant results. After reviewing the title, topic and abstract of these studies, 14 papers were eligible based on the inclusion criteria. Of these, four were further excluded after an in-depth review because they involved populations that were not incarcerated, including clients with mental illness and criminal justice involvement housed at an inpatient hospital (Sistig, Friedman, McKenna, & Consedine, 2015), juveniles charged with sex-offenses at a non-secure private treatment facility (Messina, Grella, Cartier, & Torres, 2010), juveniles in rehabilitation homes (Prince, 2012), and adolescents charged with sex offenses being treated at a human service agency (Derezotes, 2000). In total, ten papers that referenced nine studies were included in the in-depth review that follows (two of the papers refer to the same study, but completed different analyses) (Bilderbeck, Brazil, & Farias, 2015; Bilderbeck, Farias, Brazil, Jakobowitz, & Wikholm, 2013).

Description of the Studies

The search yielded eight yoga intervention articles from peer-reviewed journals, one doctoral dissertation and one master's thesis. The methodological approaches varied, including one randomized controlled trial (Bilderbeck et al., 2015; Bilderbeck et al., 2013), two pre-post test designs with control groups (Ambhore & Joshi, 2009; Bunk, 1978), three pre-post test designs without control groups (Duncombe, Komorosky, Wong-Kim, & Turner, 2005; Harner, Hanlon, & Garfinkel, 2010; Ramadoss & Bose, 2010), two cross-sectional studies with comparison groups (Landau & Gross, 2008; Pham, 2013) and a qualitative study (Rucker, 2005).

The demographics varied considerably across the studies, and several studies had limited reporting on demographics. One study was based in India, one study was based in Great Britain, and the remaining seven were based in the United States. One study included only juveniles (Ramadoss & Bose, 2010), three studies had a mix of younger and older participants (Bilderbeck et al., 2015, 2013; Pham, 2013; Rucker, 2005), and the rest of the studies included adults only (Ambhore &

Joshi, 2009; Bunk, 1978; Duncombe et al., 2005; Harner et al., 2010; Landau & Gross, 2008). In three studies, the majority of participants were Caucasian (Bilderbeck et al., 2013; Bunk, 1978; Harner et al., 2010). In three studies, the majority of the participants were African American (Landau & Gross, 2008; Pham, 2013; Ramadoss & Bose, 2010). It should be noted that in Ramadoss & Bose's (2010) study, only 12 % of participants reported their race. In addition, Landau & Gross (2008) only included demographics regarding people who attended more than four yoga classes, but did not report the demographics of the control group, which included people who attended less than four yoga classes. Duncombe et al. (2005) enrolled participants of diverse ethnicities, including Native Hawaiian, Japanese, Chinese, Filipino, Samoan, Tongan, Marshallese, African American, Caucasian and Native American. One study included only females (Harner et al., 2010), and four studies included only males (Ambhore & Joshi, 2009; Bunk, 1978; Pham, 2013; Rucker, 2005). Studies largely included participants of a broad range of convicted offenses and sentence lengths.

Study Findings

Eight of the studies assessed a variety of psychological well-being outcomes, one study also looked at cognitive-behavioral outcomes, and one study addressed re-incarceration. Well-being outcomes included stress, depression and anxiety, positive and negative affect, impulse control, aggression, spirituality, locus of control, general well-being, self-esteem, hope, and compassion. The multiple outcomes studied point to the many purported ways yoga affects practitioners. In addition to multiple outcomes, the studies also delivered various types of yoga interventions. The most common yoga practiced was hatha. Significant study findings are described below. Table 1 includes the measures used for each outcome, as well as significant findings.

Hatha yoga and associated yoga interventions. Hatha yoga focuses on physical postures in order to relax the body and mind, so as to better access meditation ("Hatha Yoga," 2016). Four of the studies in this review implemented hatha yoga interventions. In addition, one study's yoga intervention focused

Table 1. Study Results

Study	Outcome Measures	Significant Results
Ambhore & Joshi (2009)	Sinha Comprehensive Anxiety Test	Decreased anxiety favoring yoga over the treatment as usual ($F = 17.56$, $p < 0.01$)
	Impulse Control Scale developed by Dr. Anjali Shrivastva & Prof. R. K. Naidu (1987)	Increased impulse control favoring yoga over treatment as usual ($F = 12$, $p < .01$).
	Aggression Scale developed by Dr. Guru Pyari Mathur & Dr. Raj Kumari Bhatngar (2004)	Decreased aggression favoring yoga over treatment as usual ($F = 8.80$, $p < .01$)
Bilderbeck et al. (2013)	Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988)	Decreased stress in favor of yoga ($F(1, 86) = 4.31$, $p = 0.041$)
	Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983)	Increased positive affect in favor of yoga ($F(1, 86) = 5.26$, $p = 0.024$)
	Brief Symptom Inventory (Derogatis & Spencer, 1993)	Decreased psychological distress in favor of yoga ($F(1, 86) = 4.48$, $p = 0.037$)
	Go/No Go Trials	Better performance on the cognitive behavioral task in favor of yoga ($F(1, 76) = 5.43$, $p = 0.022$)
	The Barratt Impulsiveness Scale (Stanford & Barratt, 1995)	
Bilderbeck, et al. (2015) (parent study above)	Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988)	Greater yoga class attendance is associated with greater age ($\beta = 0.074 \pm 0.031$, CI [0.011, 0.134], $p = 0.023$)
	Perceived Stress Scale (Cohen et al., 1983)	Greater yoga class attendance ($\beta = -1.053 \pm 0.383$, CI [-1.850, -0.341], $p = 0.010$) and self-practice 5 or more times per week ($\beta = 0.5329 \pm 2.408$, CI [-10.147, -0.636], $p = 0.032$) is associated with greater decreases in stress
	Brief Symptom Inventory (Derogatis & Spencer, 1993)	Self practice 5 or more times per week associated with greater decreases in negative affect ($\beta = -4.863 \pm 2.187$, CI [-9.128, -0.441], $p = 0.033$)
	Go/No Go Trials	
	The Barratt Impulsiveness Scale (Stanford & Barratt, 1995)	
Bunk (1978)		Decreased state anxiety favoring yoga only, meditation and yoga and meditation only over delayed control ($F = 6.75$, $p = .0006$)
		Decreased trait anxiety favoring yoga and meditation over yoga only, meditation only and delayed control ($F = 3.39$, $p = .02$)
	Spielberger's State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970)	Increased locus of control favoring yoga only, yoga and meditation and meditation only over delayed control ($F = 7.10$, $p = .0004$)
	Rotter's Locus of Control Measure (Rotter, 1966)	
	Tennessee Self-Concept Scale (Fitts & Roid, 1964)	Decreased psychoticism favoring yoga and meditation over delayed control ($F = 2.98$, $p = .0384$)

Table 1. Study Results, continued

Study	Outcome Measures	Significant Results
Duncombe et al. (2005)	Center for Epidemiologic Studies Depression Scale (Radloff, 1977)	Decreased depression ($t = 3.53$, $p = .002$).
	The Rosenberg Self-esteem Scale (Rosenberg, 1979)	Increased hope ($t = 3.09$, $p = .001$).
	The Hope Scale (Snyder et al., 1991)	Increased physical-mental wellness ($t = -2.59$, $p = .018$)
	The Life Outlook-Compassion Scale (Duncombe et al., 2005)	Increased human connection ($t = -2.25$, $p = .036$)
	The Physical-Mental Wellness Scale (Duncombe et al., 2005)	
Harner et al. (2010)	Beck Depression Inventory II (Beck, Steer, & Brown, 1996)	Decreased depression ($p < .001$)
	Perceived Stress Scale (Cohen et al., 1983)	
	Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988)	
Landau & Gross (2008)	Re-incarceration rate from North Carolina Department of Corrections public information website	Lower re-incarceration favoring yoga (Chi-square test statistic of 5.68 (1, $N = 190$), $p < 0.025$)
Pham (2013)	Spiritual Well-Being Scale (Ellison & Paloutzian, 2009)	Increased spiritual well-being favoring yoga ($t = 4.03$, $p < .001$)
Ramadoss & Bose (2010)	Perceived Stress Scale (Cohen et al., 1983)	Decreased stress ($t = 2.061$, $p = .04$) Increased self-control ($t = -2.3$, $p = .02$)
	Tangney Self-Control Scale (Tangney, Baumeister, & Boone, 2004)	
Rucker (2005)	Qualitative study explored self-regulation, self-exploration and self-liberation	

on physical postures (as with hatha yoga).

A randomized controlled trial conducted in seven British prisons (of various security levels and including one female prison and one prison with younger people of 21-25 years) compared outcomes for 45 persons who completed a 10-week 2-hour hatha yoga intervention, versus 55 people in a treatment as usual control group who did not receive yoga instruction (Bilderbeck et al., 2013). The intervention included 100-110 minutes of hatha yoga postures followed by 10 - 20 minutes of relaxation (including breathing exercises). Significant results included decreases in stress and psychological distress, increases in positive affect and better performance on a cognitive-behavioral task for the yoga participants in comparison to the control group. Authors performed a follow-up analysis

on the data and found that more yoga practice (either greater attendance to the yoga intervention or greater self-study) was associated with a greater decrease in stress. Further, those who were older had greater attendance to classes (Bilderbeck et al., 2015).

In a federal minimum security Texas prison, 80 people were consecutively enrolled to hatha yoga only, mantra meditation only, hatha yoga and mantra meditation combined, or a delayed control group (Bunk, 1978). The intervention groups met three times per week for five weeks for 90-105 minute sessions. The hatha yoga intervention included 35 different physical postures and different breathing techniques, such as diaphragm breathing, alternate nostril breathing, and rapid breathing (bhastrika). The hatha yoga and mantra meditation combined group consisted of the same yoga sequence as the hatha yoga only group, in addition to 10-20 minutes of mantra meditation. This quasi-experiment found that people in the yoga only, meditation only, and yoga and meditation combined groups scored significantly lower on state anxiety and significantly higher on locus of control than the delayed control group. Further, the yoga and meditation combined group scored significantly lower on trait anxiety and psychoticism in comparison to the delayed control group.

Harner, Hanlon, & Garfinkel (2010) employed a repeated measures design, finding that six women who completed a 12-week twice a week 120-minute Iyengar yoga course in a medium security prison in the eastern half of the United States experienced significant decreases in depression from baseline to study completion. Iyengar yoga is a form of hatha yoga that focuses on correct alignment of physical postures and precise practice of breathing exercises. The intervention, sequenced to increase confidence and decrease stress, included strengthening and balancing poses, and relaxation practices.

Rucker's (2005) qualitative study of seven men in a maximum-security mid-western prison who participated in two-hour twice-weekly three-month yoga classes documented gains in self-regulation, self-exploration and self-liberation, conceptualized as a continuum with people moving from self-regulation, to self-exploration, to self-liberation. Self-regulation included stress management and anger control techniques.

Self-exploration consisted of a greater understanding of one's self. Self-liberation/compassionate service consisted of a deeper understanding of how one is situated in one's environment, as by committing to community service. The benefits that participants experienced were consistent with what the men had reported that they desired to get out of the yoga and meditation practice. Classes included: breathing techniques and relaxation to facilitate breath and body awareness; hatha yoga postures and breathing to understand the connection of body, breath, and mind; meditation; discussion of the relationship between body, breath, mind, and habits (including the habits of fear, self-hatred and loneliness); and discussion of ethical standards.

Although not described explicitly as hatha yoga, Ramadoss & Bose's (2010) study looked at the Transformative Life Skills program which, similar to hatha yoga, focused on physical postures. The program incorporated physical postures, breathing techniques and meditation with the aim to decrease stress and increase self-control and self-awareness among youth in juvenile halls. The classes began with a moment of silence, followed by a "check-in," followed by yoga poses and breathing exercises, and closing with a "check-out." In an Alameda County, California Juvenile Justice Center, 75 juveniles who participated in the Transformative Life Skills 60-minute yoga classes experienced significant decreases in stress and increases in self-control from baseline to completion of yoga classes. Transformative Life Skills classes were delivered for 18 months; within this time period the number of classes that each of the 75 juveniles attended was not reported.

Yoga interventions focusing on philosophy or spirituality. Three of the yoga interventions focused on yogic philosophy or spirituality. Pham (2013) compared the one-time spirituality score of participants in a California state prison yoga program (Sanatana Yoga Prison Project) who had attended at least three sessions ($n = 31$) versus a control group of people who had not attended any yoga sessions ($n = 31$), and found that people who attended yoga scored significantly higher on a spirituality measure than those who did not attend yoga. Qualitative interviews with ten of the yoga participants also revealed that yoga participants experienced physical benefits, relaxation,

and psycho-spiritual development. The two-hour yoga classes included physical postures, breathing exercises, and meditation. Meditation instruction included mindfulness-based strategies and discussion of the yogic chakra system. However, participants were supported to use, if applicable, any of their existing meditation or prayer practices. Classes also incorporated discussion regarding morality and spirituality.

At the minimum security Wake Correctional Center in Raleigh, North Carolina, five-year re-incarceration rates were compared among people who attended more than four Ananda Marga yoga classes, versus those who attended less than four (Landau & Gross, 2008). The 120-minute yoga classes included: a 60-minute discussion regarding yoga philosophy; 30-45 minutes of physical postures chosen to induce calmness and basic breathing exercises; and 15-30 minutes of self-massage, guided relaxation, call and response chanting (kirtan) and mantra meditation. In addition, yoga classes sometimes hosted a guest teacher from Ananda Marga and hosted a monthly vegetarian meal. Class attendance increased by two to three times when the monthly vegetarian meals were held. The study found that the 47 people who attended more than four yoga classes and were released between 2002 and 2007 had an 8.5% re-incarceration rate. In comparison, the 111 people who attended less than four yoga classes during the same period had a 22.5% re-incarceration rate.

In Ambhore & Joshi's (2009) quasi-experiment, 45 persons incarcerated at Amravati district central jail in Maharashtra, India who participated in a nine-month yoga intervention, were compared with 45 persons at the same jail who did not participate in yoga. Those who participated in the yoga intervention experienced significant decreases in anxiety, significant increases in impulse control, and significant decreases in aggression. The 60-minute yoga intervention was comprised of 10 minutes of prayer and chanting, 5 minutes of cleansing practices, 5 minutes of subtle body movements (sukshama exercise), 15 minutes of physical postures, 15 minutes of breathing exercises and meditation, and 10 minutes of relaxation (yog nidra).

Yoga intervention that incorporated other associated practices. Twenty inmates at Maui Community Correctional Center who participated in the 12-week Free Inside Program experienced significant decreases in depression, significant increases in hope, physical-mental wellness and human connection from baseline to study completion (Duncombe et al., 2005). The Free Inside Program incorporated yoga, meditation, and chi gung; classes were comprised of stretching, breathing, self-massage and guided or silent reflection. Classes aimed to instill acceptance of practices hailing from various ethnic traditions that strengthen both the physical and mental capacities and increase one's sense of connectedness to others.

Effect Size

Three studies were appropriately designed to generate effect sizes, including one randomized controlled trial (Bilderbeck et al., 2013) and two quasi-experiments (Ambhore & Joshi, 2009; Bunk, 1978). Three studies were excluded from effect size analysis because they did not include a comparison group (Duncombe et al., 2005; Harner et al., 2010; Ramadoss & Bose, 2010). One study was excluded because it was a qualitative study (Rucker, 2005). Two studies were excluded from the effect size analysis because they were cross-sectional studies (Landau & Gross, 2008; Pham, 2013). The comparison groups used in these two studies render the data inadequate to complete an effect size analysis, because there was only one time-point measured for these studies. Therefore, it is impossible to know if the participants in the yoga groups would have had higher spirituality scores in Pham's (2013) study and lower reincarceration rates in Landau & Gross's (2008) study, regardless of practicing yoga.

To generate the effect sizes for each outcome of the three studies appropriately designed for effect size analysis (Ambhore & Joshi, 2009; Bilderbeck et al., 2013; Bunk, 1978) we calculated the mean difference between the yoga and control groups. Because two of the studies had yoga and control groups of unequal sample size, we used Klauer, Willmes, & Phye's (2002) effect size calculator, which controls for different sample sizes. It should be noted that the pre- and post-tests are considered independent, not repeated, measures.

Table 2. Effect Size of Each Outcome by Study

Study	Outcome	N	Yoga Group		N	Control Group		Corrected effect size d_{corr}	
			Pre	Post		Pre	Post		
			M	SD	M	SD	M	SD	
Bilderbeck et al., 2013	Positive Affect	45	35.51	1.14	37.16	1.16	33.15	1.10	3.33
	Negative Affect		17.04	0.96	15.02	0.80	18.53	0.96	2.68
	Perceived Stress		16.87	1.24	11.40	1.10	17.91	0.97	3.41
	Psychological Distress		38.07	4.42	24.49	3.38	39.51	4.03	3.05
Bunk, 1978	Locus of Control	15	8.53	2.92	5.53	2.23	8.55	4.03	0.78
	State Anxiety		44.73	9.84	35.40	7.04	41.95	9.38	1.20
	Trait Anxiety		38.07	5.32	33.60	6.95	37.75	9.43	0.56
	Self-criticism*		34.00	5.01	34.53	4.78	34.30	6.89	0.20
	Total positive*		340.20	30.08	356.60	25.68	340.25	29.14	0.47
	Personality defect*		70.93	11.29	75.27	7.04	71.45	9.84	0.38
	Neuroticism*		80.67	9.60	86.80	6.68	82.30	13.76	0.47
Ambhore & Joshi, 2009	Personality integration*		8.80	2.62	11.27	3.31	8.30	4.40	0.59
	Deviant signs*		17.13	12.32	9.47	6.85	17.80	11.30	0.67
	Psychoticism *		48.80	6.25	46.60	6.88	48.80	6.16	0.76
	Aggression	45	192.44	25.33	166.37	17.46	183.71	29.31	0.93
	Anxiety		52.71	12.15	36.46	10.42	52.40	13.40	1.18
	Impulse control		201.20	20.19	225.73	23.61	209.11	18.21	1.33

Note: * from self-concept scale

The three studies included in the effect size analysis did not share any one outcome. Therefore, we were unable to complete a meta-analysis. Two of the studies did look at anxiety and found very large effects in anxiety (Ambhore & Joshi, 2009) and state anxiety, and a moderate effect for trait anxiety (Bunk, 1978). Effect sizes, sample sizes and the mean and standard deviation of pre-and post-tests of the yoga and control groups are presented in Table 2.

Discussion

The nine yoga studies reviewed here document promising outcomes within the correctional setting, a setting that poses numerous institutional hurdles. However, the studies also present methodological and sampling issues that limit the generalizations that can be drawn from the results, such as small sample sizes, inadequate comparison groups, and lack of reporting regarding demographics. In addition, because the studies looked at a variety of outcome measures, there are limited results for each outcome, thus restricting assertions of yoga's effect. Despite these limitations, the positive findings reflect the potential of yoga interventions in the incarcerated setting and inform research in this area.

Hatha Yoga Studies: Findings on Stress

The five hatha yoga interventions demonstrated statistically significant decreases in stress, depression, anxiety, psychological distress, and psychoticism, and demonstrated statistically significant increases in self-control, positive affect and cognitive abilities. Stress was the most widely explored outcome measure, which is unsurprising, given the extraordinary stress of incarceration. Stress reduction is also a logical outcome for hatha yoga interventions, with hatha yoga's aim to relax the body and mind in preparation for meditation. In particular, Bilderbeck et al. (2013) and Ramadoss & Boss (2010) found decreases in self-reported stress among incarcerated populations of varying security levels and ages and among incarcerated juveniles, respectively. Conversely, Harner, Hanlon & Garfinkel (2010) did not find a significant decrease in stress

among women in a medium-security prison. Authors posit that the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) may not have accurately captured the state of stress for a person who is incarcerated (Harner et al., 2010). In addition, with only six participants included in the analysis, it is conceivable that there was a particularly challenging event occurring at the prison during the yoga intervention that affected stress levels. However, without a comparison group, this is only conjecture.

The qualitative feedback that Rucker (2005) obtained from people in a maximum-security prison after participation in a hatha yoga intervention also pointed to stress-reduction benefits. Participants experienced self-regulation, which included stress relief gained through breath awareness and yoga postures. Rucker (2005) posits that yoga can contribute to self-mastery, aiding prisoners to feel some semblance of control in a system that otherwise restricts a person's freedom. Rucker (2005) also notes that the four men who practiced yoga the longest in the study were all facing longer sentences than the others. This finding can be researched further to determine if sentence length is associated with yoga intervention effects and attrition.

While Bunk (1978) does not look at the outcome of stress, he suggests that yoga and meditation relax the body and mind, thus reducing stress and associated negative outcomes (such as anxiety and impulse control), which are important to address among the population of prisoners who experience chronic stress. His finding that yoga plus mantra meditation had greater positive effects than yoga only or meditation only may support the idea that physical postures and breathing exercises help a person relax so as to attain a deeper level of meditation (Bunk, 1978). This idea deserves further research, through studies like Bunk's (1978) that compare yoga and meditation combined groups to meditation only and yoga only groups.

In sum, hatha yoga interventions largely were effective in reducing stress among correctional populations. Future studies can also look at how sentence length affects outcomes and look at whether meditation included with hatha yoga instruction is most effective.

Yoga Interventions Focused on Philosophy: Findings on Multiple Outcomes

The three yoga interventions that focused on yoga philosophy and spirituality were associated with statistically significant decreases in aggression, anxiety, and re-incarceration, and statistically significant increases in impulse control and spirituality. Each study looked at different outcomes. In addition, while the yoga interventions all focused on elements of yoga philosophy or spirituality, the interventions were markedly different.

Ambhore & Joshi (2009) described an intervention that included various components of yoga, including prayer and chanting. Physical postures, breathing exercises, and meditation comprised only half of each intervention session. The intervention was the most intensive of those reviewed here, with classes offered daily for nine months. In addition, the yoga intervention included more of the practices traditionally associated with yoga than any other study reviewed here. Ambhore & Joshi (2009) posit that yoga leads to greater self-awareness and self-discipline, thus alleviating a range of psychological issues, such as aggression, impulsivity, and anxiety. These outcomes were chosen based on the authors' contention that these are issues faced by many prisoners.

In Pham's (2013) study, yoga classes included discussion of spirituality (the main study outcome), in addition to breathing awareness, physical postures, and meditation. Pham (2013) notes that spiritual well-being is associated with overall well-being and therefore may be an important outcome for the prison population whose health is compromised. Pham (2013) chose a comparison group of people who never attended the yoga intervention. Clearly there is the potential for self-selection bias. It may be that people who chose to attend the yoga intervention had higher spirituality scores to begin with than people who chose not to attend the yoga intervention.

Similar to Pham (2013), in Landau & Gross' (2008) study the comparison group consisted of people who demonstrated less interest in yoga. Landau & Gross (2008) chose a comparison group of people who attended less than four yoga classes. Because the groups were not randomized and were chosen at a cross-sectional point, we cannot know if the findings

regarding lower re-incarceration rates for those who practiced yoga were related to characteristics in the groups other than yoga practice. Landau & Gross (2008) posit that practice of Ananda Marga yoga facilitated improved physical and mental well-being that in turn engendered a positive attitude and greater self-efficacy to make positive choices, which then affected the chosen outcome of re-incarceration (assumedly by making choices that avoid criminal justice contact). Authors suggest that lower re-incarceration rates among Ananda Marga yoga practitioners may have been related to learning about yoga philosophy, greater relaxation and self-control from physical postures and meditation practice, and social support through attention paid by instructors and fellowship of the other group members. This study highlights the idea of the transformative power of yoga to bring about major life changes such as a reduction in re-incarceration. However, this view disregards the many stressors that people face with a criminal justice history and the difficulty in transitioning from the incarcerated setting to the community. The potential for re-incarceration is not based only on individual decisions, but rather is based on the extraordinary barriers that people face upon reentry, such as inaccessibility of public services, barriers to employment opportunities, and tough parole and probation sanctions. Because of the many structural and environmental factors that make reentry so difficult, re-incarceration may not be an ideal outcome for individual-level interventions.

Yoga Intervention with Other Components: Findings on Multiple Outcomes

Duncombe et al. (2005) looked at the Free Inside program that includes chi gung with yoga and meditation practice, thus limiting the ability to ascribe the outcomes solely to yoga. The authors suggested that yoga, meditation, and chi gung may improve happiness, thereby improving overall physical and mental health. As such, they looked at a range of well-being outcomes. While the study noted some positive outcomes, these outcomes are not related solely to yoga but also to chi gung.

Limitations

The different yoga techniques employed in the reviewed studies make it difficult to evaluate the effects of yoga, because each intervention is unique. For example, even within the hatha yoga interventions, there is a great deal of variation. The contribution of different aspects of yoga practice, including physical postures, breathing techniques, meditation, and spiritual practices are not easily identified (Telles, Kozasa, Bernardi, & Cohen, 2013). Yoga studies should therefore clearly define what comprises the yoga intervention.

It is generally believed that physical postures (asanas) stretch and strengthen the body, thereby alleviating physical tension, increasing energy, and improving overall physical well-being. Additionally, pranayama breathing exercises condition one's breathing to affect one's mood, as by increasing energy or relaxation. Yoga philosophy (as derived from such seminal texts as Patanjali's *Yoga Sutras*) encourages reflection to improve mental and physical well-being. Physical postures, breathing exercises, yoga philosophy, and the other limbs of yoga work in concert to unite one's mind, body, and spirituality, improve one's overall well-being, and increase one's connection to one's community. However, there is no one formula regarding how much of each yoga component should be included in a given yoga practice, and varying degrees of each component may cause different outcomes. Because of this fluidity of yoga, it is important for studies to outline intervention components and their hypothesized relation to outcomes. For example, a yoga intervention that incorporates more physical postures may have a sizeable impact on physical health, while a yoga intervention that focuses on yoga philosophy may have a greater impact on mental well-being.

Finally, because the needs of people in the criminal justice setting are varied, it may be important for future correctional yoga studies to choose outcome measures based on the needs of the particular criminal justice population. For example, the concerns of a person who has a life sentence in prison may be very different from a person who will shortly be reentering the community. As such, studies may want to cater yoga interventions to meet those specific needs. Further, despite the potential for yoga to create positive change, it is important to note

that a person with criminal justice involvement faces a number of stressors, so much so that it is difficult to envisage that a yoga intervention can completely transform a person's life. As such, studies should choose realistic outcomes that take into account the challenges to which the population is exposed.

Implications

Few studies have been conducted on the effects of yoga in the incarcerated setting. To our knowledge, this is the first review study that classified and discussed the type of yoga practiced within research studies, and the related health outcomes for incarcerated people. Therefore, this study offers valuable information for both researchers and practitioners.

Future studies can report demographics of all participants, particularly looking at the demographics of those who do not complete the study. Attrition rates varied across studies, including 9.5% (Bilderbeck et al., 2013), 52% (Rucker, 2005), 24% (Bunk, 1978) and 65% (Harner et al., 2010). Attrition raises the question, "For whom is yoga most effective and most attractive?"—a question that can begin to be answered by looking at demographics of non-completers versus completers.

While methodological limitations prevent a definitive claim regarding yoga's efficacy with this population, yoga in the incarcerated setting demonstrates many promising outcomes. Future studies can clearly define the yoga intervention, suggest a purported mechanism, employ randomized designs with an active control group, employ qualitative designs to get participant feedback, and explore reasons for attrition. In addition, it may be important for yoga intervention studies to choose study outcomes based both on the type of yoga intervention and the criminal justice status of the participants.

Acknowledgements: This research was supported in part by National Institute on Drug Abuse Grant F31 DA038429. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

- Ambhore, S., & Joshi, P. (2009). Effect of yogic practices performed on deviants aggression, anxiety and impulsiveness in prison. *Journal of Psychosocial Research*, 4(2), 387-399.
- Auty, K. M., Cope, A., & Liebling, A. (2015). A systematic review and meta-analysis of yoga and mindfulness meditation in prison: Effects on psychological well-being and behavioural functioning. *International Journal of Offender Therapy and Comparative Criminology*, 1-22. [E-pub ahead of print.]
- Barnes, P. M., Bloom, B., & Nahin, R. L. (2008). Complementary and alternative medicine use among adults and children: United States, 2007. *National Health Statistics Report*. Hyattsville, MD.
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56(6), 893-897.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck Depression Inventory II*. San Antonio, TX: Psychological Corporation.
- Bilderbeck, A. C., Brazil, I. A., & Farias, M. (2015). Preliminary evidence that yoga practice progressively improves mood and decreases stress in a sample of UK prisoners. *Evidence-Based Complementary and Alternative Medicine*, 2015. <http://dx.doi.org/10.1155/2015/819183>
- Bilderbeck, A. C., Farias, M., Brazil, I. A., Jakobowitz, S., & Wikholm, C. (2013). Participation in a 10-week course of yoga improves behavioural control and decreases psychological distress in a prison population. *Journal of Psychiatric Research*, 47(10), 1438-1445.
- Binswanger, I. A., Krueger, P. M., & Steiner, J. F. (2009). Prevalence of chronic medical conditions among jail and prison inmates in the United States compared with the general population. *Journal of Epidemiology and Community Health*, 63(11), 912-919.
- Bunk, B. E. (1978). *Effects of hatha yoga and mantra meditation on the psychological health and behavior of incarcerated males* (Doctoral dissertation). The University of Texas Health Science Center at Dallas.
- Chong, C. S. M., Tsunaka, M., Tsang, H. W. H., Chan, E. P., & Cheung, W. M. (2011). Effects of yoga on stress management in healthy adults: A systematic review. *Alternative Therapies in Health and Medicine*, 17(1), 32-38.
- Chu, P., Gotink, R. A., Yeh, G. Y., Goldie, S. J., & Hunink, M. M. (2014, December 15). The effectiveness of yoga in modifying risk factors for cardiovascular disease and metabolic syndrome: A systematic review and meta-analysis of randomized controlled trials. *European Journal of Preventive Cardiology*. doi: 10.1177/2047487314562741
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396.

- Derezotes, D. (2000). Evaluation of yoga and meditation trainings with adolescent sex offenders. *Child & Adolescent Social Work Journal*, 17(2), 97-113.
- Derogatis, L. R., & Spencer, P. M. (1993). *Brief Symptom Inventory: BSI*. Upper Saddle River, NJ: Pearson.
- Duncombe, E., Komorosky, D., Wong-Kim, E., & Turner, W. (2005). Free inside: A program to help inmates cope with life in prison at Maui Community Correctional Center. *Californian Journal of Health Promotion*, 3(4), 48-58.
- Ellison, C. W., & Paloutzian, R. F. (2009). *LifeADVANCE*. Welcome to the home of the Spiritual Well-Being Scale. Retrieved July 25, 2015, from <http://www.lifeadvance.com>
- Elwy, A. R., Groessl, E. J., Eisen, S. V., Riley, K. E., Maiya, M., Lee, J. P., ... Park, C. L. (2014). A systematic scoping review of yoga intervention components and study quality. *American Journal of Preventive Medicine*, 47(2), 220-232.
- Fitts, W. H., & Roid, G. H. (1964). *Tennessee Self Concept Scale*. Nashville, TN: Counselor Recordings and Tests.
- Grissom, B. (2013, December 13). If the sun salutation has to fit into a cell. *The New York Times*, p. A31A. Palestine, TX. Retrieved from <http://www.nytimes.com/2013/12/13/us/if-the-sun-salutation-has-to-fit-into-a-cell.html>
- Harner, H., Hanlon, A. L., & Garfinkel, M. (2010). Effect of Iyengar yoga on mental health of incarcerated women: A feasibility study. *Nursing Research*, 59(6), 389-399.
- Hatha yoga. (2016). *Yoga Journal*. Retrieved February 12, 2016, from <http://www.yogajournal.com/category/yoga-101/types-of-yoga/hatha/>
- Higgins, J. P., & Green, S. (Eds.) (2011). *Cochrane handbook for systematic reviews of interventions* (5.1.0 ed.). Cochrane Book Series. Retrieved from <http://handbook.cochrane.org/>
- James, D. J., & Glaze, L. E. (2005). *Mental health problems of prison and jail inmates*. Washington, DC: Bureau of Justice Statistics Special Report (NCJ 213600).
- Kaeble, D., Glaze, L., Tsoutis, A., & Minton, T. (2015). *Correctional populations in the United States, 2014*. Washington, DC: Bureau of Justice Statistics Bulletin (NCJ 249513).
- Kirkwood, G., Rampes, H., Tuffrey, V., Richardson, J., & Pilkington, K. (2005). Yoga for anxiety: A systematic review of the research evidence. *British Journal of Sports Medicine*, 39(12), 884-891.
- Klauer, K. J., Willmes, K., & Phye, G. D. (2002). Inducing inductive reasoning: Does it transfer to fluid intelligence? *Contemporary Educational Psychology*, 27, 1-25.
- Landau, P. S., & Gross, J. B. J. (2008). Low reincarceration rate associated with Ananda Marga yoga and meditation. *International Journal of Yoga Therapy*, 18, 43-48.
- Mallik-Kane, K., & Visser, C. A. (2008). *Health and prisoner reentry: How physical, mental and substance abuse conditions shape the process of reintegration*. Washington, DC: The Urban Institute.

- Massoglia, M. (2008). Incarceration as exposure: The prison, infectious disease, and other stress-related illnesses. *Journal of Health and Social Behavior*, 49(1), 56-71.
- Messina, N., Grella, C., Cartier, J., & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment*, 38(2), 97-107.
- Pham, K. H. (2013). *Outcomes of a recreation therapy yoga meditation intervention on prison inmates' spiritual well-being* (Master's Thesis). San Jose University.
- Pilon, M. (2013, January 4). A series of poses for fitness, inside and out. *The New York Times*, p. A11. Richmond, VA. Retrieved from <http://www.nytimes.com/2013/01/04/us/inmates-find-health-and-solace-in-yoga.html>
- Posadzki, P., & Ernst, E. (2011). Yoga for low back pain: A systematic review of randomized clinical trials. *Clinical Rheumatology*, 30(9), 1257-1262.
- Prince, D. F. (2012). *Effect of different packages of yogic practices on selected motor fitness components physiological and psychological variables among juvenile delinquents* (Doctoral dissertation). Tamil Nadu Physical Education and Sports University.
- Prins, S. J. (2014). Prevalence of mental illnesses in U.S. state prisons: A systematic review. *Psychiatric Services*, 65(7), 862-872.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
- Ramados, R., & Bose, B. K. (2010). Transformative life skills: Pilot studies of a yoga model for reducing perceived stress and improving self-control in vulnerable youth. *International Journal of Yoga Therapy*, 20, 73-79.
- Rammohan, Y. (2012). *Prison SMART*. United States: Chicago Tonight.
- Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.
- Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: A review of comparison studies. *Journal of Alternative and Complementary Medicine*, 16(1), 3-12.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1), 1-28.
- Rucker, L. (2005). Yoga and restorative justice in prison: An experience of "response-ability to harms." *Contemporary Justice Review*, 8(1), 107-120.
- Sherman, K. J., Cherkin, D. C., Erro, J., Miglioretti, D. L., & Deyo, R. A. (2005). Comparing yoga, exercise, and a self-care book for chronic low back pain. *Annals of Internal Medicine*, 143(12), 849-856.
- Sherman, K. J., Cherkin, D. C., Wellman, R. D., Cook, A. J., Hawkes, R. J., Delaney, K., & Deyo, R. A. (2011). A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. *Archives of Internal Medicine*, 171(22), 2019-2026.

- Sistig, G., Friedman, S. H., McKenna, B., & Consedine, N. S. (2015). Mindful yoga as an adjunct treatment for forensic inpatients: A preliminary evaluation. *The Journal of Forensic Psychiatry and Psychology*, 26(6). doi.org/10.1080/14789949.2015.1062996
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ... Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570-585.
- Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *The State-Trait Anxiety Inventory* (test manual). Palo Alto, CA: Consulting Psychologists.
- Stanford, M. S., & Barratt, E. S. (1995). Factor structure of the Barratt Impulsiveness Scale. *Journal of Clinical Psychology*, 51(6), 768-774.
- Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality*, 72(2), 271-324.
- Taxman, F. S., Perdoni, M. L., & Harrison, L. D. (2007). Drug treatment services for adult offenders: The state of the state. *Journal of Substance Abuse Treatment*, 32(3), 239-254.
- Telles, S., Kozasa, E., Bernardi, L., & Cohen, M. (2013). Yoga and rehabilitation: Physical, psychological, and social. *Evidence-Based Complementary and Alternative Medicine*, 2013. doi: 10.1155/2013/624758
- The National Center on Addiction and Substance Abuse. (2010). *Behind bars II: Substance abuse and America's prison population*. New York, NY. Retrieved from <http://nicic.gov/library/024443>
- U.S. Department of Health and Human Services. (2013). *Yoga for health*. Retrieved from [https://nccih.nih.gov/sites/nccam.nih.gov/files/Get_The_Facts_Yoga_for_Health_06-04-2013_\(2\).pdf](https://nccih.nih.gov/sites/nccam.nih.gov/files/Get_The_Facts_Yoga_for_Health_06-04-2013_(2).pdf)
- Ullman, D. (2014, February 11). Bringing yoga to prison. *The Atlantic*. New York, NY. Retrieved from <http://www.theatlantic.com/health/archive/2014/02/bringing-yoga-to-prison/283490/>
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063-1070.
- Wi, A. W., & Goldsmith, C.-A. W. (2012). The effects of yoga on anxiety and stress. *Alternative Medicine Review: A Journal of Clinical Therapeutics*, 17(1), 21-35.
- Yang, K. (2007). A review of yoga programs for four leading risk factors of chronic diseases. *Evidence-Based Complementary and Alternative Medicine*, 4(4), 487-491.

An Environmental Scan of Mindfulness-Based Interventions on University and College Campuses: A Research Note

KALEY J. CIESLAK, LEHANNA E. HARDY, NATALIE S. KYLES,
ERIKA L. MILLER, BECKY L. MULLINS, KATELYN M. ROOT,
CHRISTINA M. SMITH

Western Michigan University
School of Social Work

The purpose of this research note is to provide readers with an understanding of the diverse types of student mental health interventions that are being offered on North American universities/colleges broken down into two types of interventions: (1) traditional, or non-mindfulness-based interventions, and (2) mindfulness-based interventions.

Data were collected, organized, and synthesized during the first 5 months of 2016 (via a simple Google searches) for all North American universities/colleges that offered their students mental health interventions on their campuses.

Traditional, or non-mindfulness-based interventions remain widely in use on university/college campuses and include: prevention and outreach, support groups and workshops, individual counseling, and self-help.

Mindfulness-based interventions, although less widely available, include: mindfulness-based cognitive therapy, mindfulness-based stress reduction, guided meditations and yoga, compassion training, mindfulness-based technology, and mindful eating. There is an abundance of data that seem to indicate that colleges/universities are increasing the mental health interventions they offer to their students. In addition, the use of mindfulness-based interventions (a sub-set of mental health interventions) seems to be being used with an increasing frequency.

Key words: *Mindfulness-based interventions, students, college, universities, effectiveness, mental health concerns*

Journal of Sociology & Social Welfare, December 2016, Volume XLIII, Number 4

The American Psychological Association (2011) reports that stress is on the rise with 44 percent of Americans reporting that their stress levels have increased over the past five years. Money, work, and the economy are three of the most frequently cited sources of stress. Fears about job earnings and stability are major stressors, and are a real concern for young people entering the workforce, with or without a college degree. Individuals growing up with adverse childhood experience are more likely to experience drug and alcohol abuse, smoking, violence, depression, and other health problems, including early death (Felitti et al., 1998; Reed, Anthony & Breslau, 2007).

Arnett (2000) argues that emerging adulthood is a distinct phase of life that captures the 18-25 year old range. During this period, individuals are neither adolescents nor young adults. It is a phase of development where one has relative independence from social roles and from normative expectations. In comparison to older adults that report goal orientation toward maintenance and loss prevention, younger adults are focused on growth and expansion (Ebner, Freund, & Baltes, 2006).

In the U.S., 18-25 year olds typically explore a variety of possible life directions in love, work, and worldviews. It is a time of life when many different directions remain possible, and when little about the future has been decided for certain. Moreover, research in neuroscience suggests that brain development continues during these emerging adult years and that it is moderated by activities during this period of life (Pujol, Vendrell, Junque, Marti-Vilalta, & Capdevila, 1993). In other words, learning in young adulthood can affect lifelong behaviors and perceptions.

Mental Health Needs of University/College Students

The National Center for Education Statistics (NCES, 2015) indicates that in the fall of 2015 approximately 20.2 million students are expected to attend universities/colleges in North America. Given this large student population, one out of four live with a diagnosed mental illness, and this does not account for those who are dealing with undiagnosed mental health concerns (Baker, 2015).

What are Mindfulness-Based Interventions?

In a nutshell, mindfulness is derived from Buddhist practice and can be described as an intentional and non-judgmental awareness of the present moment. Mindfulness is primarily focused on the systematic training and refinement of attention and awareness, compassion, and wisdom (Kabat-Zinn, 1990; University of Massachusetts Worcester Campus Center for Mindfulness, 2014).

Mindfulness practices involve systematically moving through a sequence of exercises that induce a relaxation response. The result yields a level of self-awareness that helps individuals to pause, observe what they are thinking or feeling, and avoid reacting in a habitual manner. Mindfulness, the learned capacity to be aware of and accept one's own emotional states without necessarily acting on them or letting them escalate, has been advanced as a common factor across different meditation orientations, and is measured as the outcome variable in many meditation-based techniques (Roemer & Orsillo, 2002).

Different Delivery Methods

Mindfulness meditation practice, most often delivered in 6- or 8-week blocks, is showing promising results in college arenas. Hall (1999) found that meditation improved academic performance among a sample of African American college students. Borchardt, Patterson, and Seng (2012) focused their research on females between the ages of 18 and 25 and found that meditation lead to greater physiological relaxation and better mood, as compared to listening to an audio book.

Deckro et al. (2002) found that a 6-week mind-body training significantly reduced psychological distress, state anxiety and perceived stress in college students. Travis et al. (2009) report meditation as having positive effects on brain integration for young adults. Moreover, mindfulness practice may be a cost-effective intervention for young adults seeking coping strategies to manage stress or as adjunctive treatment modalities for mental health (Eastman-Mueller, Wilson, & Raynes, n.d.).

Mindfulness-based interventions can range from a very simple single brief technique (e.g., 10 minutes) to a more complex, long-term practice that can encompass an entire intervention (e.g., 8-week intervention). For example, a simple personal mindfulness technique may merely consist of intentionally focusing on one's breath and acknowledging passing thoughts without attempting to change one's breath or thoughts. Another simple mindfulness-based intervention is the use of a guided meditation application via the Internet.

On the other hand, a more complex mindfulness-based intervention is Mindfulness-Based Stress Reduction (MBSR) which can be an 8-week course led by a trained instructor, often requiring once a week meetings and daily homework. In a nutshell, mindfulness-based interventions vary extensively in their complexity and intricacy in relation to helping people deal with their mental health issues (de Bruin, Meppelink, & Bögels, 2015).

In short, there are many different meditation techniques that have been studied to reduce stress, including mindfulness-based stress reduction (e.g., Kabat-Zinn, 1982), mindfulness-based cognitive therapy (e.g., Teasdale et al., 2000), mindfulness-based relapse prevention (e.g., Bowen et al., 2009), and yoga nidra (e.g., Miller, 2007). All are designed to cultivate mindfulness and self-control of difficult emotions or moods.

Methodology

Research Problem

To our knowledge, there are no studies that describe the various types of campus-based mental health interventions that university/colleges provide their student bodies. In addition, the mental health interventions they may offer have never been broken down by type of intervention in reference to traditional interventions, such as those listed in Tables 1-4, and mindfulness-based interventions, such as the ones listed in Tables 5-10.

Research Question

This study addressed one simple research question: What

types of mental health interventions do universities/colleges offer on their campuses broken down into two non-mutually exclusive categories: (1) traditional mental health interventions, or non-mindfulness-based interventions; and (2) mindfulness-based interventions?

It must be noted that this study neither attempted to compare and contrast the effectiveness and/or efficiencies between the two types of interventions nor provide an exhaustive list of university-based interventions that are currently being offered within university/college settings. In addition, it did not attempt to do any kind of systematic review or meta-analysis of the interventions whatsoever. We simply provide brief summaries and descriptions of the wide variety of major campus-based mental health interventions that exist, along with embedded links that will take readers to the respective university/college intervention's website (e.g., Tables 1-10).

Theoretical Population and Sampling Frame

The theoretical population for this study was all of the accredited four-year universities/colleges in North America on January 1, 2016. The study's sampling frame consisted of those institutions that had some kind of online presence in relation to the mental health interventions it offers to their students. It is not known, however, exactly how many universities/colleges offer these services, since this study used a purposive sampling method in an attempt to select, and thus describe, the widely different types of interventions available to students; that is, the authors purposively selected interventions that were diverse as much as possible among the ones that exist. We simply wanted to have as much variance between and among the interventions as possible. Thus, by design, this purposive sample will not represent the population from which it was drawn.

Research Design and Data Collection

A descriptive cross-sectional survey design was utilized to answer the research question. Data were gathered during the first 5 months of 2016 (via simple Google searches: students + programs + interventions + mental health + universities +

colleges) for all universities/colleges in North America that offered student mental health interventions. The basic data collection process was as follows:

- First, the authors completed a simple Internet search for all universities/colleges that offered mental health interventions to their students on their campuses. As expected, this procedure produced a list of 100s of universities/colleges that offered such services.

- Second, from the above list, the authors then deliberately selected "common interventions" (via a consensus-based decision model) that many of the universities/colleges offered.

- Third, the authors then grouped these common interventions (via a consensus-based decision model) into either: (1) traditional, or non-mindfulness-based interventions (Tables 1-4); or (2) mindfulness-based interventions (Tables 5-10).

Limitations

The first limitation of this study is that it did not include those universities/colleges that offered student mental health interventions that did not have an online presence; that is, those universities/colleges that did not mention they provided mental health interventions for its student population on their websites, but indeed offered such services, couldn't be included in the study's sample.

A second limitation is that the study did not include community colleges. A third limitation was the fact that the authors used a consensus-based decision model for all decision points throughout the entire study. More specifically, a consensus-based decision model was used when categorizing each university/college that offered some kind of mental health intervention into either a traditional intervention (Table Titles 1-4) or a mindfulness based-intervention (Table Titles 5-10). Thus there were no clear-cut valid and reliable preset criteria for the inclusion of an intervention into one of the two intervention categories.

A fourth limitation is that the authors used a consensus-based decision model when selecting specific universities/colleges to include in this study that had a particular type of intervention that was thought to be subjectively "representative" of what the other universities/colleges also offer—and

more importantly these selected "representative universities/colleges" were believed to be more widely known than others.

Findings

The findings of this study are broken down into two distinct sections: traditional, or non-mindfulness-based interventions; and mindfulness-based interventions.

Traditional, or Non-Mindfulness-Based Interventions

As can be seen in the left-hand side of Tables 1-4, there is a wide variety of traditional interventions being offered in universities/colleges throughout the North America. The authors grouped these traditional types (via a consensus model) into four non-mutually exclusive categories: Table 1: Prevention and Outreach; Table 2: Support Groups and Workshops; Table 3: Individual Counseling; and Table 4: Self-Help.

Prevention and outreach. As seen in Table 1, most prevention and outreach interventions appear to be university-funded or operated under direct university support. The primary intervention modalities for all outreach and prevention interventions are psychoeducational in nature. Most interventions do not have associated fees or costs. Students, staff, and faculty are all encouraged to partake in offered outreach and prevention interventions.

The majority of prevention and outreach interventions have an active online presence with links to further resources or provide basic psychoeducational materials within their websites. Most do not, however, have an existing social media presence (beyond the existing university presence). All interventions provide contact information via at least e-mail addresses, most include telephone numbers, and some include physical address locations. Most workshops and prevention interventions are tailored for the specific needs of their audiences.

There are some significant differences between and among the traditional interventions contained in Table 1. For example, one intervention utilizes adjunctive support from a student-led organization. Another is solely student-led and is also the only intervention listed which has a social media presence. Two

interventions utilize graduate assistants as a part of the prevention and outreach team in addition to regular staff. Another two are offered as a subset of university-based counseling centers, while others are stand-alone departments within their respective university/college settings. Two interventions offer event calendars which highlight upcoming workshops.

Table 1. Traditional Prevention and Outreach Interventions

Name of Intervention	University/College
Alcohol and Other Drug Abuse Prevention Programs	North Dakota State University https://www.ndsu.edu/alcoholinfo/
Body Image and Self-Esteem Workshops	University of Michigan http://www.bodypeacecorps.com/workshops.php
Mental Health Outreach	University of California, Riverside http://well.ucr.edu/programs/mentalhealth.html
Various Outreach Programs	University of Iowa https://counseling.studentlife.uiowa.edu/services/outreach
Suicide Prevention	Western Michigan University https://wmich.edu/suicideprevention/about

Support groups and workshops. As noted in Table 2, nearly all traditional support and therapy group interventions are provided under the auspices of a university/college-based Counseling and Psychological Interventions Services (CAPS). A "Frequently Asked Question" section is available on a majority of the websites, along with a variety of information regarding the groups available. Nearly all of the groups presented to students are available free of charge, often due to student health fees generated through tuition dollars. Groups offered include a wide variety of support, psychoeducation, or psychotherapy groups. Common patterns of groups offered

across universities/colleges include: coping skills; anxiety/depression management; eating disorders; LGBTQ or gender identity; grief and bereavement; support groups for different types of students (such as minority students or graduate students); and support for sexual assault survivors.

The vast majority of groups available to students are scheduled during regular business hours—Monday through Friday. The bulk of group therapy sessions are co-facilitated by a combination of licensed mental health professionals and graduate students in training. Most colleges offer at least eight or more different types of groups to students, with the average offering of 10 groups. The majority of groups require a pre-consultation or assessment with the therapists or group leaders before attending the groups. Some groups are also offered on a drop-in basis with no pre-consultation required.

There are also key differences among the traditional interventions listed in Table 2. Group offerings, for example, vary between the universities/colleges, with some offered by year and others by semester. Although many similarities exist in the types of groups offered, some universities/colleges offer uncommon groups such as: trichotillomania groups (compulsive hair pulling); mindful-eating groups; man-to-man groups; meditative drumming groups; existential or spiritual pondering groups; and therapeutic writing groups.

Although the average number of group offerings were around 10 per university/college, one university offered only four different groups, and two offered 16 in total. Only one university required students to pay a fee for services rendered, either billing their insurance companies or requiring a \$15 flat fee per session. Among information offered online, one university provided an online notification service to inform students if a group was closed or accepting new members.

Individual counseling. As contained in Table 3, all the traditional interventions provide individual therapy via mental health professionals (e.g., social workers, counselors, psychologists, psychiatrists). Therapy is provided in the interventions through a variety of treatment modalities, such as Emotionally Focused Treatment, Coaching, Solution-Focused Brief Treatment Model, Cognitive Behavioral Therapy, and more.

Table 2. Traditional Support and/or Therapy Groups Interventions

Name of Intervention	University/College
Acceptance and Commitment Therapy Group	University of Iowa https://counseling.studentlife.uiowa.edu/services/group-counseling-and-psychotherapy/group-programs-for-spring-2016/#act_life
Alcohol and Other Drugs Treatment Group	University of Connecticut http://counseling.uconn.edu/groups-bootstraps-format/
Adult Children of Alcoholics Support Group	Grand Valley State University http://www.gvsu.edu/counsel/group-descriptions-153.htm#acoa
Attention Deficit/Hyperactivity Disorder Group	Weber State University http://www.weber.edu/CounselingCenter/adhd-group.html
Bipolar Disorder Group Counseling	Michigan State University http://counseling.msu.edu/student_services/group-counseling/
Coping Skills Group	University of Michigan https://caps.umich.edu/content/coping-skills
Feeling Better 101 (Stress and Coping) Group	Eastern Michigan University http://www.emich.edu/caps/services/workshops.php
Graduate Student Support Group	Western Michigan University https://wmich.edu/healthcenter/counseling/group
Grief Support and Skill Building	University of Arkansas http://health.uark.edu/counseling/group-therapy.php
International Student Support Group	Central Michigan University https://www.cmich.edu/ess/studentaffairs/CounselingCenter/Counseling_Services/Pages/Groups_and_Workshops.aspx
LGBTQA Support Group	Weber State University http://www.weber.edu/CounselingCenter/lgbtqa-group.html
Mood and Personality Groups	University of Oregon http://counseling.uoregon.edu/CounselingServices/GroupTherapy/GroupsOffered.aspx
Perfectionist Support Group	University of North Carolina https://campushealth.unc.edu/services/counseling-and-psychological-services/group-therapy/how-join-caps-group/perfectionist
Sleep 101 (Sleep Hygiene) Group	Michigan State University http://counseling.msu.edu/student_services/group-counseling/
Social Anxiety Group	University of Michigan https://caps.umich.edu/content/conquering-social-anxiety

Table 2. Traditional Support and/or Therapy Groups Interventions (continued)

Name of Intervention	University/College
Support (and Empowerment) Group for Sexual Assault Survivors	University of Pennsylvania http://www.vpul.upenn.edu/caps/groups.php
Understanding Self and Others Group Counseling	Kennesaw State University http://studentsuccess.kennesaw.edu/cps/services/counseling/group.php

However, most interventions did not specifically state what treatment modality is being used by individual therapists. The majority of the universities/colleges offer their counseling interventions free to their part- and full-time students. Most interventions did not specify if fees were attached to the students' tuition dollars or if they were covered through other funding sources. Most interventions only charge a fee for psychiatric interventions. Individual counseling is offered for short-term sessions, either per semester or academic year.

If students require further counseling, most interventions provide long-term counseling to students as needed or make appropriate outside referrals. The majority of individual counseling interventions have web pages that include information about available interventions, resources on and off campus, and educational materials. Most of the universities/colleges offer individual counseling in addition to other interventions.

Major differences within the traditional interventions presented in Table 3 primarily include fees for individual counseling sessions. Two of the universities charge students or bill their insurance companies for services. Another charges \$10 for an individual counseling session and \$15 for psychiatric sessions. Important to note is that one intervention has an extensive individual counseling component for sexual assault, in addition to numerous corresponding resources that are available and posted on its website.

Self-help. Various traditional self-help interventions available within university/college settings are listed in Table 4. The majority of these interventions are supported by the university/college and any associated fees appear to be covered

Table 3. Traditional Individual Counseling Interventions

Name of Intervention	University/College
Academic/Career Counseling	Western Michigan University http://wmich.edu/cecp/ccps/career-counseling
Anxiety Counseling	Georgia Southern University http://students.georgiasouthern.edu/counseling/individual-counseling/
Body Image Counseling	Auburn University http://wp.auburn.edu/scs/counseling/
Decision-Making and Dilemmas Personal Counseling	Kennesaw State University http://studentsuccess.kennesaw.edu/cps/services/counseling/personal.php
Depression Counseling	Florida State University http://counseling.fsu.edu/for-students/frequently-asked-questions.shtml
Family Concerns Counseling	Brigham Young University http://www.byui.edu/counseling-center/counseling-services/individual-counseling
Financial Stress Counseling	University of Denver http://www.du.edu/health-and-counseling-center/counseling/students/services/individual.html
Grief and Loss Counseling	Indiana University South Bend https://www.iusb.edu/student-counseling/grief.php
Hopelessness and Depression Counseling	San Jose State University http://www.sjsu.edu/counseling/students/Additional_Resources/Self-Help_Tips/Depression/
Identity and Personal Growth Counseling	University of Central Florida http://caps.sdes.ucf.edu/individual-counseling
LBGTQ Counseling	Ferris State University http://www.ferris.edu/HTMLS/studentlife/PersonalCounseling/sidenav/LBGTQ.htm
Self-Injury Counseling	Drexel University http://drexel.edu/healthservices/counseling-center/counseling-services/individual/
Sexual Assault Counseling	University of California, Los Angeles http://www.counseling.ucla.edu/CARE/Get-Help
Self-Esteem Counseling	University of Texas at Austin http://cmhc.utexas.edu/selfesteem.html
Substance Abuse Counseling	University of Arizona http://oasis.health.arizona.edu/caps_clinical_services_substance_abuse.htm
Transgender Support Counseling	Drexel University http://drexel.edu/studentlife/diversity/LBGTQA%20Center/transgender-resources/#Health
Trauma and Post-Traumatic Stress Disorder Counseling	Loyola University Maryland http://www.loyola.edu/departments/counselingcenter/students/concerns/trauma

by tuition dollars. The primary interventions for all self-help interventions are psychoeducational in nature. Self-help interventions are geared towards students and offer multiple areas of focus with an overview of the topic, normalizing the experience of student difficulties, information on self-help resources, options for outside help, further direction on professionals to talk with, steps for the future, a multitude of resources for further assistance, and education.

Commonly addressed issues include anxiety, depression, relationship problems, eating disorders, anger management, stress management, substance abuse, suicide, and self-harm. Areas that are growing, but still less common among interventions in Table 3, include LGBTQIA and cultural concerns. The majority of the self-help interventions featured have a heavy online presence with brochures available in PDF formats, videos, links to external resources, self-assessment modules, and helpful printable guides.

Each site functions under a counseling center umbrella with a plethora of interventions and information included within their interventions, along with links to social media. A majority of the interventions provide a link to [ULifeline.org](https://www.ulifeline.org), which is an online mental health resource for college students. Most of the interventions offer a section dedicated solely towards parents and faculty discussing how to recognize students in need, how to approach the system, how to offer guidance, how to access referrals, and how to have proper self-care.

The self-help interventions featured in Table 4 are structured very similarly and overlap in some areas. As can be expected, some are more advanced than others. The more advanced ones offer a full mission statement, vision, core values, and list their supporting mental health partners. Some are accredited and are offered separately from their counseling departments. Contact information is listed for each self-help intervention, but some offer detailed biographies of the faculty, their area of expertise, and direct contact information. Approximately half offer further options for phone apps, self-assessments, and structured lists of workshops and/or group classes.

Table 4. Traditional Self-Help Interventions

Name of Intervention	University/College
Academic anxiety	Louisiana State University http://www.lsus.edu/offices-and-services/student-development/student-support-services/guides-to-college-success/overcoming-academic-anxiety
Anger management	Villanova University http://www1.villanova.edu/villanova/studentlife/counselingcenter/infosheets/angermanagement.html
Anxiety	East Carolina University http://www.ecu.edu/cs-studentaffairs/counseling-center/selfhelp.cfm#Anxiety
Cultural concerns	Kansas State University http://www.k-state.edu/counseling/topics/life/culture.html
Depression	University of Michigan http://www.depressiontoolkit.org/takecare/
Eating disorders	Texas A&M University https://scs.tamu.edu/?q=node/81
Family concerns	NC State University https://counseling.dasa.ncsu.edu/family-issues/
Grief and loss	University of Wisconsin, Oshkosh http://www.uwosh.edu/couns_center/self-help/grief
LGBTQ	Geneseo State University of New York http://www.geneseo.edu/health/helpful_counseling_links#glbt
Relationships	University of Notre Dame http://ucc.nd.edu/self-help/romantic-relationship-issues/
Relationship Violence	University of Houston http://www.uh.edu/caps/resources/domestic_violence_abuse.html
Sexual Assault	California Polytechnic State University http://www.hcs.calpoly.edu/content/counseling/sexual-assault
Stress Management	Emerson College http://www.emerson.edu/counseling-center/self-help-resources/stress-management
Substance Use/Abuse	Salem State University https://www.salemstate.edu/chs/alcohol-drugs.php
Suicide and Self-Harm	Indiana University-Purdue University Indianapolis http://studentaffairs.iupui.edu/health-wellness/counseling-psychology/self-help/suicide.shtml
Trauma and PTSD	University of California San Diego http://caps.ucsd.edu/selfhelp.html

Mindfulness-Based Interventions

Mindfulness-based interventions available on university/college campuses were categorized by the authors (via a consensus-based decision model) into six non-mutually exclusive categories: Table 5: Mindfulness-Based Stress Reduction; Table 6: Mindfulness-Based Cognitive Therapy; Table 7: Guided Meditations and Yoga Classes (individual and group); Table 8: Mindfulness-Based Technology; Table 9: Compassion Training; and Table 10: Mindful Eating.

Mindfulness-based stress reduction. As seen in Table 5, Mindfulness-Based Stress Reduction (MBSR) is offered in course format across university/college settings and is aimed at teaching individuals to use mindfulness techniques to reduce levels of stress and in turn improve overall well-being. Most of the campuses have 8-week MBSR courses with a single 2- or 3-hour session per week and an additional daylong session towards the end of the course. Most of these courses have some form of orientation, or screening process, prior to joining the course.

The bulk of MBSR courses have accompanying homework to be completed weekly, sometimes daily, for approximately 40-60 minutes. The majority of courses utilize materials that aid in the student learning process, such as manuals, textbooks, workbooks, handouts, CDs, and audio recordings. Consistent participation is strongly encouraged within all MBSR courses.

All courses have an associated fee, varying by intervention and often by student income, with most offering alternative payment options or financial assistance. Intervention facilitators and their level of training also vary widely. Registration, contact information, as well as course schedules and additional resources can all be found on the respective websites. Most of the courses offered are available to all community members.

To contrast, one intervention is only available as a one credit academic course to students, but still follows the MBSR framework of 8-weekly 2-hour long meetings with an additional all day retreat. Another course has an over-the-phone pre-screening and also administers pretests and posttests. In addition to orientation, one offers a 2-hour introductory workshop that reviews the practice and benefits of mindfulness. Another college offers a 5-day intensive residential intervention.

Some of these courses provide the necessary materials,

while others require an additional fee for them. While some courses offer morning and evening classes to accommodate schedules, one course offers telephone-based and virtual sessions for those who cannot meet face-to-face. One intervention has a customizable corporate training course. Another offers all-day MBSR session retreats, MBSR II, and occasional deepening sessions for MBSR graduates.

Table 5. Mindfulness-Based Stress Reduction Interventions (MBSR)

Name of Intervention	University/College
MBSR 2-Hour Introductory MBSR Program or 8-Week Course	Penn Medicine https://www.pennmedicine.org/for-patients-and-visitors/find-a-program-or-service/mindfulness/course-offerings/foundation-courses
8-Week MBSR Course or 5- Day Residential Intensive Program	University of Massachusetts Medical School http://www.umassmed.edu/cfm/stress-reduction/
8 -Week MBSR Courses	University of Minnesota https://www.csh.umn.edu/education/focus-areas/mindfulness
8-Week MBSR Course	University of Missouri http://studenthealth.missouri.edu/services/healthpromotion/stressmanagement/mbsr.html
8-Week MBSR Course	University of Oregon http://academicextension.uoregon.edu/mbsr/

Mindfulness-based cognitive therapy. As shown in Table 6, the Mindfulness-Based Cognitive Therapy Interventions (MBCT) are operated under the auspices of the universities/colleges, with many offered through their medical schools. Most interventions specify that MBCT is geared towards individuals who have histories of anxiety and depression and documentation of previous treatment of these disorders is required in order to enroll. All MBCT interventions are 8 weeks long with a single two- to three-hour session weekly and a required additional 45-60 minutes of daily practice. Most interventions include an intensive daylong retreat at some point during the

course. All of the MBCT interventions have fees, ranging from \$100 to \$725, with an average cost of around \$435.

Some offer tuition support, payment options, and discounts for students, and payments can be made online with a credit or debit card. Most MBCT interventions have websites which provide further research and resources concerning MBCT, as well as instructor contact information and short biographies. The facilitators of the MBCT interventions have their PhDs in psychology and are also required to be practitioners who are skillful at delivering mindfulness interventions.

Table 6. Mindfulness-Based Cognitive Therapy Interventions (MBCT)

Name of Intervention	University/College
8-Week Mindfulness Training Program	University of Illinois http://www.psc.illinois.edu/mindfulness/
8-Week MBCT Program	University of Massachusetts Medical School http://www.umassmed.edu/cfm/mbct/
8-Week MBCT Program	University of Virginia School of Medicine https://med.virginia.edu/mindfulness-center/programs/mindfulness-based-cognitive-therapy/
8-Week MBCT Program	Oxford University http://www.oxfordmindfulness.org/learn/mbct-nhs/

In contrast, only one website outlines the curriculum and weekly themes of the MBCT intervention. One intervention requires two prior treatments for depression and/or anxiety as well as a referral from a mental health clinician or a physician in order for a student to participate in MBCT intervention. One intervention specifies there are no refunds—but if students drop out, they are welcome to repeat the intervention within two years with no additional costs. The instructor of one intervention holds an individual interview with all

prospective participants prior to deeming them eligible to officially register for the course. One description specifically states that the MBCT intervention is a group intervention. Only one intervention appears to require a free orientation which must be completed prior to official enrollment.

Guided meditations and yoga classes (individual and group). As seen in Table 7, university/college-based meditation and yoga classes are held on their respective campuses. The most common type of yoga and meditation offered is Yoga Nidra, or guided meditation. Most of the websites do not specify who facilitates these classes. There are drop-in courses offered at no cost which are available to students, staff, and faculty members. Most meditation classes are offered Monday through Friday, and often more than once per week at time intervals varying between 25 and 70 minutes each. Two universities offer four- and eight-week classes each semester, which a student must register for at no extra cost.

While the interventions in Table 7 are all university/college-based, they differ in terms of departments in which they are offered. Two universities offer semester-long classes for credit. Two are offered through their Student Health Interventions, one through classes in a Student Recreation membership, one through a Department of Psychology and Communication Studies, another through a Department of Health Education and Promotion, and one campus has its own Mindfulness Center, through which guided meditation and yoga classes are offered.

In addition, the Mindfulness Center holds weekly lectures and seminars in which guests come to speak on the topic of mindfulness. This Mindfulness Center also offers a female-only yoga class and distributes a monthly newsletter. Only one website describes the various types of meditation that are utilized in their drop-in classes, such as Loving-Kindness Meditation and Transcendental Meditation.

Mindfulness-based technology. As seen in Table 8, all of the mindfulness-based technology sites appear to have a strong online presence featuring links to resources and smart-phone apps for students, families, faculty, and staff. Most include links to smartphone apps. The websites appear to be operated under direct university or college support. Each

mindfulness-based technology site offers support to those experiencing symptoms most commonly associated with post-traumatic stress disorder, depression, anxiety, insomnia, chronic pain, and chemical dependency. Almost all offer free or low-cost apps for students and faculty alike. The average cost to purchase an app for personal use is \$3.99. At least two interventions offer computer lab sessions with walk-in or drop-in availability during traditional business hours.

In contrast, one intervention offers a crisis line operating 24 hours a day, seven days a week. One intervention offers almost all content in both English and Spanish languages. There appears to be no consistency of specific apps offered across the different sites. One intervention is focused on collecting various mindfulness related listservs.

Table 7. Mindfulness-Based Guided Meditations and Yoga Interventions

Name of Intervention	University/College
4-Week Mindfulness and Meditation Group	University of New Hampshire http://www.unh.edu/health-services/meditation-group
Drop-In Group Meditation	Harvard University http://www.cw.uhs.harvard.edu/mindfulness/index.html
Drop-In Meditation and Yoga	New York University http://www.nyu.edu/life/student-life/student-diversity/spiritual-life/mindfulness/free-meditation-and-yoga.html
Drop-In Meditation Classes	University of Wisconsin http://www.uhs.wisc.edu/services/wellness/meditation.shtml
Lunch Time Drop-In Meditation Program	University of Idaho https://www.uidaho.edu/class/psychcomm/resources/meditation
Yoga Nidra: Guided Meditation	Louisiana State University http://lsuuniversityrec.com/lsuurec/fitnessandwellness/groupx/yoga-nidra-guided-meditation/

Compassion training. As can seen in Table 9, most of the compassion training interventions integrate traditional contemplative practices with contemporary psychology and scientific research findings. The majority of the interventions are 8 weeks in length with two-hour weekly sessions. The bulk of interventions also offer trainings or certifications. These interventions commonly include instruction, discussion, group activities, regular meditation practice, and homework assignments.

A couple of interventions have video resources directly on their websites in regard to empathy and compassion that can be used for practice. Most of the interventions are available to—and designed for—anyone, including students, faculty, staff, and other community members. Costs vary widely among interventions. Registration for all courses can be found on their corresponding websites.

Table 8. Mindfulness-Based Technology Interventions

Name of Intervention	University/College
Free Guided Meditations	University of California http://marc.ucla.edu/body.cfm?id=22
Mindfulness Apps	University of Utah http://counselingcenter.utah.edu/self-help/free-apps.php
MindBody Lab (Audio/Visual Guided Exercises)	University of Texas http://cmhc.utexas.edu/mind-bodylab.html
Mindfulness Listserv	University of Vermont https://list.uvm.edu/cgi-bin/wa?A0=MINDFULNESS
Stress Free Zone Guided Meditations Audio Recordings	University of Pittsburgh https://www.studentaffairs.pitt.edu/shs/stressfree/sfz-audio/

There is a compassion intervention that offers custom workshops to varying organizations. One intervention offers a teaching certificate in compassion training while another intervention offers continuing education credits. Another

university offers training in Compassion Focused Therapy for students, while another offers potential collaboration and learning opportunities for researchers and graduate students. Another collaborates with youth organizations to offer after-school practice hours in compassion education. One intervention has an alumni group for those who graduate from the compassion-training course which includes free monthly drop in sessions.

Table 9. Mindfulness-Based Compassion Training Interventions

Name of Intervention	University/College
Center for Compassion Studies	University of Arizona https://compassioncenter.arizona.edu/
Compassion Cultivation Training	Stanford of Medicine http://ccare.stanford.edu/education/about-compassion-cultivation-training-cct/
Compassion Cultivation Training	University of California San Diego http://health.ucsd.edu/specialties/mindfulness/compassion-programs/Pages/compassion-training.aspx
Compassion Training Initiative	Palo Alto University http://www.paloaltou.edu/compassion

Mindful eating. As noted in Table 10, the mindful eating interventions are all 8 weeks long with 2-hour sessions held weekly. Their corresponding websites provide additional links for resources related to mindful eating. There is usually a registration fee or cost associated with the mindful eating interventions, with the average cost of about \$400, although some interventions offer discounts for early registration. The mindful eating interventions are offered under the auspices of the university or college and generally under some kind of student health services department. The majority offer contact information such as locations, hours of operation, email

addresses, and phone numbers. All are flexible and tailored to the individuals as they participate in interventions.

Table 10. Mindfulness-Based Eating Interventions

Name of Intervention	University/College
Changing from Within-Mindful Eating Program	Duke University https://www.dukeintegrativemedicine.org/programs-training/public/changing-from-within/
Mindful Eating Program	University of California http://health.ucsd.edu/specialties/mindfulness/programs/eating/Pages/default.aspx
Mindful Eating Program	University of New Hampshire http://www.unh.edu/health-services/ohep/nutrition/mindful-eating
Mindful Eating Program	University of Texas http://cmhc.utexas.edu/mindful-eating.html

In contrast, among the mindful eating interventions contained in Table 10, one has stringent requirements and encourages individuals only to start the intervention if they are able to be consistent in attending the weekly sessions. Another did not have any associated costs with its services. Another solely focused on mindful eating and stressed it did not focus on eating and weight. Additional resources and focal points for the websites were all slightly different when providing resources for eating disorders, mindful eating, and weight loss.

Two are geared specifically towards students, and the others are open to students, employees, staff, and community members. The facilitators and their corresponding credentials for each intervention also vary, with facilitators holding both bachelor and master degrees in social work, wellness management, nutrition, counseling, and communication. Additionally, facilitators have a wide variety of experience and training in mindfulness, nutrition, coaching, and eating disorders.

Summary

Recent studies indicate that there is a mental health crisis among college students, and the current traditional interventions available to them are not effectively meeting all of their mental health needs. Within this spirit, mindfulness-based interventions seem to be becoming more and more popular within university/college campuses that are offered as either a part of traditional interventions or separate from them.

Many universities/colleges are offering more and more mental health interventions on their campuses as time goes on (Hindman, Glass, Arnkoff, & Maron, 2015; Ramler, Tennison, Lynch, & Murphy, 2016). On a very general level, these campus-based mental health interventions can be classified into two loosely non-mutually exclusive groups: (1) traditional interventions, or non-mindfulness-based interventions; or (2) mindfulness-based interventions.

With a cursory environmental scan of current university/college websites, this study found that there is a wide variety of different types of interventions offered to students with mental health issues across the country. Among these, mindfulness-based interventions are indeed being increasingly utilized as an approach to address the mental health needs of university/college students.

It is our intention that this brief note will serve as a succinct resource guide for those seeking information about the wide variety of existing mental health interventions that are available to university/college students. It is also hoped that interested readers will find the embedded links to the interventions contained in the tables useful when they wish to find out more about how a specific intervention, either traditional or mindfulness-based, is being utilized within its respective university/college setting.

References

- American Psychological Association. (2011). Stressed in America. *Monitor on Psychology*, 42, 60. <http://www.apa.org/monitor/2011/01/stressed-america.aspx>

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.
- Baker, K. (2015). Colleges are hard put to help students in crisis. *Chronicle of Higher Education*. Retrieved from http://chronicle.com/article/Colleges-Are-Hard-Put-to-Help/232719/.jobs_topjobs-slider
- Borchardt, A. R., Patterson, S. M., & Seng, E. K. (2012). *The effect of meditation on cortisol: A comparison of meditation techniques to a control group*. Poster presentation at the 33rd Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine, New Orleans, LA.
- Bowen, S., Chawla, N., Collins, S. E., Witkiewitz, K., Hsu, S., Grow, J., & Marlatt, A. (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial. *Substance Abuse*, 30, 295-305.
- de Bruin, E. I., Meppelink, R., & Bögels, S. M. (2015). Mindfulness in higher education: Awareness and attention in university students increase during and after participation in a mindfulness curriculum course. *Mindfulness*, 5, 1137-1142.
- Deckro, G. R., Ballinger, K. M., Hoyt, M., Wilcher, M., Dusek, J., Myers, P., & Benson, H. (2002). The evaluation of a mind/body intervention to reduce psychological distress and perceived stress in college students. *Journal of American College Health*, 50, 281-287.
- Eastman-Mueller, H., Wilson, T., Raynes, D. (n.d.). *The impact of iRest (Yoga Nidra) on college students*. Columbia, MO: University of Missouri Student Health Center.
- Ebner, N. C., Freund, A. M., & Baltes, P. B. (2006). Developmental changes in personal goal orientation from young to late adulthood: From striving for gains to maintenance and prevention of losses. *Psychology and Aging*, 21, 664-678.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.
- Hall, P. D. (1999). The effect of meditation on the academic performance of African-American college students. *Journal of Black Studies*, 29, 408-415.
- Hindman, R. K., Glass, C. R., Arnkoff, D. B., & Maron, D. D. (2015). A comparison of formal and informal mindfulness programs for stress reduction in university students. *Mindfulness*, 4, 873-884.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, 33-47.

- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Random House.
- Miller, R. (2007). *Integrative restoration, iRest*. Sebastopol, CA: Anahata Press.
- National Center for Education Statistics. (2015). *Table 105.20* [Data file]. Retrieved from http://nces.ed.gov/interventions/digest/d14/tables/dt14_105.20.asp?current=yes
- Pujol, J., Vendrell, P., Junque, C., Marti-Vilalta, J. L., & Capdevila, A. (1993). When does human brain development end? Evidence of corpus callosum growth up to adulthood. *Annals of Neurology*, 34, 71-75.
- Ramler, T. R., Tennison, L. R., Lynch, J., & Murphy, P. (2016). Mindfulness and the college transition: The efficacy of an adapted mindfulness-based stress reduction intervention in fostering adjustment among first-year students. *Mindfulness*, 7, 179-188.
- Reed, P. R., Anthony, J. C., & Breslau, N. (2007). Incidence of drug problems in young adults exposed to trauma and posttraumatic stress disorder: Do early life experiences and predispositions matter? *Archives of General Psychiatry*, 64, 1435-1442.
- Roemer, L., & Orsillo, S. M. (2002). Mindfulness: A promising intervention strategy in need of further study. *American Psychological Association*, 10, 172-178.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridegway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 615-623.
- Travis, F., Haaga, D. A. F., Hagelin, J., Tanner, M., Nidich, S., Gaylord-King, C., Grosswald, S., Rainforth, M., & Schneider, R. H. (2009). Effects of Transcendental Meditation practice on brain functioning and stress reactivity in college students. *International Journal of Psychophysiology*, 71, 170-176.
- University of Massachusetts Worcester Campus Center for Mindfulness. (2014). *History of MBSR*. Retrieved from <http://www.umassmed.edu/cfm/stress-reduction/history-of-mbsr/>

How are Social Problems Viewed and Analyzed in Social Work Policy Textbooks?

Marietta A. Barrett

Long Island University Post

This article reviews seven of the most frequently used policy textbooks in social work and examines how social problems are viewed in the narrative, and then analyzed in policy analysis frameworks. Questions include: (1) how the authors define social problems; (2) who they say "gets" to define problems in policy analysis; (3) how problems should be analyzed; and (4) whether contextual influences on the problem are considered. Findings include that most authors argue that social problems are constructions in their narratives, but do not transfer that perspective into their policy analysis frameworks. Implications for education and policy practice are explored.

Key words: Social problems, social policy analysis, social work policy textbooks, social constructionism

Policy analysis is a required competency of students in the social work curriculum (Council on Social Work Education, 2015, p. 8), and social policy textbooks widely accommodate students by offering various frameworks and analytical tools to conduct policy analysis (Weiss, Gal, & Katan, 2005). However, the term "policy analysis" tends to be "used in vague and inconsistent ways" (Popple & Leigninger, 2015, p. 36), and may refer to any one or a combination of: (1) a process, or the sociopolitical dynamics of policy formulation; (2) a product, or the policy and its contents that results from the policy process; and/or (3) performance, the evaluation of the outcomes of an implemented policy (Gilbert & Terrell, 2005). Since the unit of analysis may be any one or more of the three above, authors prescribe varying approaches, each serving a different purpose (Popple & Leigninger, 2015).

Pal (2006) states that "there is universal agreement that

the key factor [in policy analysis] is the problem or at least the definition of a situation considered problematic" (p. 97). Policy authors generally agree that "effective social policy is built on the cornerstone of careful problem definition" (Chapin, 1995, p. 506) and that a "definition of the problem is at the heart of the policy, the key to understanding its logic" (Popple & Leigninger, 2015, p. 79). Though social problems are considered critical antecedents to policy, in policy analysis, they are typically not viewed or analyzed in the same manner as the policies themselves. While contextual influences such as power, ideology and special interests may be central to discussions on how policies are formulated (e.g., Dye, 2012; Kingdon, 2011), they are usually not considered central to how problems are formulated. In analytical frameworks, a number of discrete, basic questions tend to guide problem analysis (e.g., Cummins, Beyers, & Pedrick, 2011, pp. 222-226; DiNitto & Johnson, 2012, pp. 28-29), while questions investigating the policy lean toward nuance and critique. Some policy authors may include little to no discussion of the problem's place at all in policy analysis (e.g., Caputo, 2014; Gilbert & Terrell, 2005). Additionally, while policy making is recognized as messy and pluralistic (Chapin, 2014), taking place in an arena of competing interests (Segal, 2013), problem construction is not equally presented as contentious and discursive.

The purpose of this study is to analyze a sample of the most frequently adopted social work policy textbooks with regard to how social problems are viewed in the narrative of the textbook and in the policy analysis frameworks the author offers. Textbooks were selected as the source of analysis in this study because they provide theories and frameworks generally regarded by students as authoritative sources of expert knowledge (Tompkins, Rosen, & Larkin, 2006), and convey explicit and implicit ideological content (Ephross & Reisch, 1982). Since educators frequently use them as a foundation for determining critical content areas in course planning (Kramer, Hovland-Scarfe, & Pacourek, 2003), an analysis of how problems are viewed in policy textbooks could yield valuable information about how social work educators (and by extension, the profession) are preparing students for policy analysis, and what the implications are for clients and policy practice. To date, the author could not locate any studies assessing how

problems are viewed in social work policy texts.

Competing Perspectives on Social Problems

The problem definition phase of policy analysis is described as complex and often daunting (e.g., Popple & Leighninger, 2015, p. 79). Ginsburg and Miller-Cribbs (2005, pp. 56-57) present two sociological definitions of social problems to guide policy analysis. The first, from Maris (1988, p. 6), asserts that:

social problems can be defined as general patterns of human behavior or social conditions that are perceived to be threats to society by significant numbers of the population, powerful groups, or charismatic individuals and that could be resolved or remedied.

The second, from Barker (2003), sees social problems as "conditions between people leading to social responses that violate some people's values and norms and cause emotional or economic suffering" (p. 405). Earlier in time, Mills (1959) made the distinction between private troubles and public issues; the latter become social problems when they affect large numbers of people and "when society as represented by government, sees the troubles as a threat..." (Ginsburg & Miller-Cribbs, 2005, p. 57). The definitions presented above fit the primary, predominant view of social problems, called the objectivist view (also referred to as the rationalist or structural functionalist view). In the pursuit of a scientific analysis, sociologists treated social problems as consisting of a number of objective, measurable characteristics, such as how many people the problem affects, the degree of severity, a typology of the problem, and an explanation for how and why the problem occurs (Blumer, 1971). Objectivism assumes that definitions of problems remain relatively stable over time, and frameworks based on this view largely fail to account for the plastic, politically-charged context within which they emerge and are deemed worthy of attention (Best, 1995).

Alternately, social constructionism espouses a subjective view of reality (Clarke, 2001), relegating a central, critical role to the process of constructing, producing and circulating meanings. It assumes that reality and its dimensions cannot be

understood directly without first being assigned meaning. That meaning is assigned by someone or some influential group who relegates phenomena or experience to a specific place in the social order and determines its level of importance. This perspective argues that social problems are not conditions or products, but instead interpretive and dynamic processes (Best, 1995; Spector & Kituse, 1977). Defined as "the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions" (Spector & Kituse, 2001, p. 75), social problems cannot exist apart from their constructions (Berger & Luckmann, 1967). The social constructionist perspective starts by asking how and why some conditions come to be defined as social problems and others do not, and why a particular problem emerges or reemerges at a particular point in time. While social constructionists do not deny the existence of objectionable conditions, they are more concerned with how those conditions are represented by certain individuals or groups, known as claimsmakers, through their claims. Constructionists aver that any attempt to deal with problems, especially in discourse, imposes an interpretation upon them, which includes value judgments, assumptions and causal explanations (Bacchi, 2007). The political interchange that historically occurs between competing claimsmakers both reflects and shapes social order (Clarke, 2001).

According to this view, problems and policies could never be considered value-neutral; they are socially constructed according to the interests and ideology of those most influential in making claims at the time. Similarly, they are never objective and static; history instructs that what is collectively considered a social problem and what should be done about it shifts over time depending on a confluence of cultural, political and economic forces (Blumer, 1971). Becker (1963) fleshed out the temporal nature of problem definition in his assertion that deviance is a social construction. He argued that behavior that is viewed or classified as deviant is context-specific and varies during different historical periods and across different societies. Indeed, a number of articles analyzing problems from a social constructionist perspective often include "the medicalization of deviance" (Conrad & Schneider, 1980). These articles focus on the process whereby certain behaviors, often previously considered immoral or criminal, become defined as a

disease, codified and treated by the medical establishment.

Social Constructionism and Social Work

Some social work scholars have critiqued the rational, functionalist framework and its implications for social work knowledge, practice and policy. O'Connor and Netting (2008) argue that rational, functionalist frameworks are based on the faulty assumption that the world is orderly, that it can be broken down into discrete variables, and that it can be known and controlled through utilizing the scientific method. Weick (1993), East (1998), and McPhee and Bronstein (2002) criticize social work's alignment with a positivist model of knowing which subsumes an elitist value system where the social worker as expert is deemed the legitimate authority to determine the diagnosis and treatment of clients' problems, while clients are subjugated as recipients of services and marginalized from the process.

In the same vein, the tenets of social constructionism have been recognized and applauded by some in social work. Danto (2008), Laird (1993), and Weick (1993) argued for a social constructionist perspective in social work education. Sahin (2006) argued social constructionism's consonance with the values and mission of the social work profession, and Chapin (2014) and Weick (1992) emphasized social constructionism's compatibility with the strengths perspective. Dybicz (2011) defended social constructionism as a guiding framework when using consciousness-raising to construct alternate, less oppressive identities and realities for clients. Dean (1993), in her constructivist endorsement of clinical practice, recommends substituting the term "collaborative inquiry" for assessment. McViney (2004) asserts that just as social constructionism is critical for analyzing "historical attempts to objectify individuals ... through language and narratives" (p. 6), so is deconstruction necessary for analyzing seemingly objective and absolute truths that are inherent in the language and labeling of those affected by social problems. Deconstruction has also been applied to critiquing the language used in social policy, and exposing implicit constructions of power, hierarchy and marginalization therein (Danto, 2008). Feminist policy analysts also emphasize the importance of deconstruction in the

analysis of discourse in shaping issues, how language is used to shape and hide (gendered) assumptions about a problem, how "women's problems" such as inequality, pay equity, child care, domestic violence, and sexual harassment are currently and historically represented in policy proposals, and most importantly, the consideration of alternate representations of the problem for future policy (Bacchi, 2007; McPhail, 2003).

Social Work Policy Authors and Social Problems

The results of a cursory examination of randomly selected policy texts informed the question that titles this inquiry. They indicated that some authors affirm the subjective nature of social problems in their narratives, while prescribing the use of objectivist criteria to analyze problems in policies. For example, Jansson (2008) noted that social problems were "slippery concepts" (p. 248), or ambiguous constructs that assumed meaning at certain periods of time and not others depending on whether an intervention or solution was available to address it. Rather than transferring this perspective into his six-step policy analysis framework (p. 216), he instead recommends reliance on the expert literature to define and describe social problems. This entails asking a series of objective questions about: (1) the types of factors leading to the problem; (2) the current remedies or solutions that exist to address the problem; (3) the extent, origin, and adequacy of expenditures on the problem; and (4) the negative implications of the problem for specific persons or populations.

In an allusion to social constructionism, Cummins, Byers, and Pedrick (2011) assert that "(s)ocial problems evolve over time, necessitating an ongoing evolution of policy responses" (p. 224), and "(t)he differences in the causes of social problems in different historical eras demand different policy responses" (p. 224). However, the authors propose a number of objectivist criteria for analyzing social problems, including the nature of the problem, when it emerged, what it looks like, signs and symptoms, who it affects, levels of severity, antecedent events, consequences of the antecedent events, and whether or not they both vary by target population (p. 224). Similarly, Chambers and Wedel (2005) assert that how problems are perceived and explained is highly variable depending on the

viewer. "To understand a social problem is to understand how and what another person [or group] thinks and believes about the social events being defined as a problem" (p. 8). The authors' four dimensions for social problem analysis are compatible with a constructionist view. However, when applying these dimensions to their policy analysis of selected features of federal child welfare legislation (pp. 215-237), they recommend deferring to the "expert" literature: government documents; research reports; the professional journal literature; and legislative briefs to determine the social problem context. For the social problem definition, they recommend selecting from the literature and using national data to determine the problem's scope.

Thus, though many policy authors in social work may concede that social problems: are constructions or inventions (e.g., Chapin, 2014, p. 122; Jansson, 2008); that "many factors come into play before a social problem is recognized as a social problem" (Cummins et al., 2011, p. 222); that public perceptions and beliefs about problems are more influential than objective reality (Barusch, 2015); "that social welfare policies are hypothetical solutions to perceived social problems" (Popple & Leighninger, 2015, p. 79), and that "political ideology and special interests, the mass media, and public opinion all play roles in problem identification" (DiNitto & Johnson, 2012, p. 13), tensions often exist between these assertions and how authors direct students to view social problems in policy analysis frameworks.

Content Analysis of Social Work Textbooks: A Brief Review of the Literature

The author was able to locate only a limited number of content analyses of social work textbooks. Of these, content analyses have been conducted in introductory social work texts (e.g., Giesler, 2015; Strier, Feldman, & Shdaimah, 2012; Wachholz & Mullaly, 2000) and foundation social work texts (e.g., Kramer et al., 2003; Tompkins et al., 2006). A composite review of social work research textbooks (Patterson, 2010); and one on content in school social work textbooks (Stone & Gambrill, 2007) were also located. Some content analyses were conducted in *Human Behavior and the Social Environment*

(HBSE) textbooks (e.g., Lee & Hernandez, 2009; Reid-Cunningham & Fleming, 2009) including an in-depth typology and content analysis of 14 HBSE texts characterizing general content, general and specific social environment content, and the extent of focus on social justice and social problems (Taylor, Mulroy, & Austin, 2004). Only one content analysis of social work policy textbooks was located, and this analysis was ancillary to the primary analysis of HBSE textbooks (Lehning, Vu, & Pintak, 2007). This study analyzed poverty content in 14 frequently assigned HBSE textbooks and the five most frequently updated editions of social welfare policy textbooks. No additional content analyses utilizing social work policy texts and/or the policy analysis frameworks within them were located by the author.

Methodology

The Faculty Center Network [FCN] was utilized to draw the sample of most frequently utilized social work policy textbooks in the country for this study. The FCN's rankings are based on demand for a textbook [or largest quantity textbook orders] as collected by the MBS Textbook Exchange, Inc. from roughly 3600 bookstores across the country and in Canada. On a rating system of 0-5, [with 5 being the highest], the author chose all textbooks with a rating of 4 and above for this sample. A ranking of 4 signifies that texts chosen for this sample fell in the 95.5-98.7 percentile in terms of demand. The percentile demand is determined by dividing each textbook order in a subject category by the largest order (Faculty Center Network, 2015).

The author conducted 2 searches of the FCN's title listings during the summer of 2015. Both searches utilized the general index of Social Work and Social Welfare. The first search utilized the sub-category of Welfare, within which 10 sources emerged with a ranking of 4 or 5. The second search utilized the sub-category of Social Work Policy/Guidelines and yielded 7 sources, four of which overlapped with sources from the first search. Thus, a total of 13 texts with a ranking of 4 or 5 were found. Six of these texts were eliminated, as they did not meet the inclusion criteria (see below), resulting in a total sample of 7 texts.

The inclusion and exclusion criteria for a textbook's admission to the sample required that: (1) the textbook must be a social policy textbook, assumedly used in undergraduate or graduate social work policy courses, the title of which includes two or more of the following words: Social+Welfare+Policy; (2) the text had to include a section or chapter on policy analysis; (3) direct practice texts, policy statements, specialized policy texts in child welfare or poverty, and/or texts with a primary focus of social welfare history were inadmissible; (4) texts that combined an introduction to social work and social welfare were also ineligible, as these were assumedly introductory social work texts. The exact edition of the text as listed on the FCN website was utilized for this study, even if a more recent edition was currently available.

The units of analysis for this study were: (1) the narrative in each text regarding how problems are viewed; and (2) how the problem was analyzed in the policy analysis framework in the text. In all but two of the seven texts (Barusch, 2015; Blau & Abramovitz, 2014), the framework was a page or more of bulleted or numbered questions placed in subcategories that were usually offset from the rest of the chapter in a separate box or encapsulation. The questions below were directed toward the content in the framework, but sometimes clarification or elaboration of the content was sought and garnered from the text outside of the framework. This was especially true in the two cases mentioned above (Barusch, 2015; Blau & Abramovitz, 2014), where there was no encapsulated framework.

The author first investigated the major differences between and critiques of objectivist and social constructionist perspectives on social problems from the sociological literature (e.g., Best, 1995; Blumer, 1971; Spector & Kituse, 1987) and placed them in a table side-by-side. The literature presented three major distinctions between the paradigms, which the author posed into questions 2-4. The author searched the frameworks for information that responded to the questions and relied on the manifest language used by the author in the framework or in the attending narrative to answer the questions:

- Question 1: What is the author's definition of a social problem in the narrative of the text? (Objectivists define problems as objective conditions that remain fixed and

Table 1: The problem in policy narrative and policy analysis

Q1: What is the author's definition of a social problem in the narrative of the text?	Q2: Who should define the problem when analyzing policies?	Q3: What questions/ criteria does the problem analysis include?	Q4: Are contextual influences considered in the problem analysis?
<p><i>Barusch (2015)</i></p> <p>No declarative definition of social problems could be located, however, examples are provided. Includes two approaches to understanding problems in a policy context: (de Swaan, 1988) and Chambers (2000). De Swaan (1988) identifies "3 conditions that facilitate collective solutions to personal adversity" including that the "external effects" of a problem must be recognized by some "other" (p. 93).</p> <p><i>Blau & Abramowitz (2014)</i></p> <p>"Social problems are public 'needs' that are identified, defined, and then explained through the use of a theory. Who defines these needs—elites or mass popular pressure—and how the theory explains them usually point the way toward the range of possible solutions" (p. 17).</p>	<p>Invoking Chambers (2000), author advises student to begin defining a problem by describing the affected population, and then demographic features and historic trends. Author then advises student to "identify ideology and values embedded in popular definitions of social problems" (p. 94).</p>	<p>Invoking Chambers (2000), problem analysis includes: 1) problem definition; 2) causal analysis; 3) identification of ideology and values; 4) consideration of winners and losers (p. 94).</p>	<p>In Chambers' (2000) model as presented, ideology and values appear to be the only contextual forces affecting problem analysis.</p>
<p>Student is advised to consider how problems are constructed, by answering 4 distinct questions about social problems utilizing a social constructionist perspective. Three elements are involved in constructing a social problem: choosing it; framing it; and offering an explanatory theory (p. 5).</p>	<p>Four key questions include: 1) "how do social problems get constructed; 2) who gets to construct them; 3) how does the construction of a social problem help to create a social policy that shapes what social workers do; 4) how do social policies change over time" (p. 5)?</p>	<p>Somewhat. The problem context shaping the policy is woven into chapter subsections [social change triggers and context] in Chapters 8-12 which cover income support, jobs and job training, housing, health care, and food and hunger. The chapter on Ideological Perspectives and Conflicts discusses how ideology shapes "the definition of need" (p. 147).</p>	<p>Somewhat. The problem context shaping the policy is woven into chapter subsections [social change triggers and context] in Chapters 8-12 which cover income support, jobs and job training, housing, health care, and food and hunger. The chapter on Ideological Perspectives and Conflicts discusses how ideology shapes "the definition of need" (p. 147).</p>

Chaplin (2014)

Invokes Chambers and Wedel's definition (2009), "social problems are concerns about the quality of life for large groups of people that are either held as a broad consensus among a population and/ or voiced by social and economic elites" (p. 2).
"The social problems that typically guide policy and program development are socially constructed" (p. 173).

Author advises [student] to view problem as "policy makers and the public understood (it) at the time the policy was made" (p. 169).

In policy analysis framework, examination includes:
--how the problem or need was defined and documented.
--how values and self-interest shaped the definition and documentation.
--which causal theories have been developed based on the definitions of social problems and what consequences are ascribed to the problem so defined (pp. 175, 203).

Yes. Policy analysis framework (p. 203) includes questions regarding the historical approach to the problem and consideration of its cultural, political and economic contexts, the key players, and how the definitions of the problem/need changed over time.

DiNitto & Johnson, (2012)

No declarative definition of social problems could be located. Authors offer a critique of the rational approach, stating that "problems cannot be defined because people do not agree on what the problems are..." (p. 7).

Advises that policy analysts should not impose own definitions of the problem, yet "the task of crafting some kind of workable definition falls to policy analysts..." (p.28).
Analysts may use different definitions or measures of the problem to consider varying effects of a policy proposal, and these definitions are open to debate.

Two problem analysis questions are contained in authors' "rational model of policy analysis" 1) "how is the problem defined; 2) what is the nature or cause of the problem" (pp. 28-29).

Acknowledges that "(p) olitical ideology and special interests, the mass media, and public opinion all play roles in problem identification" (p. 13).
One question in the analysis; "What is the nature or cause of the problem?" includes consideration of the "social, economic, political, environmental, health or other conditions that spawned the problem" (p. 29).

Table 1: The problem in policy narrative and policy analysis, continued from previous page

Q1. What is the author's definition of a social problem in the narrative of the text?	Q2: Who should define the problem when analyzing policies?	Q3: What questions/ criteria does the problem analysis include?	Q4: Are contextual influences considered in the problem analysis?
<i>Karger & Stoesz (2014)</i> No declarative definition of social problems could be located. "The relationship between social problems and social welfare policy is not linear, and not all social problems result in social welfare policies" (p. 5).	Guided by historical information, the student-analyst defines the problem, and is advised to "acknowledge own values, while at the same time basing the analysis on objective criteria" (p. 28). "The analyst must be familiar with the nature, scope and magnitude of the problem and with the affected populations" (p. 30).	Policy analysis model begins with three historical questions relating to the problem: 1) What historical problems led to the creation of the policy; 2) How important have these problems been historically; 3) the problem previously handled" (p. 29). The problem description section includes: 1) "What is the nature of the problem; 2) How widespread is it; 3) How many people are affected by it; 4) Who is affected and how; 5) What are the causes of the problem" (p. 29)?	Somewhat. Policy analysis model begins with three historical questions relating to the problem: 1) What historical problems led to the creation of the policy; 2) How important have these problems been historically; 3) How was the problem previously handled" (p. 29). Though student is advised to consider the ideological assumptions underlying the policy and the target population (p. 30), the ideology of the problem construction is not considered.
<i>Popple & Leighninger (2015)</i> No declarative definition of social problems could be located. "The definition of the problem addressed by a social welfare policy may be vague and obscure, sometimes even misleading" (p. 79). "	The authors instruct that policy analysts are in charge of problem definitions, that they begin "with formulating the problem and proceed to stating the hypotheses, developing data collection procedures, collecting and analyzing data, drawing conclusions and generalizing from the results" (p. 53).	The first section of the framework [delineation and overview of the policy under analysis] (p. 31) asks "What is the nature of the problem being targeted by the policy? How is the problem defined? For whom is it a problem?"	Yes, somewhat. The outline addresses the historical context of the problem (p. 32); "how has this problem been dealt with in the past?" and "what does history tell us about the effective/ ineffective approaches to the problem being addressed?" This section also asks which people or groups initiated, promoted and opposed the policy, [but does not ask for their problem constructions or claims.]

The definition of social welfare problems is largely socially constructed ... (p. 83). Authors warn against viewing social problems as objective conditions and invokes Spector and Kituse's (1987) social constructionist view that social problems are defined as the activities of individuals or groups making claims with result to some assumed condition and are accepted or rejected based on the power or skill of the claimsmaker (p. 80).

Segal (2013)

No declarative definition of social problems could be located. Acknowledges the subjective nature of problems, "Often, social conditions are viewed as a problem by some, but not all members of society. An issue gains acceptance as a social concern when more and more people, social groups, and policy makers define it as a social problem" (p. 96).

The analyst must also engage in 1) "assessment of the completeness of the knowledge regarding the problem; 2) what we know about the population affected by the problem" (p. 81). The "social analysis" section of the authors' framework (p. 32) poses 7 questions [5 including the problem] that require the analyst's judgment. [See next column].

Student is advised [in the text] to answer a number of questions to clarify problem definition. Questions include "what is the definition of the problem? Are there competing and conflicting definitions of the problem;" "what is the extent of the problem;" and "who is defining it as a social concern at this point of time." [Acknowledges that "values and ideological leanings color how the issue is viewed" (p. 96).]

The "social analysis" subsection asks 1) "how complete is our knowledge of the problem; 2) are our efforts to deal with the problem in accord with research findings; 3) what population is affected by the problem; size, defining characteristics, distribution? 4) what are the major social values related to the problem and what value conflicts exist? 5) what are the hypotheses implicit or explicit in the statement of the problem and goals" (p. 32)?

Questions in the framework include what is the problem; its definitions, the extent, who defines it as a problem; who disagrees; what are the conflicting social values and beliefs; underlying causes and factors; and the groups affected by the problem. In subsequent sections of the analysis, questions are included as to how the social problem changed, was supposed to be changed, and if the problem decreased (p. 100).

Somewhat. There are no specific directives in the framework to consider the historical, economic, and political forces affecting problem definition/ construction. However, the framework includes a subsection on Power Imbalance or Struggle that considers who has power [it does not state if that means 'power to define' problems], and a section on Public Reaction which alludes to social context asking about the views [but not the competing problem constructions] of voters, non-voters, upper and lower income classes, dominant and minimal values and beliefs, and how the media covers and portrays the issue. [In prototypes on immigration and TANF, there is no mention of competing definitions of the problem as recommended in framework (pp. 103-105).]

constant over time. Constructionists define problems as inventions or activities whose definitions are fluid, temporal and negotiated.)

- Question 2: Who should define the problem when analyzing policies? (Objectivists leave the problem definition to the expert or expert literature. Constructionists leave the definition to social discourse or successful claimsmakers that "won" control of the language or typification of the problem.)
- Question 3: What questions/criteria does the problem analysis include? (Objectivists ask questions relating to the problem's chronicity, scope, severity, typologies, causes and solutions, and populations affected. Constructionists ask why problems emerge or reemerge at a particular time, how they are represented or framed at those times, and who brought attention to them, or made a claim).
- Question 4: Are contextual influences considered in the problem definition/analysis? (Objectivists tend not to include the influence of context in problem definitions since problems are considered objective conditions that are ideologically neutral and unchanging over time. Constructionists consider how historical, political, economic, ideological, and social forces shape how social problems are framed and perceived.)

Limitations

Some limitations of this study include the small sample size that inherently limits the generalizability of the findings to the entire universe of social work policy texts. Another limitation includes that a full-scale content analysis of the entire texts in the sample was not conducted, though references to social problems were searched using the textbook's index. Some relevant information (i.e., content on social constructionism) was discovered unsystematically as a result of searching through the textbook. Efforts were made to present relevant data wherever possible, even if they were found outside of the designated areas of the textbook.

Findings and Interpretation

Table 1 includes a presentation of the data from the seven

textbooks admitted to the sample in alphabetical order. The first column in the matrix asks what is the author's definition of a social problem in the narrative of the text? In five of the frameworks (Barusch, 2015; DiNitto & Johnson, 2012; Karger & Stoesz, 2014; Popple & Leighninger, 2015; Segal, 2013) no declarative definition of social problems by the author could be located. Blau and Abramovitz (2014) included their own definition (p. 17) and Chapin (2014) invoked Chambers and Wedel's (2009) definition. The other five authors made references to social problems and their relationship to social policy without actually offering a definition. Barusch (2015) invoked two authors' approaches (Chambers, 2000; deSwaan, 1988) to understanding problems in a policy context. Of these, deSwaan's approach includes that the "external effects" of a problem must be recognized by some "other" (p. 93). DiNitto and Johnson (2012) asserted that "problems cannot be defined because people do not agree on what the problems are ..." (p. 7); Karger and Stoesz (2014) aver that the "relationship between social problems and social policy is not linear, and not all social problems result in social welfare polices" (p. 5); Popple and Leighninger (2015) acknowledge that the "definition of social welfare problems is largely socially constructed" (p. 83) and invoke Spector and Kituse's (1987) theory of social construction. Finally, Segal (2013) acknowledges the subjective nature of social problems: "an issue gains acceptance of a social problem when more and more people, social groups and policy makers define it as a social problem" (p. 96).

Interpretation. Though five of the authors in this study would not commit to offering their own definition of social problems, the referents they use to describe social problems defy the objectivist/rationalist perspective. There is nothing in these references that supports the view that problems are objective conditions that remain fixed and constant over time. Instead, their references support a view of problems as subjective conditions whose definitions or constructions are fluid, temporal and negotiated and that someone or some group, assumedly with power, defines as a problem. Even for those authors invoking Chambers (2000) or Chambers and Wedel (2009), there is acknowledgement that how problems are perceived and explained is highly variable depending on the

viewer.

The second column in the matrix asks who should define the problem when analyzing policies? In four frameworks, the problem definition falls to the student-analyst to define (e.g., DiNitto & Johnson, 2012), while utilizing (historical) information and being mindful of one's own values (Karger & Stoesz, 2014), or the (conflicting) values of others and how they affect problem definitions (Barusch, 2015; Segal, 2013). While Popple and Leighninger (2015) ask, "how is the problem defined?" they also instruct that policy analysts are in charge of problem definitions (p. 53). The other two frameworks posit a social constructionist perspective, postulating that the problem was already collectively constructed and defined by the existing policy (Blau & Abramovitz, 2014; Chapin, 2014).

Interpretation. Five out of seven frameworks in this study specify that the student-analyst or expert define the problem in policy analysis frameworks, suggesting a rationalist orientation to policy analysis. Though the student's values or the values of others may be required considerations, it is not always explicit why it is important to consider them. Frameworks that direct students to consider value orientations when defining problems stop short of asking follow-up questions as to how values played a role in constructing the problem and its definition during the policy process. In contrast, the two self-identifiably constructionist frameworks begin with the premise that policies come with problems already collectively defined and framed. In sum, there are conflicting directives to students across texts as to who defines problems and how they "get" defined, which may in part reflect the tensions in the profession and in the field of policy studies between positivist and social constructivist ways of knowing.

The third column in the matrix asks what questions/criteria does the problem analysis include? All texts provided at least some problem analysis questions. However, one text offered the problem analysis framework separately from the policy analysis framework (Blau & Abramovitz, 2014), and one text which did not include a policy analysis framework at all, presented the problem analysis in a separate chapter from the discussion on various policy analysis techniques (Barusch, 2015). Five authors treated problem analysis utilizing objectivist criteria. Barusch (2015), DiNitto and Johnson (2012), Karger

and Stoesz (2014), Popple and Leighninger (2015), and Segal (2013) posed questions including some or all of the following: the nature of the problem; the extent of the problem; the competing definitions of the problem; the demographic characteristics and number of people affected by the problem; and the causes (theoretical explanations) of the problem. Some of these questions required that students make judgments about the problem: "How complete is our knowledge of the problem; are our efforts to deal with the problem in accord with research findings?" (Popple & Leighninger, 2015, p. 32). Also, "Is the social problem changed?" (Segal, 2013, p. 100); and "how important have these problems been historically?" (Karger & Stoesz, 2014, p. 29). Two authors (Barusch, 2015; Chapin, 2014) invoked Chambers' (2000) approach to social problem analysis. Two authors (Blau & Abramovitz, 2014; Chapin, 2014) advised students to employ a constructionist perspective when analyzing problems: "How do social problems get constructed; who gets to construct them; how does the construction of a social problem help to create a social policy that shapes what social workers do?" (Blau & Abramovitz, 2014, p. 5) and "How is the problem or need defined and documented; how have values and self-interest shaped the definition and documentation; what causal theories have been developed based on the definition of social problems and what consequences are ascribed to the problem so defined?" (Chapin, 2014, p. 203).

Interpretation. All but two frameworks utilize objectivist questions/criteria for analyzing the problem. This is a curious state of affairs, as mentioned earlier, since most of the authors prescribing objectivist criteria acknowledge the subjective nature of problems elsewhere in the texts, but apparently have not transferred this perspective into problem analysis. Instead, student-analysts are encouraged to use empirical and theoretical literature, or to conduct policy analysis like research (e.g., Popple & Leighninger, 2015) in order to define the problem, the problem's nature, extent or scope, identifying who is affected and how, and a causal analysis or theory of the problem. This guidance is not accompanied by any critique that it may mislead; that empirical, expert definitions are not necessarily objective or ideologically neutral, but are rather interpretations that imply a causal explanation and location for the problem (individual, group or society). Thus, as mentioned earlier,

there is no warning that the student may simply be reproducing the biases of the "experts" (Danto, 2008).

The fourth column in the matrix asks are contextual influences considered in the problem definition/analysis? In two cases, the historical context of the problem as addressed by the policy is included in the framework (Karger & Stoesz, 2014; Popple & Leighninger, 2015). Segal's (2013) policy analysis framework contains some questions indirectly related to the political, economic, and social contexts of problems. One chapter in Blau and Abramovitz (2014) discusses how ideology shapes "the definition of need" (p. 147), and the problem contexts of five specific policy areas are discussed in chapter subsections illustrating the application of their model. Similarly, Barusch's (2015) (separate) social problem analysis section discusses ideological influences on problem definitions, and in separate chapters on specific problems, the historical, political, social, and/or economic context of the problem is explored. More broadly, DiNitto and Johnson (2012, p. 29) include one question in their policy analysis framework requiring consideration of the "social, economic, political, environmental, health or other conditions that spawned the problem." Finally, Chapin's (2014) framework requires a comprehensive analysis of the historical, cultural, political and economic contexts of the problem.

Interpretation. Most authors seem to recognize and include one or more influential, contextual forces affecting the problem, but most do not include explicit, consistent and systematic treatment of the problem context throughout the policy analysis. Alternatively, the policy's context enjoys comprehensive interrogation in the frameworks (and in most texts as a whole).

Discussion and Recommendations

This study was guided by the question, "How are social problems viewed and analyzed in social work policy textbooks?" The data suggest a mixed response, in that a few policy analysis frameworks in this study openly espouse a social constructionist perspective when examining problems, while many others make indirect references to the subjective nature of social problems in their narrative descriptions, but prescribe objectivist criteria when analyzing them. The fact

that most authors avoid directly committing to a definition of social problems, describing rather than defining them, giving examples, or leaving social problems to another scholar to define, may suggest some dissonance between two predominant competing perspectives on social problems in the literature. Still, the results conclude that the majority of frameworks in this study cannot presently equip students with the necessary questions or criteria to capture how subjective definitions of social problems play out in policy.

More telling than the formal data presented here were the inadvertent discoveries made during the data collection process. The first discovery concerned the relatively meager amount of space dedicated to social problems in most policy textbooks. While one text offered a complete chapter on problem analysis, most others offered at most a few pages of narrative discussion. Second, there is a clear bifurcation in the encapsulated frameworks between the problem analysis section (usually presented at the beginning of the framework, assumedly because problem definition initiates policy analysis), and the policy analysis section, each with little to no overlap between them. These separate sections may help students better manage and organize their analysis, but may unintentionally present a view of the problem and policy as artificially disparate, when they are instead inextricably bound in reality and should arguably remain so in analysis. In some texts, a few questions about the problem surface again at the end of the framework concerning "how the problem changed" or "was expected to change as a result of the policy," but assumedly these questions, too, refer to the problem in objective terms. Policies are seldom, if ever, responses to purely objective conditions, as all the policy authors in this study would agree, yet the completed framework that separates an objective problem analysis from a contextual policy analysis yields the false impression that they are.

Bacchi (2007) contends that every problem definition is both an interpretation and an intervention, as definitions invariably predict policy responses by how they represent what is problematic (and unproblematic through gaps and omissions) in the representation of the problem. Thus, there is no such thing as an ideologically neutral problem definition, whatever the source. The definer provides the value

orientation for the problem; in most of the frameworks in the study, it is the expert-policy analyst, assisted by the literature or some source deemed to be powerful or authoritative on the subject. Students are advised to be aware of their value orientations (e.g., Chambers & Wedel, 2005) "while basing the analysis on objective criteria" (Karger & Stoesz, 2014, p. 27). However, this creates a curious paradox. In advising students to access the expert literature to avoid tainting the analysis with their own value orientations, students still inadvertently adopt the expert's value orientations when they adopt their definitions of the problem. Danto (2008, p. 718) comments on the profession's educational approach to policy analysis, "Students use selected ideological frameworks to analyze current social and economic legislation ... set by ... the very law-makers who set up the social hierarchy and economic dominance which creates the social worker's client base" (p. 718). It should be noted that a social constructionist perspective guards against this potential bias. When the student-analyst employs a social constructionist perspective to analyze problems, and by extension their policy responses, they are freed from: (1) having to fulfill the role of expert and decide the definition and nature of the problem as it has already been decided or, in the case of policy proposals, will be decided during public discourse; and (2) tainting the analysis with her/his own value orientations because they are in essence, irrelevant.

Theoretically, the author acknowledges the baggage which accompanies a social constructionist perspective and its predominant critique, i.e., that this view "trivializes the reality of social problems" to mere constructions (Clarke, 2001, p. 12). The author qualifies that objectivist and constructionist perspectives have respective utility in educating social work students. Objectivist criteria are critical starting points in the initial recognition, documentation, and establishment of objectionable social conditions in terms of scope, severity, and its effect on vulnerable populations, especially when those conditions have not yet attained the status of a policy problem. However, when analyzing existing policies, which is the focus of this inquiry, where problem definitions have already been framed and determined, viewing the problem's construction within the discursive context from which it emerged calls for

a constructionist perspective. As mentioned previously, objectivist criteria do not capture problem definitions as framed in policies and how they evolved to reach the point of policy recognition at their respective historical points in time.

A more holistic perspective of social problems in policy texts also contains implications for policy practice. When students adopt the understanding that problem constructions predestine policies, and that this construction occurs discursively in a dynamic and fluid political context, then they can enlist and mobilize affected populations to take their rightful place as social participants at the beginning of the collective process of assigning meaning and directing attention to their reality, allowing them to select the language and compete for the typification that best represents their issues and influences public consciousness. Even strongly institutionalized constructions are "unstable and subject to change" (Schneider & Sidney, 2009, p. 106), and can be deconstructed and reconstructed through conflict and challenge. Discourse has a democratizing effect on power, as it is through discourse that reality is produced and knowledge is redistributed, shifting power from the expert to those who previously were not "allowed to know and to say things" (Clarke, 2001, p. 11). As such, terminology and course content in social policy courses may need to include the art of framing issues for public recognition (Lakoff, 2014).

In closing, the author recommends two modest modifications to begin the shift toward a more systematic incorporation of the acknowledged subjective nature of social problems in policy analysis. First, when analyzing established policies, instead of starting with defining the problem, the student could "walk the policy backward" to the place and time in which the policy was made in order to better understand: the historical, economic and political context in which the problems (re)emerged; the collective understanding of how the problem was perceived; the forces affecting those perceptions and the claimsmakers that competed for control of the problem's language before the political process mobilized to address the problem so constructed. "It is sometimes interesting to go backward in the analysis, looking at the specifics of a policy or program and deciphering what they imply about the perceived causes of the problem" (Barusch, 2015, p. 94).

Second, rather than implementing a complete overhaul of existing policy analysis frameworks, a simple recalibration in the balance between problem and policy may ensure that students weight the multi-dimensional nature of policy and problem construction equally. Karger and Stoesz (2014) identify eight key elements that characterize "well-designed policy frameworks" (pp. 26-27), which with a few simple substitutions (e.g., replacing "problem construction" for "policy") can be adapted to level the two sides, strengthen the problem to policy link, and yield a more organic analysis overall:

- Policy frameworks reflect the understanding that a social problem is context sensitive, and that there are competing frames [substituted for "priorities"] in all policy options.
- Policy frameworks should attempt to take into account the unintended consequences of a particular problem construction [substituted for "policy or program"].
- Policy analysts should consider alternative problem constructions and their implications for present or future resources allocated to a given policy.
- Policy frameworks should examine the potential impact of a problem construction on other social policies, social problems, and the public good. (pp. 26-27)

These criteria will hopefully enable social policy authors to more effectively transfer their cogent arguments for a social constructionist perspective from their narratives into their policy analysis frameworks.

References

- Bacchi, C. (2007). *Women, policy and politics*. Thousand Oaks, CA: Sage.
- Barker, R. L. (2003). *The social work dictionary* (5th ed.). Washington DC: NASW Press.
- Barusch, A. S. (2015). *Foundations of social policy: Social justice in human perspective* (5th ed.). Stamford, CT: Cengage Learning.
- Becker, H. (1963). *Outsiders: Studies in the sociology of deviance*. New York: Free Press.
- Berger, P. L., & Luckman, T. (1967). *The social construction of reality*. New York, NY: Doubleday Anchor.

- Best, J. (1995). *Images of issues: Typifying contemporary social problems*. NY: Adline De Gruyter.
- Blau, J., & Abramovitz, M. (2014). *The dynamics of social welfare policy* (4th ed.). New York, NY: Oxford University Press.
- Blumer, H. (1971). Social problems as a collective behavior. *Social Problems*, 18(3), 298-306.
- Caputo, R. K. (2014). *Policy analysis for social workers*. CA: Sage.
- Chambers, D. (2000). *Social policy and social programs: A method for the practical public policy analyst* (3rd ed.). New York: Macmillan.
- Chambers, D. E., & Wedel, K. R. (2005). An overview of a style of policy analysis: A value-critical approach. In social policy and social programs: A method for the practical public policy analyst. (4th ed., pp. 49-90). Boston, MA: Pearson.
- Chambers, D., & Wedel, K. (2009). *Social policy and social programs: A method for the practical public policy analyst* (5th ed.). Needham Heights, MA: Allyn & Bacon/Pearson.
- Chapin, R. K. (1995). Social policy development: The strengths perspective. *Social Work*, 40(4), 506-514.
- Chapin, R. (2014). *Social policy for effective practice: A strengths approach* (3rd ed.). New York, NY: Routledge.
- Clarke, J. (2001). Social problems: Sociological perspectives. In M. May, R. Page, & E. Brunson (Eds.), *Understanding social problems: Issues in social policy* (pp. 3-15). Malden, MA: Blackwell.
- Conrad, P., & Schneider, J. W. (1980). *Deviance and medicalization: From badness to sickness*. St. Louis, MO: Mosby.
- Council on Social Work Education. (March, 2015). *Educational policy and accreditation standards for baccalaureate and master's social work programs*. Retrieved from <http://www.cswe.org/>
- Cummins, L. K., Byers, K. V., & Pedrick, L. (2011). *Policy practice for social workers: New strategies for a new era*. Boston, MA: Allyn & Bacon.
- Danto, E. A. (2008). Same words, different meanings: Notes toward a typology of postmodern social work education. *Social Work Education*, 27(7), 710-722.
- Dean, R. G. (1993). Constructivism: An approach to clinical practice. *Smith College Studies in Social Work*, 63(2), 127-146.
- DeSwaan, A. (1988). *In care of the state: Health care, education, and welfare in Europe and the USA in the modern era*. New York: Oxford University Press.
- DiNitto, D. M., & Johnson, D. H. (2012). *Essentials of social welfare: Politics and public policy*. Boston, MA: Pearson.
- Dybic, P. (2011). Anything goes? Science and social constructions in competing discourses. *Journal of Sociology and Social Welfare*, 38(3), 101-122.
- Dye, T. R. (2012). *Understanding public policy* (14th ed.). NJ: Prentice-Hall.
- East, J. F. (1998). In-dependence: A feminist postmodern deconstruction. *Affilia*, 13(3), 273-288.

- Ephross, P., & Reisch, M. (1982). The ideology of some social work texts. *The Social Service Review*, 56(2), 273-291.
- Faculty Center Network. (2015). *Methodology*. Retrieved with permission from http://www.facultycenter.net/fc_methodology.php?CSID
- Giesler, M. A. (2015). Elevated or erased? A content analysis of the portrayal of men in introduction to social work textbooks. *Journal of Men's Studies*, 23(2), 147-160.
- Gilbert, N., & Terrell, P. (2005). A framework for social welfare policy analysis. In *Dimensions of Social Welfare Policy* (6th ed., pp.62-95). Boston, MA: Pearson.
- Ginsburg, L., & Miller-Cribbs, J. (2005). *Understanding social problems, policies, and programs* (4th ed.). Columbia, SC: University of South Carolina Press.
- Jansson, B. S. (2008). *Becoming an effective policy advocate: From policy practice to social justice* (5th Ed.). Belmont, CA: Thomson.
- Karger, H. J., & Stoesz, D. (2014). *American social welfare policy: A pluralist approach* (7th ed.). Boston, MA: Pearson.
- Kingdon, J. W. (2011). *Agendas, alternatives, and public policies* (updated 2nd ed.). IL: Longman.
- Kramer, B. J., Hovland-Scarfe, C., & Pacourek, L. (2003). Analysis of end-of-life content in social work textbooks. *Journal of Social Work Education*, 39(2), 299-321.
- Laird, J. (Ed.). (1993). *Revisioning social work education: A social constructionist approach*. Binghampton, NY: The Haworth Press, Inc.
- Lakoff, G. (2014). *Don't think of an elephant: Know your values and frame the debate*. White River Junction, VT: Chelsea Green.
- Lee, C., & Hernandez, M. Y. (2009). Theories of immigration: An analysis of textbooks of human behavior and the social environment. *Journal of Human Behavior in the Social Environment*, 19(6), 663-674. doi:10.1080/10911350902910815
- Lehning, A., Vu, C. M., Pintak, I. (2007). Theories of poverty: Findings from textbooks on human behavior and the social environment. *Journal of Human Behavior in the Social Environment*, 16(1/2), 5-19. doi:10.1300/J137v16n01_02
- Maris, R. W. (1988). *Social problems*. Belmont, CA: Wadsworth.
- McPhail, B. (2003). A feminist policy analysis framework: Through a gendered lens. *The Social Policy Journal*, 2(2/3), 39-61.
- McPhee, D. M., & Bronstein, L. (2002). Constructing meaning: Strengthening the policy-practice link. *Social Work Education*, 21(6), 651-662.
- McVinney, L. D. (2004). Epistemology of the bottle: The social construction of alcoholism and alcoholics in social work literature in the United States between 1950 and 1959. *Journal of Social Work Practice in the Addictions*, 4(4), 3-35.

- Mills, C. W. (1959). *The sociological imagination*. New York: Oxford University Press.
- O'Connor, M. K., & Netting, F. E. (2008). Teaching policy analysis as research: Consideration and extension of options. *Journal of Social Work Education*, 44(3), 159-172.
- Pal, L. A. (2006). *Beyond policy analysis: Public issue management in turbulent times* (3rd ed.). Toronto: Thomson/Nelson.
- Patterson, G. T. (2010). A composite review of social work research textbooks. *Journal of Teaching in Social Work*, 30(2), 237-246. doi:10.1080/00841230903482486
- Popple, P. R., & Leigninger, L. (2015). *The policy-based profession: An introduction to social welfare policy analysis for social workers*. Boston, MA: Pearson.
- Reid-Cunningham, A. R., & Fleming, V. C. (2009). Theories of disability: Findings from an analysis of textbooks on human behavior and the social environment. *Journal of Human Behavior in the Social Environment*, 19(1), 10-25.
- Sahin, F. (2006). Implications of social constructionism for social work. *Asia Pacific Journal of Social Work & Development*, 16(1), 57-65.
- Schneider, A., & Sidney, M. (2009). What is next for policy design and social construction theory? *The Policy Studies Journal*, 37(1), 103-119.
- Segal, E. A. (2013). *Social welfare policy and social programs: A values perspective* (4th ed.). Boston, MA: Cengage.
- Spector, M. & Kituse, J. I. (1987). *Constructing social problems*. Menlo Park, CA: Cummings.
- Stone, S., & Gambrill, E. (2007). Do social work textbooks provide a sound guide for education and practice? *Children and Schools*, 29(2), 109-118.
- Strier, R., Feldman, G., & Shdaimah, C. (2012). The construction of social class in social work education: A study of introductory textbooks. *Journal of Teaching in Social Work*, 32, 406-420. doi:10.1080/08841233.2012.667753
- Taylor, S., Mulroy, E. A., & Austin, M. J. (2004). Social work textbooks on human behavior and the social environment. *Journal of Human Behavior in the Social Environment*, 10(3), 85-110. doi:10.1300/J137v10n03_04.
- Tompkins, C. J., Rosen, A. L., & Larkin, H. (2006). An analysis of social work textbooks for aging content: How well do social work foundation texts prepare students for our aging society? *Journal of Social Work Education*, 42(1), 3-23.
- Wachholz, S., & Mullaly, B. (2000). The politics of the textbook: A content analysis of the coverage and treatment of feminist, radical, and anti-racist social work scholarship in American introductory social work textbooks published between 1988-1997. *Journal of Progressive Human Services*, 11(2), 51-76.

- Weick, A. (1992). Building a strengths perspective for social work. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 18-26). New York: Longman.
- Weick, A. (1993). Reconstructing social work education. *Journal of Teaching in Social Work*, 8(1/2), 11-30.
- Weiss, I., Gal, J., & Katan, J. (2006). Social policy for social work : A teaching agenda. *British Journal of Social Work*, 36, 789-806.

Book Reviews

A Special Note from the former Book Review Co-Editor

We are saddened by the loss of our colleague and friend, Marguerite Rosenthal. Margy's connection to the *JSSW* is rich and longstanding—she was a college classmate of founding editor Robert Leighninger at Oberlin, sat on the editorial board, and after her retirement from the faculty of Salem State University School of Social Work served as the book review co-editor from 2010-2015. As an activist, policy advocate, social work policy professor, and scholar Margy's work was deeply informed by commitment to the ideal of the public good and the potential of a robust welfare state.

As book review co-editor Margy not only edited each and every book review with her keen eye for grammar, punctuation, and content, but she also wrote 13 reviews, including the highly influential *New Jim Crow: Mass Incarceration in the Age of Colorblindness* by Michelle Alexander, and the less known but fascinating *New Deal, New Landscape: The Civilian Conservation Corps and South Carolina's State Parks* by Tara Mitchell Mielnik.

As co-editors of the *JSSW* book review section, Marguerite and I frequently debated which books to review, reached out to new publishers, and scoured the university presses for timely and important titles. In the effort to find the perfect person to review a specific title, Margy reached out to internationally renowned academics as well as doctoral students—and was especially pleased to identify emerging scholars who could write well.

Margy's approach to scholarship enriched the *JSSW* book review section. For example, Trudy Goldberg, a close collaborator and colleague, recalls how in the early 1980s she and Margy embarked on a research agenda to determine if the newly identified feminization of poverty was confined to the United States. Trudy noted how "this took Marguerite to Sweden where she became a first-class scholar of that social democratic welfare state, and later knowledgeable about other European regimes. That led in turn to our partnership in more *Journal of Sociology & Social Welfare*, December 2016, Volume XLIII, Number 4

works and participation in a number of conferences here and abroad." This is but one example of how Margy's pursuit of social justice framed serious research questions, which she pursued with integrity, passion, and collaboration.

Margy was an engaging teacher who brought the history of social welfare policy to social work students, many of them the first in their families to attend college. I know about this first-hand, since Margy served as my faculty mentor at Salem State College. In fact, I was a guest speaker in her class before returning to university for my doctorate, and it was Margy who recruited me to the faculty. As the current chair of Social Welfare Policy at Touro College Graduate School of Social Work, my syllabus remains indebted to hers—and our social work students learn about the Lowell mill girls, the Lynn shoe-worker strike of 1860, the anti-lynching campaign of Ida B. Wells, among many other topics that inspire them to find connections to their own experiences and current struggles, such as the Fight for 15 and #blacklivesmatter. Margy's policy syllabus was framed by C. Wright Mills' notion of private troubles and public issues, and Margy's class was a favorite, even among clinically-focused social work students.

What follows are select comments from colleagues and friends of Marguerite's who are connected to the *Journal of Sociology and Social Welfare* as editors, scholars and reviewers. As Margy is honored in different ways in the many, many communities she was part of, we acknowledge her contributions to the JSSW community and how sorely she is missed.

*Jennifer Zelnick, former Book Review Co-editor
Journal of Sociology & Social Welfare*

Tribute to Marguerite Rosenthal

Margy will be sorely missed by everyone who wrote reviews for the *Journal of Sociology and Social Welfare* during her term as book review co-editor with Jenn Zelnick. She was an outstanding academic colleague who made a significant contribution to our field. I learned from her constructive feedback on many reviews which often resulted in enjoyable exchanges on wider social and political issues. Her insights drew on a formidable knowledge of the literature and reflected her

strong commitment to social justice. We are diminished by her passing.

*Jim Midgley, University of California, Berkeley
Former Book Review Editor
Journal of Sociology & Social Welfare*

Margy Rosenthal was a person of many talents, all of them powerfully developed. Before she became a book review editor, a service for which we are enormously grateful, because it's such a big and important job, she was an Editorial Board member doing regular reviews. She was particularly useful to me by going beyond preparing a basic review and helping me make a decision. I remember one paper which was policy-oriented, international, and quantitative. She helped me through the statistics (gini co-efficients, for god's sake) and their implications for policy.

She was also an activist. I discovered during the Civil Rights era that I wasn't one. I followed the lead of others and cheered from the sidelines. Margy got me involved in a short-lived but interesting action-oriented social work organization. She also persuaded me to accept an invitation to join the Board of the National Jobs for All Coalition. It's a high-powered group and I'm honored to sit quietly among them. My job is to use my New Deal research to demonstrate that we once did, and could again, provide public jobs to prevent starvation, restore dignity, stimulate the economy, and build a lasting legacy of physical and cultural infrastructure. I'll now have to work harder to measure up to Margy's faith in me.

*Robert Leighninger, Editor
Journal of Sociology and Social Welfare*

Many of us somewhat grudgingly take on the task of writing book reviews as part of service to our disciplines. When contacted by Marguerite about a review, I always knew she'd considered the pile of books in front of her with my eclectic interests in mind and had found something she knew I'd want to read. She saw the importance of the book review

task and managed it oh so well. I miss getting those books, and I miss her.

Robert Forrant, University of Massachusetts Lowell

My dear friend Margy was both fierce and loving in her commitment to everything she did: her teaching, her social justice activism, her assiduous editing of this reviewers' prose, and her praise for work well done. She was truly one of a kind.

Ted Murphy, Northeastern University

Marguerite was committed to adding quality to the Journal, but more importantly, she was kind and personable. We developed a very satisfying working relationship, and I always enjoyed hearing from her, even after she retired from her position as book editor. She was a dear human being, and I was honored to have been able to work with her.

*Melinda McCormick, Assistant Editor
Journal of Sociology & Social Welfare*

You meet someone—a new faculty member—and what was an ordinary day marks the beginning of a lifelong friendship and partnership in scholarship and social activism. An excellent and meticulous researcher, writer and editor, Marguerite Rosenthal was an asset to any faculty and scholarly endeavor. Intense but always ready for a laugh, ever empathetic, small wonder Marguerite excelled in the number and quality of her friendships. And who else had such a conscience, such a capacity for moral indignation on such a range of ills that we were constantly challenged to be at least half as engaged, half as good. What a legacy, and what a loss.

*Trudy Goldberg, National Jobs for All Coalition
Professor Emerita, Adelphi University*

Susan M. Wachter and Lei Ding (Eds.), *Shared Prosperity in America's Communities*. University of Pennsylvania Press (2016), 274 pages, \$53.99 (hardcover).

As part of the University of Pennsylvania's City in the Twenty-First Century series, Wachter and Ding have created an edited volume that focuses on the geographic reality of income inequality in the United States and offer potential solutions. This book provides a critical analysis of how geography or "place" is increasingly implicated in whether or not a community has access to the resources of a rapidly globalizing economy. It is organized into twelve chapters covering three sections. The first section examines the evidence of decreasing economic mobility, especially as it pertains to specific geography, and illustrates the negative consequences of this place-based inequality in the U.S. The second section is comprised of essays that offer a variety of potential solutions embedded within local cities' housing, education, and labor policies. Lastly, the final section takes a wider lens, providing potential templates for equitable growth and development in American cities within the current post-industrial moment.

The issue of place-based inequality has gained some interest with researchers of late, with some startling statistics on the high unlikelihood of upward mobility for U.S. children born in low-income neighborhoods, even after they move to higher income communities. This collection provides a platform for a variety of scholars to demonstrate the impact that this growing disparity has on communities, in general, as well as the individual citizens who live there, and to offer potential solutions both within localized and state-level policy approaches.

The first chapter offers some stark and compelling evidence for the geographic inequity which is the theme of this book. Author Raj Chetty presents findings from his own study of upward mobility and geographic place, highlighting the fact that poor children born in the U.S. have a much lower likelihood of achieving upward economic mobility than children in countries such as Denmark or Canada. This makes it more likely that the "American Dream" of income mobility may actually be higher in other western nations. Chetty tracks several trends in income inequality and geography, examining levels

of intergenerational mobility for the cohorts of children born in the 1970s through the 1990s. He illustrates that while intergenerational mobility has remained stagnant overall, and growing income inequality has exacerbated the problem (meaning children's future mobility is now more greatly tied to parental income than for previous cohorts), there is a significant link to geography. While the author demonstrates some regional differences (much lower rates of upward income mobility in the Southeast and Rust Belt, higher levels in the Great Plains and West Coast), an interesting finding is that there is substantial variation across areas with similar sociodemographic characteristics.

The author posits that this variability is positive, in that it provides examples of communities where the likelihood of upward mobility for low-income children is fairly high. In other words, what can we learn from these communities? In examining these 'model communities,' while Chetty indicates that several factors are correlated with upward mobility, he cautions that these are simply correlates and thus their specific mechanism of influence needs further study. Race, level of income inequality, school quality, social capital, and family structure all seem to be related to levels of mobility within communities. Thus, legacies of racial segregation which limited access to resources for many African American communities (chapter two delves more deeply into the impact of racial and economic segregation), cities with a smaller middle class, areas with poor quality public schools, lower levels of civic participation, and areas with high numbers of single parent households all contribute to a lack of upward mobility for low-income children. Chetty concludes that "place-based" policy initiatives can offer the potential to ameliorate the effects of intergenerational poverty and to offer children born into low-income families a greater chance at upward mobility. A key conclusion offered early in this book is that focusing on local policies and those that impact children well before they enter the labor force are more likely to achieve desired results.

In the mid-section of the book, part II, various authors provide examples of solutions focused on housing, racial and class integration, education, and labor policies at both the local and federal levels. In chapter five, Margery Austin Turner

emphasizes fair, affordable housing and community development that considers "place-conscious" planning. She advocates an approach to solving neighborhood exclusion and distress that combines fair housing and community development policies, rather than implementing them separately. This gets to the heart of racial and economic discrimination through practices which aim to foster economic growth in the community while simultaneously addressing segregation.

In the final section of the book, the essays focus on the possibilities and benefits derived from more equitable "shared" economies. These chapters offer models from communities that are using regional approaches to resource sharing. In chapter twelve, authors Chris Benner and Manuel Pastor use the term "epistemic communities" to describe how diversity of thought, skills, and resources coming together at a regional level can create networks of possibility and opportunity in these enriched communities. Using several case studies, this chapter offers some justification for why we need to create more economically inclusive communities, as well as a thorough examination of the political aspects of doing so.

The case studies are informative, as they provide examples from exemplar communities where sustainable growth was combined with equity, as well as problematic communities where inequality and stagnated growth were present. The authors provide examples of cities in which diverse networks of private, public, economic, social justice, political, business, and civic actors connect and eventually transform the typical social processes involved in economic growth. These diverse networks form "epistemic communities" which work toward economic equality, not necessarily through policy prescriptions, but rather through fostering the development of a shared understanding of community needs that begins to take into account multiple facets of a problem.

This approach has achieved some success in communities such as San Antonio, Texas, where an increase in sales tax was agreed upon by a variety of community actors, in order to provide pre-K education to low-income children in an effort to develop the future workforce. Other examples include the city of Seattle's recent success in increasing the city's minimum wage to \$15.00 an hour. The authors point out that these

solutions to localized community problems came from long-term processes of connection, networking, and shared understanding that are embedded in the diverse "epistemic community" model. This is an interesting approach to solving place-based inequality, as it emphasizes the importance of creating a process and structure for shared understanding amongst community stakeholders, rather than simply offering generic policy solutions.

Overall, this collection provides a thorough description of what place-based inequality is, including several recent studies with important data points, and it offers a variety of examples of localized strategies for change. This is no small feat, given that this is a complex problem with multiple facets. However, more information on institutionalized racism would have been helpful. Several essays do mention race, and segregation more specifically, as being implicated in place-based inequality, but there is no in-depth analysis. Perhaps another volume in this series could be devoted wholeheartedly to such discussion. As race continues to be a factor in place-based inequality, it needs to be considered in place-conscious planning. Therefore, detailed descriptions of how racial exclusion and discrimination operate at both local and national levels to segregate and limit economic opportunities in communities would be a helpful addition. Further, including race-conscious solutions which are embedded within the model templates offered here through housing, education, and labor policies would also strengthen the book.

Despite this limitation, this collection is a valuable resource for graduate courses in community development, macro social work, social policy practice, or civic engagement, and an important tool for community/urban planners and economic development team members. As recent studies illustrate, the problem of income-inequality and its geographic variability is unfortunately only worsening in the U.S., making this collection on place-based inequality a timely and necessary addition to the scholarship of economic and community development.

Cynthia Edmonds-Cady, Illinois State University

Marjorie S. Zatz and Nancy Rodriguez, *Dreams and Nightmares: Immigration Policy, Youth, and Families*. University of California Press (2015), 202 pages, \$85.00 (hardcover), \$39.95 (paperback).

As a "nation of immigrants," the United States attracted people from every corner of the world to pursue their dreams. However, the complicated economic, political and cultural concerns, and immigration policies, particularly the ones targeting undocumented immigrants, have always been controversial in the United States.

This book is of broad relevance to the current debate and future immigration policy reforms. Marjorie Zatz and Nancy Rodriguez conducted a comprehensive social analysis of the effects of immigration policies and practices on immigrant youth and families during the Obama Administration when comprehensive immigration reform was absent. From a systemic lens, the authors present us with the mechanisms through which immigration policies influenced the lives of immigrant youth and families; meanwhile, the structural mechanisms that mitigate and exacerbate the vulnerabilities of this population were also explored to inform meaningful future reforms.

The first chapter briefly reviews the context of contemporary U.S. immigration policies and practices. After 9/11 the Department of Homeland Security replaced the Department of Justice to take charge of immigration affairs, shifting the focus of immigration policy and practice from due process and equal protection requirements to law enforcement and deportation. The increasing tensions between the Obama Administration and the predominantly Republican Congress dimmed the prospects for comprehensive immigration. Finally, the alarming number of unaccompanied minors flooding into the U.S. to seek family unification since 2011 has reached crisis levels.

In the second chapter, the authors demonstrate that the Obama Administration finally resorted to prosecutorial discretion for balancing the competing goals of public safety and family unification. Prosecutorial discretion, in the form of policy memos providing guidelines to prioritize detention and deportation resources on truly serious offenders, was intended

to protect the immigrant community. The most successful case of it was Deferred Action for Childhood Arrivals (DACA). In chapter 3, the authors present evidence showing how DACA made a difference for young adults who came to the U.S. as children (dreamers), ranging from alleviating their fears of being deported to providing them with access to college education, driver's licenses, and work authorization. However, certain predicaments faced by mixed-status families still remained, due to the limited application of DACA and its nature of administrative relief.

On the other hand, prosecutorial discretion failed to decrease the number of deportations, and parents of children who are U.S. citizens accounted for a large percentage of the deported population. Chapter 4 explores the traumatic experience parental detention and deportation has had on children. These negative effects were exacerbated by the interweaving of the criminal justice system, child welfare system, and immigration enforcement agencies—that is, multiple systems with contrasting cultures, goals, and perspectives. As a result, some family-oriented procedural improvements have been advanced by Immigration and Customs Enforcement, Women's Refugee Commission, Consular Officials and state laws to ameliorate harms affecting youth and ensure the children's best interests.

Chapter 5 describes the experience of unaccompanied minors entering into the U.S. The protective structural mechanisms, such as resources provided by the Office of Refugee Resettlement, and certain initiatives based on the best interests of children are identified; on the other hand, the problems of lack of legal representation, system stressors, and the limited use of prosecutorial discretion are demonstrated as the mechanisms worsening the conundrum of unaccompanied minors. Finally, the authors summarize their main findings, providing the implications for future research on immigration, race and mass incarceration, and transnational family formation, as well as related policy recommendations.

Using the overarching theme of prosecutorial discretion is an innovative and thoughtful approach to examining immigration policies and practices. For one thing, the implementation of prosecutorial discretion exerts strong but distinct

influences on those three types of immigrants: DACA recipients benefited from prosecutorial discretion, while undocumented parents were threatened due to the flexibility of it (the expansion of the types of deportable serious offenses, e.g., DUI), and unaccompanied minors were constrained by the limited use of prosecutorial discretion. For another thing, the emphasis on prosecutorial discretion reflects the reality that the present U.S. immigration practices are largely relying on executive orders rather than legislative actions. However, the authors are optimistic that using prosecutorial discretion can achieve the balance between the guarantee of public safety and the promotion of family unity and humanitarian causes.

The authors' systemic perspective is highly valuable. By examining the policy processes from multiple systems, the authors reveal the complexities of immigration practices in order to propose reasonable and concrete policy recommendations. For example, by situating the immigration of unaccompanied minors into the context of the deteriorating social-political environment in Central American countries, the authors provide the rationale to define this phenomenon as a humanitarian crisis and legitimize the recommendation of granting prosecutorial discretion to gang-affiliated youth from those countries. Moreover, by bringing the criminal justice system, child welfare and immigration enforcement systems together into discussion, the authors are able to identify the issues that hinder the goals of family unification and children's best interests, including timeline colliding and spatial incoordination, as well as the segregation between federal and state governments. In general, this book is a combination of informative resources, rigorous social science research, and is well written to boot!

Xiafei Wang, Ohio State University

Daniel Sullivan, *Cultural-Existential Psychology: The Role of Culture in Suffering and Threat*. Cambridge University Press (2016), 295 pages, \$110 (hardcover).

The field of social psychology has for decades provided much of the theoretical knowledge base for social work. Social

psychology endeavors to look at human behavior as a complex interplay between the individual and cultural environment, and hence, while social psychology often lacks an interest in the practical application of theory which animates social work, the approach of social psychological research is usually very compatible with what we in social work call the psychosocial perspective. It behooves social work educators, therefore, to keep up on the research in social psychology. Indeed, the last decade has seen some very important developments in social psychology.

One such development has been the emergence of Terror Management Theory (TMT) as a leading theory in the field. TMT is rooted in the ideas of psychological anthropologist Ernest Becker, whose summary works *Denial of Death* (1973) and *Escape from Evil* (1975) have been in continuous print up to the present time. Ernest Becker drew on a wide variety of work, particularly in philosophy and depth psychology, to suggest that the basic human anxiety, the force that motivates much of human behavior, is the mostly-unconscious need to deny our creature mortality, and to make our lives "count" for something that is transcendentally larger than life. This actually creates human psychology, for as far as we know, we are the only species that must deal with knowledge of mortality and death in an ongoing manner. Becker thought that we do this in myriad ways, but TMT hones in especially on the role of culture in creating life scripts for people, informing them about what is considered to be of transcending value and providing many avenues through which people can be assured that they are living up to, and thus participating in, the transcending values of the culture. Thus the central function of culture is to allay human anxiety about meaninglessness, insignificance, futility and worthlessness, all of which are seen as manifestations of mortality anxiety.

If this basic picture is true, then well-functioning cultures provide not only plausible narratives of transcending meaning—of how maintaining the standards and values of the culture add to the enhanced well-being of all humanity—but also present individuals with knowledge that in one's own station, no matter how humble, a valued contribution is being made as well to the larger whole. If a culture is unable

to maintain the stable plausibility of its narrative, widespread malaise and ennui begins to set in on the collective level, and depression begins to set in on the individual level. Therefore, each member of a given culture has an "existential" stake in maintaining the cultural narrative, or the collective mythology, as vibrant and credible.

If and when the credibility of the collective cultural narrative is attacked, either explicitly, as for example when someone publicly undermines the worthiness of key heroes in the cultural narrative (e.g., pointing out that many of the "founding fathers" were racist slaveholders), or implicitly, simply by holding to a significantly different cultural narrative (e.g., religion) than the majority, people will feel this as an existential threat and move to devalue the attackers (up to and including violence against them) and to reestablish the validity of the majority narrative (through public displays and rituals, by gathering together with others who share that narrative, and so on). Thus while Becker's depth psychology, like all depth psychology, relies heavily on degrees of speculation, these behavioral reactions in defense of cultural narratives can be predicted, measured, and studied in classic laboratory conditions, as well as in actual human life when clear threats to the dominant cultural narrative occur on a large scale, as happened, for example, with the largely successful 9/11 attacks on the very symbols of cultural power (Twin Towers, the Pentagon, the White House.) The heart of TMT has been to bring the sharpest possible empirical methods to the study of cultural-defense behaviors, which are interpreted in turn as providing data in support of Becker's death anxiety thesis.

Daniel Sullivan is a former student and now colleague of that small group of social psychologists who pioneered TMT, and Sullivan appears as author and co-author of some of the key works in the growing TMT bibliography, which by now numbers in multiple-hundreds of entries. In this current work under review, Sullivan attempts to expand the basic TMT perspective into new areas of research and interpretation. Specifically, he brings his wide reading in cultural psychology into conversation with TMT (also referred to, as it is here, as experimental existential psychology) to create an even more far-reaching approach which Sullivan refers to as Cultural-Existential Psychology. What Sullivan does in this book is

quite nuanced, and as a reviewer I face the danger of clumsily stomping through his well-tended garden. But with that caveat in mind, I will summarize that Sullivan is paying particular attention to the role that cultural narrative plays not only in buoying up the sense of meaning in face of external threats, but also in providing the stories through which people buoy up the sense of meaning in face of internal suffering.

Sullivan maintains that Cultural-Existential Psychology, while currently shoring itself up as a disciplinary field and thus heavily involved on the theoretical side, is ultimately an empirical discipline, which makes clear and testable predictions about how threat and suffering will be managed in specific cultural settings. In very broad strokes, cultural narratives will tend toward assertions of the value of individuals as the highest good, or will tend toward assertions of the value of the collective as the highest good. In situations of threat and suffering, members of the former culture will lean toward interpretations of the heroic individual standing tall and exemplifying the strengths of individual courage and fortitude, while members of the latter culture generally subsume the individual into the collective and tend toward interpretations that support collective values, even at the expense of the individual (for example, willingness to see one's own self as in need of "correction" so as to maintain the correctness of the collective ideology).

Sullivan lays out the theoretical material in the first part of the book, and then moves in the second part of the book to demonstrate its application in research. Here he presents the results of in-depth interviews he was able to conduct after a particularly destructive weather event ripped through a Kansas community as he pursued his doctoral studies at the University of Kansas. One group of interviewees, members of an active Unitarian Universalist congregation, represented the individualist-tending (sub)culture. A second group, a rural congregation of conservative Mennonites (Holdemann), represented the collective-tending (sub)culture. Indeed, the differences in interpretation are clear, as the theory would predict. Sullivan has transparently included all of the research tools and data in a series of appendices, so that anyone wanting to check him on his readings can easily do so.

Sullivan's work in this book, as well as that of upcoming colloquia and consultations in this new area of cultural existential psychology, should be of great interest and importance to social work theorists and educators. It will yield valuable insights into the lives of families, communities, and individuals who seek social work services in situations of threat and suffering. Furthermore, it will soon become (or at least I hope so) a central discipline in the social work knowledge base. I would expect that future social work doctoral studies will begin to fill out the literature in this new approach. This book is like an initial starting pistol shot that I hope is heard widely through our field.

Daniel Liechty, Illinois State University

Javier Auyero (Ed.), *Invisible in Austin: Life and Labor in an American City*. University of Texas Press (2015), 280 pages, \$24.95 (paperback).

In the tradition of Burawoy's *Global Ethnography* (2000) and Bourdieu's *The Weight of the World* (1993), Auyero and his student ethnographers collectively embark on the task of mapping the social and institutional landscapes of the lives of marginalized workers living in Austin, Texas, the now-booming, rapidly gentrifying, 'liberal oasis.' As the contributors to the volume deftly demonstrate, capital flows into the city from ventures in creative and digital technology, new construction, corporate headquartering, and energy production, aided in part by a low tax burden, but also by the growth of the service sector and a two-tiered labor market. As Austin grows increasingly 'hip,' living in the city grows increasingly inaccessible for people working in the marginalized segment of the bifurcated labor market, as they are increasingly pushed to the periphery of urban life, while simultaneously facilitating and maintaining the lifestyles of those who make up the 'core.'

Each chapter is the result of ongoing participant observation and a series of life history interviews conducted with a single respondent, all of whom were selected to represent various facets of the processes of urban change described above. Following a chapter that provides an historical

introduction to the political economy of the city, the book is populated with the stories of workers from varied demographics who share a common thread—they have been pushed to the city's sidelines by the pace of gentrification and the stagnation of wages, and they therefore find their place in the city increasingly tenuous.

Here we meet close up a migrant worker who must keep producing despite the aging body that now betrays him, a homeless and downwardly mobile woman of middle-class origins, the mother of a labeled 'at-risk' teen, a Xerox maintenance man, a stripper who reluctantly transitions into (and out of) sex work, a Nepalese academic turned cab driver, a hotel clerk with a problematic taste for the 'finer things,' a country musician struggling to pry a living from his trade, an entrepreneurial domestic worker, a community organizer from a historically African-American neighborhood, and an undocumented student attending UT-Austin. These are the people who together populate the pages of this text. Throughout, the authors maintain a keen eye for the impact of institutions and social forces in the lives of their respondents, narrating the lives of their subjects while deploying the main analytic lens of C. Wright Mills' "sociological imagination," as they discern the interconnectedness of history and biography and the relations between the two within society.

The text will be useful for other researchers (especially ethnographers) collecting data in the city of Austin, or perhaps other increasingly inaccessible urban locales known for experiencing similar processes of gentrification, marginalization, labor market bifurcation, and serving as historic havens for cultural innovators, artists, and 'weirdos' (Portland, Seattle, San Francisco, and New York come to mind). The collection may also be useful for those teaching qualitative methods seminars, as individual chapters serve as exemplars of vivid life history interviews, "thick description," and a rich sense of the import of context provided by a deep understanding of place and space. Additionally, those with an interest in developing a richly contextualized understanding of the simultaneously unique and increasingly generalizable trends in Austin may find satisfaction of their interests, as well as greater empathy for those subject to the institutional forces described in the text.

These applications aside, however, it must be said that the book would have benefitted greatly from more consistent application of core concepts in urban studies/ethnography, the study of institutional inequality, or reflexive methodological musings. Greater inclusion of these elements would have significantly increased the potential audience for this book (for example, in undergraduate courses). Nonetheless, the work serves as a testament to the value, continued relevance, and vital results of the application of the sociological imagination in efforts to better understand in context the diverse array of human lives that keep a metropolis humming, as well as a reminder of the costs to those who are pushed to the side as cities pursue economic development and experience rapid change.

Danielle Docka-Filipek, Christopher Newport University

Mathew Desmond, *Evicted: Poverty and Profit in the American City*. Crown Publishers (2016), 432 pages, \$28.00 (hardcover).

Using an ethnographic approach, Desmond gives readers a comprehensive and vivid description of the everyday struggles of eight families in Milwaukee, Wisconsin. While each family has its own unique circumstances, each has suffered from being marginally housed. They either move from place to place with minimum housing stability or reside in trailer parks, where the quality of life is hugely compromised. Using novelistic language, this book is by no means an obscure reading, yet it provokes tremendous empathy toward those in our society who try everything to survive their lives. By the end of the book, readers may start to wonder why it is that these things are happening.

While the answer to this question may not have been explicitly pointed out in the book, readers will find themselves struck by the wide range of problems interfering with homelessness throughout the stories: poverty, substance abuse, mental illness, lack of education, domestic violence, discrimination, and legal issues, to name a few. In fact, there have been vigorous debates around the causes of homelessness in the United States. A traditional perspective ascribes homelessness

to personal and clinical characteristics such as age, gender, socioeconomic status, and/or psychiatric disability. In line with this belief, housing is awarded to homeless people after they have completed mental health and substance abuse treatments and prove that they are mentally stable and abstinent from substances. A relatively new perspective is that housing is a basic human need regardless of disability; a stable housing environment is needed to meet other additional needs. Guided by this perspective, an increasing number of scholars and activists are advocating for the Housing First model, in which homeless people are provided with direct or nearly direct access to housing without requirements for treatment. Regardless of whether the problem is viewed as one of individual pathology or as a systemic problem, people with the aforementioned needs become the most vulnerable group. As this book makes clear, people in these families are striving to make ends meet and to keep a roof over their heads, but are unfortunately going through cycles of unstable housing. The message is conveyed that more affordable housing is needed in order for the poorest people to survive and to work on their other needs.

A great value of the book is credited to the exposure of this most invisible population: homeless families, children, and single parents who are at the margin of homelessness. As research and practice in the field of homelessness has focused mainly on providing housing services to people with mental illnesses, especially severe mental illnesses, those who are not considered as traditionally vulnerable too often have been overlooked. With the success of the book, we may hope that more attention will be given to this larger special population.

Yeqing Yuan, New York University

Corresponding Authors

Yvonne A. Unrau
yvonne.unrau@wmich.edu

Melinda McCormick
mmmccormick10@marianuniversity.
edu

Heather C. Pizzanello
pizzanelloh1@southernct.edu

Amy B. Smoyer
smoyera1@southernct.edu

Alexandra S. Wimberly
schepa@sp2.upenn.edu'

Kaley J. Cieslak
rick.grinnell@wmich.edu

Marietta A. Barretti
marrietta.barretti@liu.edu

JOURNAL OF SOCIOLOGY & SOCIAL WELFARE
CONTENTS OF VOLUME XLIII—2016

- Anderson, S. G., Liu, M., & Gao, X. *Assessing access to social services in emerging systems: A conceptual approach*. June, 157-180.
- Barretti, M. A. *How are social problems viewed and analyzed in social work policy textbooks?* December 135-160.
- Brown, J. *Social support and crime: A state-level analysis of social support policies*. June, 135-156.
- Cantillon, S., & McLean, C. *Basic income guarantee: The gender impact within households*. September, 99-120.
- Caplan, M. [Review of the book *Rewriting the Rules of the American Economy*, by Joseph E. Stiglitz]. June, 193-194.
- Caplan, M. A. [Review of the book *Poverty and Shame: Global Experiences*, Elaine Chase & Grace Bantebya-Kyomuhendo (Eds.)]. March, 175-177.
- Caputo, R. K., & Lewis, M. *Introduction to the symposium on the Basic Income Guarantee*. September, 3-8.
- Cieslak, K. J., Hardy, L. E., Kyles, N. S., Miller, E. L., Mullins, B. L., Root, K. M., & Smith, C. M. *An environmental scan of mindfulness-based interventions on university and college campuses: A research note*. December, 109-134.
- Collett, T., Limb, G. E., & Shafer, K. *Effects of Native American geographical location and marital status on poverty*. March, 37-54.
- Collins, S. B. *Value discretion in a people-changing environment: Taking the long view*. June, 89-110.
- Comartin, E., Kernsmith, P., & Kernsmith, R. *Fear and misinformation as predictors of support for sex offender management policies*. June, 39-66.
- Docka-Filipek, D. [Review of the book *Invisible in Austin: Life and Labor in an American City*, by Javier Auyero]. December, 175-177.
- Edmonds-Cady, C. [Review of the book *A Shared Prosperity in America's Communities*, by Susan M. Wachter and Lei Ding]. December, 165-168.
- Feldman, K., & Gran, B. K. *Is what's best for dad best for families? Paternity leave policies and equity across forty-four nations*. March, 95-119.
- Fong, K., Wright, R. A., & Wimer, C. *The cost of free assistance: Why low-income individuals do not access food pantries*. March, 71-93.
- Forrant, R. [Review of the book *Unsettled: Cambodian Refugees in the New York City Hyperghetto*, by Eric Tang]. March, 177-179.

- Giroux, C. M., & Corkett, J. K. *Interprofessional collaboration for children with special healthcare needs: A review of effective education integration*. March, 55-69.
- Goldner, N. [Review of the book *Feeling Lonesome: The Philosophy and Psychology of Loneliness*, by Ben Lazare Mijuskovic]. March, 181-183.
- Guo, L. [Review of the book *The History of the English Poor Law System*, by Jianding Ding]. June, 185-187.
- Karabanow, J., Kidd, S., Frederick, T., & Hughes, J. *Towards housing stability: Exiting homelessness as an emerging adult*. March, 121-148.
- Kelly, C. [Review of the book *addicted. pregnant. poor*, by Kelly Ray Knight]. June, 183-185.
- Kiehne, E. [Review of the book *The New Immigration Federalism*, by Pratheepan Gulasekaram & S. Karthick Pamakrishnan]. June, 181-183.
- Kiehne, E., & Ayon, C. *Friends or foes: The impact of political ideology and immigrant friends on anti-immigrant sentiment*. September, 156-176.
- Lateef, H. [Review of the book *Black Male Violence In Perspective: Toward Afrocentric Intervention* by P. Tony Jackson]. September, 181-183.
- Lerner, J. E., & Robles, G. The need for social work advocacy to create social justice for transgender people: A call to action. March, 3-18.
- Levenson, J. S., Grady, M. D., & Leibowitz, G. *Grand Challenges: Social justice and the need for evidence-based sex offender registry reform*. June, 3-38.
- Liechty, D. [Review of the book *Counter-Recruitment and the Campaign to Demilitarize Public Schools*, by Scott Hardung & Seth Kershner]. June, 191-193.
- Liechty, D. [Review of the book *Cultural-Existential Psychology: The Role of Culture in Suffering and Threat*, by Daniel Sullivan]. December, 171-174.
- Liechty, D. [Review of the book *The Dynamic Welfare State*, by David Stoesz]. September, 185-187.
- Lueg, K., & Jakobsen, A. *The construction of a class with a "sense of entitlement": A case study on political rhetoric as symbolic violence in Denmark*. June, 111-133.
- Mays, J., & Marston, G. *Reimagining equity and egalitarianism: The basic income debate in Australia*. September, 9-26.
- McCormick, M., & Unrau, Y. A. *Introduction to the special issue on Mind-Body Interventions in Social Work Practice*. December, 3-6.
- McDonald, K. B. [Review of the book *The Hero's Fight*, by Patricia Fernandez-Kelly]. March, 179-181.

- Midgely, J. [Review of the book *Inequality, What Can be Done?* by Anthony B. Atkinson]. March, 171-173.
- Midgley, J. [Review of the book *Prisoners of Reason: Game Theory and Neoliberal Political Economy*, by S. M. Amadae]. September, 177-179.
- Mulvale, J. P., & Frankel, S. *Next steps on the road to basic income in Canada*. September, 27-50.
- Murphy, E. U. [Review of the book *\$2.00 a Day: Living On Almost Nothing in America*, by Kathryn J. Edin & H. Luke Shaefer]. March, 173-175.
- Nisanci, A. *Continuity or shift? A multiple streams framework analysis of the family policy in Turkey*. March, 19-36.
- Olson, M. [Review of the book *The Rise of the Military Welfare State*, by Jennifer Mittelstadt]. June, 187-190.
- O'Neill, E. A. *Guardians of chastity and morality: A century of silence in social work*. June, 67-87.
- Pizzanello, H. C. *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*. December, 37-60.
- Rankin, K. *Prospects for a universal basic income in New Zealand*. September, 51-72.
- Shimansky, S. [Review of the book *Queer Excursions: Rethorizing Binaries in Language, Gender and Sexuality*, Lal Zimman, Jenny Davis and Joshua Raclaw (Eds.)]. September, 179-181.
- Smoyer, A. B. *Being on the mat: A process evaluation of trauma-informed yoga for women with substance use disorders*. December, 61-84.
- Stoesz, D. *SUSU: Capitalizing development from the bottom up*. September, 141-155.
- Taylor, S., Carnochan, S., Pascual, G., & Austin, M. J. *Engaging employers as partners in subsidized employment programs*. March, 149-169.
- Unrau, Y. A., & McCormick, M. *The Environment-Within-Person perspective: Integrating a mindfulness framework into social work practice*. December, 7-36.
- Vang, C. [Review of the book *Life In and Against the Odds: Debts of Freedom and the Speculative Roots of U.S. Culture*, by Heidi Hoechst]. September, 183-185.
- Wang, X. [Review of the book *Dreams and Nightmares: Immigration Policy, Youth, and Families*, by Marjorie S. Zatz and Nancy Rodriguez]. December, 169-171.
- Wiegmann, W. *Habitus, symbolic violence, and reflexivity: Applying Bourdieu's theories to social work*. September, 121-140.

- Wimberly, A. S., & Xue, J. *A systematic review of yoga interventions in the incarcerated setting*. December, 85-108.
- Yuan, Y. [Review of the book *Evicted: Poverty and Profit in the American City*, by Mathew Desmond]. December, 177-178.
- Zelleke, A. *Lessons from Sweden: Solidarity, the welfare state, and basic income*. September, 73-98.
- Zelnick, J. *A special note from the former book review co-editor*. December 161-164.

JOURNAL OF SOCIOLOGY & SOCIAL WELFARE

2017 Publication Information & Subscription Rates

Volume:	XLVII
Volume Year:	2017
Publication Period:	1-17 to 12-17
Publication Frequency:	Quarterly
Publication Dates:	March, June, September, December

Subscription Rates:

	Retail Cost	Subscription Agent
Online version only	Individual	
	\$44.00	\$54.00
	Institution	
	\$98.00	\$88.00
Print plus online version (package)	Individual in U.S.	
	\$62.00	\$62.00
	Individual Outside U.S.	
	\$74.00	\$74.00
	Institution in U.S.	
	\$106.00	\$96.00
	Institution Outside U.S.	
	\$118.00	\$108.00

Institutional subscribers can access the Journal's articles with ip authentication. Please send ip information to swrk-jssw@wmich.edu. Individual subscribers can access the Journal's articles online by contacting swrk-jssw@wmich.edu for a password.

Prepayment in U.S. funds. Single year subscriptions only. Subscriptions non-cancelable. Free replacement within six (6) months of publication of issues not received. Back Issues: \$20.00 per issue, plus \$2.00 for postage. ISSN: 0191-5096. Tax Free Registry No.: A-154961. Federal Tax ID No.: 386007327. Index: Included in Issue Number 4 (December) at no additional cost. Web Site: <http://www.wmich.edu/socialwork/journal/>. Contact Person: Melinda McCormick, Ph.D., Managing Editor. *Journal of Sociology and Social Welfare*, School of Social Work, Western Michigan University, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5354 USA. e-mail: swrk-jssw@wmich.edu. Tel: 269-387-3205 Fax: 269-387-3183.