

# Social Work Students' Knowledge and Attitudes Towards Therapeutic Yoga

Jessica Gladden\*, Yatesha Robinson and Alexis Freed

Western Michigan University, College of Health and Human Services, Kalamazoo, USA

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\*Corresponding author: Jessica Gladden, Western Michigan University, College of Health and Human Services, Kalamazoo, USA

## Abstract

Body-based interventions such as yoga are becoming increasingly common as evidence-based practices in social work and therapeutic treatment. However, yoga is rarely taught as a therapeutic practice in social work educational programs. This study examined social work students' knowledge and interest in yoga as both a physical exercise and therapeutic approach. 213 social work students from two mid- to large- sized universities in a Midwest state completed a survey. The survey results showed that students are interested in participating in yoga as well as learning yoga as a therapeutic approach for their clinical practice. A few students noted concerns about cultural appropriation and using interventions to fit the individual client. Training in yoga as a therapeutic intervention could be added into existing social work programs to increase the ability of future social workers to provide this intervention to their clients.

**Keywords:** Therapeutic Treatment; Physical Exercise; Yoga

**Abbreviations:** EBPs: Evidence-Based Practices; TSY: Trauma-Sensitive Yoga; NASW: National Association of Social Workers; ACEs: Adverse Childhood Experiences; IAYT: International Association of Yoga Therapists

## Introduction

Somatic or body-based interventions are becoming more widely accepted as evidence-based practices (EBPs) in clinical social work practice and mental health treatment [1-3]. These interventions may include a range of movement related activities, including yoga, dance, tai chi, and even trauma-sensitive weightlifting [4-8]. Preliminary research has presented evidence demonstrating that yoga, as a somatic intervention, can be effective in treating a multitude of clinical diagnoses, including trauma, anxiety, depression, and to some extent, eating disorders [8-17]. It is important that social work education, especially at the graduate level, informs and train our students in body-based interventions as well as the more commonly taught EBPs.

Due to the diverse needs of our clients, especially clients with a trauma background, students need a wide range of treatment formats to draw from in their practice. This study focuses on the application of yoga-based interventions, including trauma-sensitive yoga (TSY) as a body-based intervention. Trauma-sensitive group yoga classes and individual sessions are specifically geared towards trauma survivors and require special planning and attention to the way the class is put together [18]. This exploratory study was conducted to examine the current

level of understanding that social work students have regarding yoga, particularly as a therapeutic intervention.

In social work programs, social work students learn a variety of therapeutic models of evidence-based practice. Programs often focus on what may be considered more traditional models of treatment, such as Cognitive Behavioral Therapy, Narrative Therapy, Dialectical Behavioral Therapy, Brief Solution-Based Therapy, and group therapy [19,20]. However, for some clients, the use of body-based interventions such as yoga may be highly beneficial. While yoga is not often used as a primary or stand-alone treatment, its use as an adjunctive intervention should not be minimized. Yoga-based interventions can assist clients who are resistant to other forms of treatment [21,22].

The integration of somatic approaches in the therapeutic process has been shown to be particularly useful in understanding the physical experiences of distress often experienced in the autonomic nervous system [8,23]. The embodied autonomic processes are often unconscious; thus, somatic approaches such as yoga-based interventions can be used to complement traditional therapeutic processes that are based on cognitive discourse, which alone may not be sufficient in helping clients to regain the

body awareness so crucial for self-regulation [van der Kolk, 2009]. Although the benefits of yoga-based interventions as a supplement to psychotherapy have been successfully demonstrated in the literature [8,10,14], yoga-based interventions are rarely taught in social work education. Because of the evidence suggesting the efficacy of yoga, social work students need to at minimum be aware of models of treatment that may provide relief and healing for their clients.

While students may not always have the opportunity to be trained in yoga-based interventions during their graduate programs, they should be aware of the potential for using this form of treatment with clients, or the potential to refer clients to practitioners trained in yoga-based interventions. Relatively few schools or departments of social work in the United States have integrated the use of yoga-based (or other somatic) interventions in their social work curricula, even though the value of yoga has been established in the literature and presented at conferences and trainings through the National Association of Social Workers (NASW).

At the time of this writing, two universities were found, one in Colorado and one in Michigan, that offer social work courses on mind-body connections, including yoga. Several universities offer continuing education courses on yoga for self-care or for practitioners to integrate into their practice with clients. However, these courses are typically brief and are not designed for current social work students. One program in Philadelphia offers a comprehensive 9-month field placement for therapeutic yoga (<https://counseling.temple.edu/social-work-yoga-meditation-internship>).

These courses demonstrate the potential interest in and benefits of yoga-based intervention training and its positive health-related and psychological outcomes. Uncounted social workers recognize the value of yoga as an adjunctive treatment, however mind-body modalities remain underrepresented in social work curricula. [24] discussed the need for social workers to become more competent in complementary modalities like yoga, citing that many social workers either engage in or refer clients to complementary and alternative approaches yet only 30% attest to having considerable knowledge of these techniques.

This gap can be addressed in schools and departments of social work. It remains unknown the extent to which social work students are aware of the positive effects of yoga as a therapeutic process and their interest in understanding and applying it in their future practice. Understanding student attitudes and understanding of yoga would provide valuable insights into future direction in social work education and course development.

### Background: Yoga, Yoga-Based Interventions and Training Requirements

Yoga is a comprehensive system of practices which incorporates breathing exercises, meditation, and physical

postures that have been associated with changes in autonomic function, muscle strength, and improvement in arousal regulation [8]. It can be experienced in either individual or group settings. Research has shown that individuals who practice yoga recognize benefits in at least three primary areas: health promotion and wellness, disease prevention, and mental health [25-28]. These three areas encompass physical health benefits, such as lowered blood pressure, improved sleep, increased energy, and improved immune response [29] all areas that may be compromised when individuals experience trauma, as studies on adverse childhood experiences (ACE's) have shown [30,31].

Positive outcomes have been seen across the lifespan among individuals from diverse sociocultural and economic backgrounds, including individuals who have faced extreme conditions such as incarceration, war, and traumatic events during childhood [30,32,33]. The psychological benefits of yoga have also been explored in mental health settings. In Herman's seminal work, *Trauma and Recovery* [2], she devised a theory of trauma treatment based on her work with traumatized individuals in her clinical practice who had experienced trauma after sexual assault, natural disasters, military combat, and interpersonal violence.

Herman's theory describes how the human system of self-defense becomes overactive after trauma, causing exaggerated states of terror, hyperarousal, intrusive thoughts or emotions, and numbing or dissociation, long after the danger has passed. Zaleski [23] translated Herman's findings into scientific evidence found in modern neuroscience, linking common trauma responses to biological reactions triggered by structures in the brain and autonomic nervous system. Herman specifically discussed the application of yoga-based interventions during the beginning phases of treatment in order to assist clients in re-creating the sense of safety in the body that is often lost during traumatic events [2]. Levine [34] discussed how trauma can cause a disconnection from individuals' bodies, as well as the world around them.

In this regard, yoga-based interventions could be useful to help re-establish the connection between the body and mind in a safe and controlled manner. Preliminary evidence suggests that the processes of breathing, mind-body awareness, and meditation commonly used in yoga-based interventions may be beneficial in reducing autonomic sympathetic activation, muscle tension, and emotional distress [33,35]. Yoga-based interventions have also been shown to affect neurobiological functioning. Thus, the potential for positive outcomes such as increased body awareness, affect regulation, and learning to manage somatic experiences make it a valuable adjunctive treatment for health-related and psychological ailments [8,33,36].

Yoga training has multiple formats and is typically time consuming. The Yoga Alliance is the largest accrediting body for non-therapeutic yoga programs in the United States ([www.yogaalliance.org](http://www.yogaalliance.org)). It provides accreditation for 200-hour basic yoga teacher training programs and 300-hour advanced yoga

teacher trainings to certify teachers to provide instruction in groups or individual sessions. They outline the requirements for becoming a yoga teacher, and guide curriculum standards that include the history, philosophy, anatomy, and hours of practice for students. Training to become a certified yoga therapist is even more intense. A second program offers more intensive training for individuals who wish to become certified yoga therapists. The guidelines from the International Association of Yoga Therapists (IAYT) ([www.iayt.org](http://www.iayt.org)) requires a minimum of 800 hours of training ([www.iayt.org](http://www.iayt.org)).

Although it is possible to use components of yoga-based interventions without a full IAYT certification, practitioners without this qualification should refrain from calling themselves yoga therapists. Mental health practitioners who choose to use any form of yoga-based treatment must have a basic knowledge of both the components of yoga, including anatomy, as well as in-depth knowledge of how trauma impacts the body and the brain. Social work students should be aware of these options as they move into their clinical practice so that they can make informed choices regarding the evidence-based practices in which they wish to be trained, as well as to refer clients to specialists who may provide additional models of treatment that would benefit their clients.

### Survey Design and Sample

**Study Sample:** Data from this study were collected from two mid-sized to large universities in the Midwestern United States. The sample included undergraduate and graduate social work students from University A (n=103), and graduate level social work students from University B (n=110) for a total sample size of 213 social work students. A convenience nonprobability sampling strategy was used to recruit students using email and personal invitation during outreach in the social work buildings and in classes. With approval from both universities' Human Review Boards, students were recruited to complete the survey. Social work instructors at University A were invited to share the study opportunity with students enrolled in their classes. Those instructors emailed the survey and informed consent, which required a response before allowing participants to advance to the survey questions. Some instructors allowed classroom time for students to fill out the survey. Students from University B were recruited in the social work building through personal invitation to participate in the study and via email. At both universities, students were informed that their participation would be voluntary and anonymous.

**Instrument:** No known surveys explored the data this study hoped to capture. Thus, the co-authors developed a survey consisting of 23 questions that were either multiple-choice, open-ended, or closed ended that were completed anonymously online using the Survey Monkey® platform (<http://www.surveymonkey.com>). The questionnaire consisted of four parts: (1) demographic information, (2) background and general questions about

participants' knowledge and experience with yoga, (3) students' knowledge and perceptions of therapeutic yoga, and (4) students' interest in attending yoga classes on campus in their social work programs. Examples of questions on the survey include: "What do you associate with yoga?", "Are you currently taking any yoga classes or have you in the past?", "What is your opinion on using yoga as a therapeutic intervention?", and "Do you believe there are any cultural or religious considerations or concerns with utilizing yoga as a therapeutic intervention?". Surveys were completed from November 2019 through February 2020. See Appendix for a full list of the survey questions.

**Sample Characteristics:** At University A, 22 undergraduate and 77 graduate students responded to the questionnaire, including 84 individuals who identified as female, 14 who identified as male, and 2 who identified as non-binary. Nearly half of these students selected a program track of clinical social work, with a trauma focus (n=33) or other concentration (n=15) such as medical, geriatric, or school social work. Most participants identified as being White or Caucasian (n=77), followed by Black/African American (n=7) and Latinx (n=4). Participants grew up in various types of communities, namely rural (n=31), small town (n=16), suburban (n=16), and urban (n=12) environments.

For University B, all participants were graduate level students, with 91 individuals who identified as woman or female, 9 as male or man, 1 transgender male, 2 non-binary and 1 person who identified as agender. Of these students, most selected a concentration of clinical/interpersonal social work (n=68), while others indicated community social work (n=14), social policy and evaluation (n=13), or human service management (n=7). Again, most participants identified as White or Caucasian (n=78), followed by Black/African American (n=11) and Asian (n=6), with the majority having grown up in suburban communities (n=39), with some from rural (n=14) and urban (n=10) areas.

Students from both universities were from the age ranges of 18-20 (n=3), 20-25 (n=107), 25-30 (n=54), and over 30 years old (n=39). Of the students who responded to the question regarding their personal exercise practice, the majority of students (n=154) stated they exercise on a regular basis, while some students (n=43) stated they engaged in little to no exercise at all. Only a few students (n=19) specifically stated that yoga was a part of their regular exercise routine. Students participated in a variety of other exercise activities, including walking, running, swimming, weightlifting, gym classes, or other cardio.

118 students indicated that they have participated in yoga at some point, and 70 stated that they have not. Of the students who have participated in yoga, a variety of types of classes were attended, including beginners' yoga, slow flow classes, yin, vinyasa, hatha, restorative, Bikram, power yoga, hot yoga, ashtanga, Iyengar, and online classes. Of the students who reported that they either have not ever or do not currently participate in yoga, lack of time (n=56) and financial accessibility (n=43) were the

primary responses. In addition, 34 students noted concerns with discomfort in the environment or potential risk of physical harm, particularly if the instructors are not well trained or may include physical touching of students in class.

Issues relating to cultural appropriation were brought up by 16 students. Students were asked if they believed there may be any cultural or religious considerations or concerns with practicing yoga, either as a general practice or with a therapeutic application. Within the context of a general yoga practice, 99 stated that there are cultural or religious considerations, but primarily appeared to believe that these could be overcome with cultural humility. Some believed that there were considerations in this area, but also found these to be positive, such as one student who stated, "I love involving spirituality in yoga." Other students (n=63) had no concerns in this area, while 8 responded with "maybe."

**Analytical Approach:** The results from the survey were summarized into Microsoft Excel spreadsheets and examined for common themes. Due to the short length of the responses, the use of qualitative analysis programs such as NVivo was not deemed necessary. Instead, data were summarized numerically, and similar responses were grouped together to find common themes. Qualitative quotes were listed under each category for greater understanding of these themes outlined in the results. These themes were discussed between researchers to ensure that we had a shared understanding of the primary topics participants reported.

## Results

### Associations With Yoga and Benefits

Multiple themes emerged from the question "What do you associate with yoga?" The two most notable themes that emerged were that respondents reported that they associate yoga with meditation/ mindfulness (n=73) or relaxation/ calm/ peace (n=70). Students responded with quotes such as yoga can be "an exercise that clears the mind", it is a practice of "slow controlled movement within mindfulness of body, mind, breath, and spirit", it is a "merging of the mental and physical state", and can bring "peace of mind". One student described yoga as a way to "improve physical, mental, and emotional strength, practice meditation and mindfulness, practice spiritual connectedness, and meet members of the community."

Stretching and flexibility was another primary theme, with (n=67) reporting themes in this category. Strength (n=30) and fitness (n=30) were also reported as associations that students had with yoga. Breath, positivity, centeredness, and "hippies" were also noted in the responses to this question. Students reported a variety of potential benefits of participating in yoga. The most common theme related to the management of emotions and increased emotional and mental health, at times with an emphasis on stress reduction and self-care (n=113). Students stated that yoga could assist with having "less panic attacks and

decreased anxiety and stress", and that yoga "helps you relax and find your center".

In addition, they noted potential benefits of "increased focus and concentration", and "potential reductions of depression and anxiety through mindfulness and breathing". One student stated that when practicing yoga, "I feel better physically and emotionally. Yoga helps make me physically stronger and more flexible, and it also helps me regulate my emotions by expressing them in a healthy way". Relating to this topic, some students (n=33) also described yoga as a way to increase the connection between the body and the mind, with statements such as yoga has the "ability to develop a strong mind- body connection", it can bring "a sense of connection with myself", and there is the potential for "becoming more in tune with one's body" or "feeling comfortable in your body".

The majority of students (n= 98) emphasized specific physical health benefits that can take place with a yoga practice, with statements such as that there can be "many associated health benefits... namely lowering blood pressure", and yoga "decreases cortisol", in addition to more general health benefits such as flexibility, strength and muscle tone, core strength, and potential weight loss. Within a related question describing the reasons why an individual might practice yoga, similar themes were discussed. In addition, students (n=24) noted that if one is practicing within a community, such as at a yoga studio, there is the opportunity to "become part of a social group" and have a place to "relax or express themselves" within a community forum. One student also noted that this practice can help one "get in touch with the earth".

### Yoga as a Therapeutic Technique

The majority of students who responded to the question "have you ever heard of yoga being used as a therapeutic technique" responded with yes (n=163), with only a few (n=21) stating that they had not heard of this application of yoga. In response to how yoga might be used as a therapeutic technique, most students (n=79) alluded to the potential improvement in mind-body connection and body awareness. Students commented that yoga could "help with body awareness and sensory motor" awareness and control, it could "make people self-aware of the things they are feeling." Similar statements included that yoga can be used to "help people connect their minds and bodies, especially those who have experienced trauma", it "connects the mind and body in ways that make positive neuropathways", and that "yoga has the potential to promote mindfulness and self- awareness, especially at the convergence of one's physical and mental state".

Students noted a variety of beliefs relating to the application of yoga to mindfulness (n=46) or grounding/ calming techniques (n=51). Many students simply wrote in "mindfulness" as a response to this question. They also stated, "it helps focus and clear the mind", and that it "helps people relax and center." Many students expanded on the theme of mindfulness, with quotes like:



“it calls us to be still... can practice meditation and mindfulness”, “mindfulness helps mentally and physically... mindful breathing has a calming effect”, and “Mindfulness and interoceptive awareness”. Additionally, students stated, “it focuses on self-regulation”, and is “in ways similar to mindfulness or meditation in therapy...[it is] a technique to ground people”. Students discussed how “yoga could be used to center oneself by tracking one’s breath instead of intrusive or distracting thoughts”, and that “it can help calm people and bring them to center within themselves.”

Students (n=54) stated that they believed yoga could help with managing diagnoses relating to trauma, including depression and anxiety. One student stated, “in the case of trauma, movement can help the brain integrate traumatic memories”. Another student stated, “we hold stress and trauma in our bodies; [yoga] could be a great way to attune your mind with your body and release stress.” Additionally, students stated that yoga “can be trauma informed and a safe space for clients to connect with their body”, that “body-based therapy to deal with trauma responses in the body”, it can “decrease symptoms of PTSD”, and “relax someone with high anxiety”.

One student stated, “the body is where one can keep stress and struma and this is where it can also be released”, and another student wrote that “yoga can help connect the sympathetic and parasympathetic nervous symptoms, therefore strengthening a persons’ ability to self- regulate and increase the scope of their window of tolerance.” Similarly, another student stated that yoga “helps regulate the autonomic nervous system which is essential for healing from trauma”. One student stated that they believe yoga “helps people get in touch with their emotions and release any emotions they’re holding in the body. I think it’s especially great for people dealing with trauma. It gives you a safe space to feel those emotions and release them from your body”. At least one student had the awareness that yoga is most often used as an adjunctive instead of primary form of treatment, stating “it can help in mental health practices in combination with other modalities”.

When asked “what is your opinion of using yoga as a therapeutic intervention”, an overwhelming number of students supported its use (n=151). The majority of students supported the use of yoga as a therapeutic intervention. However, some students refrained from making a judgment, citing that it depends on the needs of the client and other contextual factors before the determination could be made. Several students seemed to understand that the integration of yoga is not a simple solution, but a decision that should be made in consideration of the whole person and their complex needs. In this same vein, some students indicated that yoga would be most useful as an adjunctive treat in addition to other modalities. Other students stated that it would depend on the client (n=11), or that it is useful as an adjunctive treatment in addition to other modalities (n=5), similar to the quote above.

Some students stated that they need to know more before deciding (n=10). Others stated that cultural awareness is important (n=7). Students included statements such as: “I think it could be very beneficial for many individuals”, “I think it could really benefit a lot of the clients I work with”, and “it could be useful for those who are numbed to somatic symptoms”. They shared it “can be powerful, as long as it is trauma-informed” and “I think it is at the very least a good idea and likely to have measurable positive outcomes”. Students also noted the shared or community experience that yoga-based treatments could assist in creating, stating they are “highly interested and it can be a great skill to practice with clients together”, referring to the potential for group sessions with a yoga-based focus. Only a few students (n=2) shared that they would not support yoga as a therapeutic intervention.

A few students have already been involved in this application of yoga. These students have reported experiencing positive impacts on psychological difficulties and are overwhelmingly enthusiastic about yoga-based interventions in therapeutic settings. One student reported her experience witnessing her supervisor provide yoga-based group treatment and stated “I think it’s incredible! I know a social worker who is also a trauma-informed yoga teacher, and she teaches yoga and the domestic violence shelter and has seen it do amazing things for the survivors”. Another student stated, “I think it works and I’ve seen it work with myself and others so I’m confident it its power to bring about healing”. Similarly, a student noted “I use it to help myself. I think if it works for someone, then they should”.

Students also noted that using yoga-based interventions within social work or mental health treatment can reduce a number of barriers that individuals may face in accessing the benefits of yoga. This may include time, financial restraints, or stigma-related barriers. One student reported “It would be good for communities that have a negative perception on mental health”. Another student stated, “I think it would be interesting to use as an intervention as is it something that can be done that might feel less like mental health”. One student stated, “I think yoga can be an accessible way to introduce mindfulness, breathing exercises, and concentration to a client who might resist these ideas separately”, and another stated “a lot of people don’t have the resources to do this... so it could be helpful for some people but there are a lot of barriers”. An additional student added: “I think it can be done effectively, and that individuals have a better way of managing their diagnosed mental instabilities if they practice yoga regularly.

It’s also a low cost, low impact intervention that individuals who are capable can do it anytime, anywhere, any way!” Students appeared interested in learning to use yoga-based interventions as a therapeutic technique. However, themes around concerns in using yoga-based interventions without proper training were noted in this study. Students stated, “I would love to learn how

to do this, but feel I would need significant training”, “I think it’s a great idea, I just don’t know how to use it therapeutically yet and what that would look like”, and “I wouldn’t feel qualified to use it but I think it’s a great technique” One student noted, “it is beneficial if used properly”, with another adding “I think it is powerful and important to have trained facilitators” Another noted, “I would love to learn how to do this, but feel I would need significant training in order to use it wisely and effectively.”

### Applications for Student Self-Care

As an application to individuals without clinical diagnoses, students also reported that they believed yoga could be useful to help with stress reduction or self-care (n=25). They stated that yoga can be “relaxing and a time to focus on yourself”, it can be used “to decrease stress and promote a heightened sense of wellbeing”, that they would “use as a coping skill and self-care method”. Additionally, students stated, “if done properly, yoga can alleviate unnecessary stress, emotions, and attachments from a person’s life” and that “because it helps an individual to take time out of their life to reflect on their choices while also getting great exercise” they are interested in this for their own self-care. One student believes that yoga “can help someone clear their minds and give people space to clear their mind”, and another stated it can be “a way of taking care of oneself (self-care)”.

Others simply stated that it can “reduce stress” or be used for “stress reduction”. The statements provided by the students also reflected on yoga as being “calming” or “relaxing” and can help them feel “centered”. They discussed themes on grounding and mindfulness for themselves as well as clients. Students noted similar themes when asked if they might be interested in participating in yoga classes on their own campus. Many students stated that they either are interested in participating (n=88) or might be interested (n=69). Students hoped that they would gain benefits such relating to relaxation, grounding, and self-care (n=105). They stated that these classes could help them “focus and recenter”, as a “chance to practice mindfulness... [and] increase emotional wellbeing” as well as for “self-care”, such as “relaxation and ways to incorporate it into my self-care” and as “a dedicated time for self-care”, and “a time away, time to check in with myself”.

One student stated that “it would be in line with code of ethics on self-care in a heavy social work world”. Students also discussed yoga classes as being able to assist them with “stress reduction”. One student noted it could assist them to “learn how to slow down and calm down and be less stressed.” Several students cited ideas around using these classes to “build somatic practice skills and familiarity with it as an intervention option for future clients” and to learn “how to implement it in clinical practice with clients... different poses and techniques, and in detail the benefits of practicing yoga on the mind and body”. Students also cited the hopes for improvements in physical health, including strength and flexibility (n=45).

One student noted that they believed “the benefit would be getting more fit and overall health benefits...I think it’s good not only for muscle but organ health”. A few students noted that building community could also be beneficial through attendance in these classes (n=7). One student combined these ideas, stating they would use yoga to “connect with my mind, body, and others. I would enjoy a blend of exercise and meditation”. Many students noted that classes on campus or as a part of their program of study would reduce the barriers of time and finances, which was listed as primary reasons why students who responded “no” or “maybe” did not have interest in attending yoga classes on campus.

Few students stated that they would not be interested (n=23). The lack of time and energy (n=12), particularly for students who commute (n=18), was a primary barrier for many students. Other students noted that they would have concerns about the quality of the teacher or might not trust the teacher (n=3) or religious concerns (n=3). Some students simply responded that they are not interested in yoga, or that “yoga is not for me”.

### Cultural/ Religious Considerations and Cultural Appropriation

Students were asked if they believe there are any cultural or religious considerations or concerns with yoga or using yoga as a therapeutic intervention. Some students (n=74) had no concerns. One student stated, “not really, other than intentionally asking if client/participants have any initial assumptions/ concerns regarding religion/ spirituality” and “it is up to the individual receiving treatment. I think pieces of yoga can be for everyone”. Another student stated, “as long as religious components are not forced upon a client, I do not see any concerns”. Another group either stated yes (n=61) or listed specific concerns around the need to be mindful of culture and making sure it was a fit for the client, or felt they needed to know more (n=45). One student stated, “there are possibilities, but I think it can be avoided with cultural humility”.

Students noted several dimensions that could be considerations in the area of culture and religion. Several students noted that male/ masculinity culture could be a barrier for some, such as stating that “males might not be open to try it due to their cultural views of masculinity.” Another student mentioned that “men in rural towns tend not to do things that are ‘unmanly’”. Religion was also mentioned in several perspectives. One student mentioned that “some conservative Christians that I know do not feel comfortable with yoga due to its origins in Eastern countries”, and another stated, “if people think it’s against their religion they may be offended”. One other student took the opposite perspective, that yoga should only be used for clients if they “follow Hindu/ Buddhist religious traditions. Race or ethnicity was another area of cultural concern, such as when one student stated, “this practice has primarily been used by homogenous groups (white)”.

A few students noted both financial limitations and negative economic associations. One student reported on their experience, stating that yoga is sometimes “portrayed as something wealthy folks do in the \$200 lululemon clothes... I grew up upper middle class and I still felt alienated by my first yoga class due to my age and relative economic status- I can only imagine what it would be like for those less fortunate”. Another student stated that “it feels like it’s been taken over by white cis women who are straight and come from privilege”. Making sure yoga is accessible to individuals with various levels of ability was also addressed, such as when one student mentioned that classes are typically geared towards “able bodied” individuals. Another mentioned ableism and “fatphobia” as potential issues in class environments.

Some students reported that although they have concerns in this area, those concerns could be addressed and allow for the use of yoga-based interventions in a manner they would be comfortable with. One student stated, “there needs to be a historical context in order for this to be done correctly. Otherwise, I have no issue with it as long as it is practiced properly and not in the Westernized version”. Another student noted that they thought “there are definite benefits to the practice being used in this way. I also think that the history, roots, and cultural considerations of the practice should be addressed when used in this way”. Additionally, one student stated, “I think it could be very helpful when done culturally appropriately and effectively”. One student stated that when using yoga-based interventions, “please also be mindful of its roots and history”.

Similarly, one student stated that they think “it would be an important part of the therapist’s cultural humility and reflexive awareness to consider their client’s own identities and whether conversations or considerations should be addressed in relation to this.” Some students reported negative associations with yoga or concerns about yoga, particularly from the larger university with a higher non-white population. In the general question regarding what students associate with yoga, 9 students brought up themes relating to cultural appropriation. Another group of students (note that these may be the same students responding to a separate question) had specific concerns relating to cultural appropriation (n=8). One student responded that their association was that yoga can be “white women buying expensive tools and clothes”, similar to a statement above.

Additionally, a second student stated that they associate yoga with being a “meditative physical activity typically done by rich white women for a sense of semi-spirituality”. Only one student appeared to believe that yoga-based treatments should not be used unless the client is from a Hindu background, and stated, “if an individual is not Hindu, it is disrespectful to use in any other way”. A student stated that yoga can be an “Asian religious practice co-opted by other populations”. Another student considered that “ancient histories rooting in the teachings from my ancestors

that’s been Westernized and colonized to modern day yoga... that’s not what it’s supposed to be”. Some of these students had concerns about cultural appropriation but believed it could be sufficiently addressed. One student stated, “The cultural roots should be given proper respect. Social workers should fight against cultural appropriation, and I believe that utilizing yoga without acknowledging its roots would make us guilty of this”. Similarly, another student stated, “I think it needs to be informed properly to avoid appropriation, maybe could use pillars of yoga to create something new”.

### Discussion

After searching the literature related to social work students’ attitudes and knowledge on yoga, it appears as though the current study is the first to conduct a survey to determine attitude and knowledge around yoga specifically with social work students. Regardless of the setting or population, it is crucial that clinicians use evidence-based practices and remain aware of current possible treatment modalities. The research previously discussed highlights the fact that yoga-based interventions have been proven to be an effective adjunctive treatment - one that can even be used with clients who don’t respond well to medication or other common forms of treatment [21,22]. This current study reveals that the majority of current social work students in this analysis do have positive feelings towards the use of yoga, and especially towards the use of yoga as a therapeutic intervention. As one student noted, “it can be done by anyone, as it is fully adaptable.”

From the results of the survey, it is evident that the majority of social work students (n=151) support the use of yoga-based interventions. These interventions have been shown to be effective with a wide range of clients. Professionals are acknowledging the fact that it is becoming more common for professionals, such as social workers and counselors, to utilize yoga-based interventions as a treatment for their clients [27]. Several participants who indicated they support the use of yoga as an intervention said they wanted to learn how to do so but didn’t know how to access that level of training. It is important that social work students are educated on yoga-based interventions during their education so that they are efficient and effective professionals once they begin their careers.

This may include a general understanding to provide referrals or in-depth training to be able to provide yoga-based interventions themselves. Some students noted that although yoga can be highly effective as a treatment modality, they “wished it was used more often” and that there was “better accessibility”. Similar to the students’ own reported limitations being able to access yoga for themselves, yoga can be difficult to access due to time and financial constraints for clients. If we were able to train social work students to incorporate yoga into their mental health practice with clients,

some of these barriers could be reduced. Yoga can be used as a therapeutic modality that can be billed to insurance companies, as long as the focus of the session is mental health treatment, and it is done by a qualified mental health practitioner.

For example, one of the authors of this paper is a private practice therapist who uses yoga-based interventions in sessions with clients for the support of diagnoses such as PTSD, anxiety, and depression. These sessions are billed to insurance providers in the same manner as other non-yoga-based sessions, with a treatment note that includes the focus of the session (such as grounding, calming techniques, or body awareness) and listing yoga/movement or breath work as one of the interventions used within the session. Students appear to have a general understanding of how yoga-based interventions could be used as a therapeutic intervention. Some students reported an interest in being trained in this model.

One student stated, "I would love to learn how. This would be an excellent course for MSW students to become certified in!" Social work programs have the opportunity to train students in a variety of modalities, however more often tend to focus on more traditional talk-based therapeutic approaches [17,20]. Social work programs, with some effort, could offer somatic training such as yoga-based interventions to students. As the therapy world moves more towards approaches that integrate both the mind and body experiences, particularly in the area of trauma, we have an ethical obligation to train our students in the modalities that can provide the most relief and benefit to our clients.

Providing students with the opportunity to participate in certified training, such as a 200- hour teacher training program with an emphasis on the impact of trauma on the body and the brain, would fill this gap. It would also allow for the greater accessibility of yoga-based activities and the associated benefits through their social workers. It is highly important that social work educators teach students about culturally appropriate treatment for future clients of students, as well as teaching from a culturally humble framework. Social work programs have typically provided at least one course in culture in treatment, and some have incorporated this information across the curriculum, in accordance with the Council on Social Work Education EPAS standards [36].

More recent literature discusses the importance of being culturally sensitive within all courses, and particularly in courses with trauma content [37-39]. Social work has a particular responsibility in addressing cultural appropriation issues due to our social justice framework [40,41]. Within this framework, it will be essential that when teaching about yoga-related treatment modalities, issues of cultural heritage and cultural appropriation are addressed. As students have noted, the roots of yoga are from Eastern parts of the world, particularly India. If courses on

yoga-based interventions are offered to social work students, the courses must include the history and lineage of yoga. While yoga can be adapted to fit any population or religion, we must be mindful of these roots and ensure that students have a thorough understanding and appreciation of this history. These authors believe that educating students in this manner may reduce student concerns about cultural appropriation in yoga-based interventions.

### Limitations

The primary limitation of this study is that the survey instrument is untested. No surveys exploring this topic for social workers were found by the authors of this study. Only one study was found exploring medical students' knowledge and attitudes regarding yoga, however it did not provide an emphasis on yoga-based interventions for mental health purposes or by mental health practitioners such as social workers [26]. Thus, the authors were required to create the survey. It is not known if this survey is adequately reliable or provides validity. Some questions were asked in a manner to allow students to identify in the way they best related, and these questions may have been too open-ended. For example, we asked what type of community each student grew up in, with the intention of allowing them to define this for themselves instead of putting them in categories. One student responded that the question was too broad, and they were not sure what we were asking.

On the other hand, open-ended questions did allow for additional information from some students that would not have been captured had we tried to create categories. For example, one student reported that they consider their upbringing to be in a "middle class low violence" setting, and another related to being in a diverse small city. Some noted that their communities were conservative, while another called their community close knit. Further exploration of the survey could be useful to determine if we were able to measure what we had hoped. An additional limitation is that both universities were located in the same mid-western state. It is not known if this would be generalizable to social work students in other areas of the country or world, and if they would hold similar opinions on the application of yoga as a therapeutic intervention.

### Risk of Bias

All research comes with the potential for bias from the researchers. This research student included three researchers. In order to limit the potential for bias, researchers were partially selected for their various backgrounds. Of the three researchers, two identify as Caucasian and one as African American. Two are Ph.D. level licensed social workers and one is a limited license social worker. Two of the three researchers are yoga instructors with a minimum of a 200-hours Yoga Alliance [42] training certification, and one has no yoga-related credentials.



## Implications for Social Work Education

It is important for social work students be educated on the most current evidence-based practices used in clinical work. Somatic interventions such as therapeutic yoga are increasingly used with clients, especially in the area of trauma work [3,15]. It would be a disservice to future clients to not provide an education to our students that would share future resources to clients that may provide relief and healing from the distress their diagnoses may cause. Thus, our students must learn about the application of therapeutic yoga in practice, even if they are not planning to become skilled in this area. This experience would allow them to make an informed referral for clients who might benefit from therapeutic yoga.

It would be beneficial to eventually provide students with the ability to become certified yoga instructors or yoga therapists in the long-term. While it is unlikely that BSW or MSW programs would be able to provide the intensive 800-hour long program to become a certified yoga therapist ([www.iayt.com](http://www.iayt.com)), it could be possible to integrate the basic 200-level Yoga Alliance teaching certificate ([www.yogaalliance.com](http://www.yogaalliance.com)) within the program. Instructors for the 200-hour yoga teacher training program must have the level of training and certification through Yoga Alliance. Programs could hire adjunct instructors with this certification if no full-time professors have this qualification.

Students in this study expressed an interest in being able to participate in yoga classes for both physical and mental health benefits. They cite time and money as major barriers to being able to access the benefits of yoga. Many undergraduate programs offer yoga classes as a physical education or general elective, which could assist students in learning about this practice for their own self-care. Graduate students are typically not able to participate in these classes as they do not fit into their plan of study. Offering yoga classes that are a part of their graduate education could be helpful reducing these barriers so that students have an opportunity to improve their personal self-care that will carry into their careers and reduce the potential for burnout and secondary traumatic stress.

These courses could allow for the development of their personal skills or provide an introduction to the use of yoga in clinical practice. For example, at one of the universities in this study, both a weekend and semester long course on secondary traumatic stress is offered, which includes the creation of a self-care plan. An additional weekend elective provides a course on body-based interventions in general. A similar elective focusing on yoga practice, and perhaps including other mindfulness or grounding techniques, could provide students with a foundation for their professional self-care. As burnout and secondary traumatic stress is a major issue in the helping professions [41], any way we can assist students in building their own skills could be beneficial [42-45].

## Conclusion

The results of the current study imply that the majority of social work students have a desire and willingness to either use or learn about using yoga as a therapeutic intervention. The research shows that yoga-based interventions can be an effective treatment for clients, particularly as an adjunctive treatment. These facts together imply that it would be beneficial to include education on yoga-based interventions in the Master of Social Work curriculum. A yoga certification could even be offered a concentration area for students to specialize in. It is important that students are at least aware of yoga-based interventions as a treatment option as it is becoming a more common evidence-based practice in clinical practice, particularly for clients who experience trauma.

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