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A Grounded Theoretical Approach to Embodiment among Homeless Youth

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A GROUNDED THEORETICAL APPROACH TO EXAMINING
EMBODIMENT AMONG HOMELESS YOUTH

A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Felicia Washington Sy

August 2010

Advisor: Dr. Walter LaMendola

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Title: A GROUNDED THEORETICAL APPROACH TO EXAMINING
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Advisor: Dr. Walter LaMendola

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Abstract

Using grounded theory methodology, this research explored, described and theorized about the ways youth, specifically homeless youth; make sense of their bodies within the context of living environments. It describes the relationship between body, space, and context for homeless youth in order to inform treatment options for this population. The importance of context, setting, and participant frame of reference was stressed, because embodiment is contextually and culturally influenced. The research addressed the questions: What is the process of becoming consciously embodied for homeless youth who have experienced multiple traumas? Do homeless youth who have experienced multiple traumas perceive a role for yoga therapy in the process of becoming consciously embodied? Interviews were conducted with 16 homeless youth, 2 agency administrators, and 1 yoga teacher who acknowledged that she was homeless in her youth. Interviews followed a general interview guide designed to elicit responses concerning trauma, homelessness, embodiment, and well-being. The research resulted in the development of a theoretical conceptualization of embodiment and trauma in homeless youth.

Keywords: homeless youth, embodiment, yoga therapy, trauma, grounded theory

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Chapter 1

Introduction

The habit of ignoring our present moments in favor of others yet to come leads directly to a pervasive lack of awareness of the web of life in which we are embedded. This includes a lack of awareness and understanding of our own mind and how it influences our perceptions and our actions. It severely limits our perspective on what it means to be a person and how we are connected to each other and the world around us. Religion has traditionally been the domain of such fundamental inquiries within a spiritual framework, but mindfulness has little to do with religion, except in the most fundamental meaning of the word, as an attempt to appreciate the deep mystery of being alive and to acknowledge being vitally connected to all that exists.

Jon Kabat-Zinn,
*Wherever You Go, There You Are: Mindfulness Meditation
in Everyday Life*

Background

The social sciences have historically attempted to create an air of objectivity in research. According to Breuer, Mruck, and Roth (2002), this perspective asserts that scientific findings are separate from the individuals who produced the knowledge. The authors maintain that this perspective on objectivity is the difference between legitimate scientific knowledge and the outcome of other forms of human inquiry. They point out that avoiding the use of first person in scientific texts is one example of this strategy. They authors refer to this and other tactics as “the fiction of objectivity,” because recent d

ecades have produced scientific evidence that “personal, social, and local factors” do indeed influence the research process and results (p. 1). Bearing this in mind, the present research makes no attempt to obscure the subjective nature of scientific inquiry but rather seeks to make subjective positions obvious so they may be examined and appropriately dealt with in order to minimize the effects of research bias. This dissertation begins with a discussion of personal and professional events that lead to this examination of embodiment issues among homeless youth. First person is used throughout the text.

Twelve years ago, directly out of graduate school, I began my first job as a professional social worker in a treatment foster care agency. Treatment foster care is provided for “difficult to place children” either because they are emotionally and behaviorally disturbed, need special medical treatment, or are a part of a large sibling group. The children I served were traumatized, neglected, sexually and physically abused, and left to make sense of a world that seemed to have let them down. They were the forgotten children and I was over-identified with them. I had never suffered the atrocities of their abuse, but I had nevertheless been a forgotten child - disconnected from myself and from the world around me. This unexamined over-identification with my young clients led me to make many mistakes in the early years of my career. I was too involved, overly passionate, and sometimes difficult to work with - all in the name of “saving the children.” What I really needed was to save myself.

I began having nightmares of a burning building filled with children. The smoke would consume their bodies and I could only save myself. Shortly thereafter, I discontinued my employment in the field of treatment foster care. However, the

children's lives, the ravages of trauma and our shared fundamental disconnect from the things that mattered most were never lost on me. Andreau (2000) speaks of a similar population of adolescents in foster care when he states, "...nobody notices them, nobody wants to hear them – to be the painful echoes of their earlier experiences of feeling trapped in a home where abuse was perpetuated but no one noticed their pain and helplessness" (p.71). More poignantly, the treatment options available to me at the time seemed insufficient. Using cognitive behavioral paradigms, I talked through problems, tried to manage behavior and kept the lid on a powder keg destined to explode. It seemed as if only half the battle was being fought. I needed more options for addressing the full humanity of the children I served and could not find these options in the literature. The trauma of a history of abuse and out-of-home placement seemed exacerbated at a time when the adolescents were confronted with the additional developmental task of trying to discover who they were and establishing their place in the world.

The individual responses of the children varied widely. Some of them imploded. Some exploded. Still others seemed numb to the whole experience. However, the end result was the same in each case. They had a very difficult time managing their lives, relationships, and responsibilities. When the children mature and cease to be under foster care, they may experience a host of social and environmental problems. According to Mendez and Moslehudden, (2006), these problems include the following: (a) educational deficits, (b) disproportional involvement in the juvenile justice system, (c) prostitution, (d) poor social supports, and (e) early parenthood. I tried for a long time to understand

all of this, but it was not easy. These issues are tragic, complex and seem to affect many aspects of their victims' personalities, and did so at many different levels.

I needed to understand what was happening to the children and, by extension, to me as a concerned practitioner. I decided to become a better social worker. This meant deepening my understanding of what I perceived as a lack of or disruption in what I come to refer to as embodiment. By embodiment, I mean “the realm of the self experienced in and through the body” (Young, 1992, p. 90 as cited in Springer, 1999). I also set out to expand and improve the treatment options for the children served by social work. This journey led me to a doctoral program at the University of Denver Graduate School of Social Work and to this dissertation. I became a student of the philosophy of body and mind. I learned to meditate and became a certified yoga instructor. Somewhere along the way, I found a measure of peace and healing for myself.

Six years ago, when I first began to explore mind/body healing for youth, “somatic therapies” that address physical and psychological trauma were just beginning to emerge as viable healing modalities. This was primarily due to the work of a number of recent authors. The most important of these include Levine & Frederick, (1997), Kabot-Zinn, (1994,2005), Ornish, (1991), Linehan, (1993), Hayes, Follette, & Linehan, (2004), Miller, Rathus, & Linehan, (2006), Ogden, Pain, & Fisher, (2006), Van der Kolk, (1995,2001). .

The concept and practice of what is generally referred to as mindfulness is now widely accepted, and numerous practitioners are exploring ways to integrate these practices into treatment (Linehan, 1993; Johnson & Grand, 1998; Totton, 2003;

Aposhyan, 2004; Hayes et al 2004; Roth & Fonagy, 2005; Miller et al., 2006).

Therapists and direct practitioners are not abandoning cognitive behavioral therapy (CBT), but are seeking empirically-based best practice strategies for how they can meld CBT with somatic treatment (Hayes et al., 2004).

The work of somatic treatment hinges implicitly on the concept of mindfulness. This chapter begins with a quote from Jon Kabat-Zinn, world renowned scientist, writer, and meditation teacher. Kabat-Zinn explains that to be mindful means to be intimately connected to the present moment within ourselves and that this golden thread of awareness is joined with all that is, was and ever will be. This intimate connection to the mysteries of life heals and maintains. Though all of us are embodied beings, according to Kabat-Zinn (1994), the call to mindfulness often goes unheard. Thus, in my understanding, it may be that “embodiment issues” are actually a fundamental lack of mindfulness. Somatic therapies may have particular saliency for traumatized youth because embodiment issues are directly addressed in treatment. The body is invited back into the treatment process.

Most adolescents who have experienced trauma struggle in making the transition from abused and traumatized children to grounded and secure young adults (Fernandez, 2008; The National Child Traumatic Stress Network [NCTSN], 2007; Mendes & Moslehudden, 2006). This population has historically been underserved, and still experiences multiple barriers to service (Fernandez, 2008; Gardner, 2008; NCTSN, 2007; Mendes & Moslehudden, 2006; King, Wheeler, & Fernandez, 2006; National Institutes of Health [NIH], 1993). Furthermore, the link between aging out of foster care and

increased risk of homelessness has been well documented (Gardner, 2008; Mendes & Moslehudden, 2006; Courtney, 2005; Reilly, 2003; Courtney & Pilvian, 1998; Cook; 1991). An estimated 1 million to 1.7 million youth within the United States are currently homeless (Fernandez, 2008). Gardner (2008) reports that more than 18% of those who aged out of care have been homeless at least twice, and three in ten of the nation's homeless adults report foster care histories.

The prevalence of the problem and gaps in service provision implies more information is needed on how to best serve this population. This study focused on embodiment issues, directly resulting from repetitive trauma, are a fundamental barrier to the transition into secure adulthood for homeless youth. Thus, this research examined how trauma impacts adolescent embodiment in homeless youth for the purpose of informing best practice strategies for this population. Various perspectives have been explored, including homeless youth seeking treatment, non-treatment seekers, and youth who have explored unconventional forms of healing.

This chapter provides background for the study. It includes an exploration of the Western body/mind dualism, critical realism and the primacy of embodiment, somatics as a philosophy of unifying body and mind, and yoga therapy as an example of practical application of mind/body work. The chapter concludes with the purpose of the study and guiding research questions.

Definitions

The following are several key terms important in the somatics and yoga therapy literature and integral in this qualitative study.

Embodiment: The realm of the self, experienced in and perceptible through the body (Young, 1992 as cited in Springer, 1999).

Mindfulness: Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 1990).

Somatics: An educational and transformational approach that recognizes the body, mind, and emotions are a single interconnected biological system (Haines, 1999).

Yoga: An ancient discipline focusing on the union of mind and body (Slède & Pomerantz, 2001).

Yoga therapy: The process of empowering individuals to progress toward improved health and well-being through the application of the philosophy and practice of yoga (International Association of Yoga Therapists, 2007).

Grounded Theory: A general methodology for developing theory that is grounded in data systematically gathered and analyzed (Glaser & Strauss, 1967). The conceptualization of grounded theory espoused by Strauss and Corbin (1998) will be the framework for the methodology of this study.

Conceptual Underpinnings

This research is located at the intersection of three broad bodies of literature: classic debates on the mind/body dualism, critical realism, and somatic therapy.

The mind/body problem revisited. The idea that body and mind are separate and distinct entities is situated within the centuries-old “body/mind” debate that attempts to establish the epistemological processes that lead to reasoned *truth* and distinguish that which can be known from the unknowable.

Descartes’ seventeenth century edict, “I think therefore I am,” positions rational inquiry within the boundaries of knowledge that can only be obtained through what can be observed, measured, and mathematically validated. This fundamental philosophical location exalts the rational thinking self above the emotive self. Descartes’ classic view maintains that the body can be nothing more than an observable, quantifiable machine devoid of sensuality and feeling as both the latter and the former are immaterial, immeasurable and thus regulated to the metaphysical, to be regarded with suspicion (Johnson, 1992). On the other side of the debate and in direct opposition to Descartes’ mechanistic world view, phenomenology refuses to subordinate sensuality to cognition and rationalism (Wright & Potter, 2002). The phenomenological approach to the body asserts the body is more than a physical object. This approach maintains the physical body is always an embodiment of consciousness (Turner, 1996). Phenomenology conceptualizes the body as a unity of the objective/physical and the subjective/conscious. A body without this fundamental unity loses its power to act (Leder, 1990).

The quintessential division between the thinking self and the emotive self is essential to this discussion. This is because such a dichotomy creates a container in which Western culture supports and perpetuates dissociative practices. For example, Capra (2000) suggests that the mechanistic worldview influenced the course of Western thought about embodiment. Westerners have historically associated their identity with the mind, rather than identifying themselves as a body/mind unity. This has had the consequence of creating a concept of self as an isolated ego existing *inside* the body, with the body being viewed as an unimportant shell. Leder (1990) asserts that, as Westerners, we “abandon our sensory-motor awareness for abstracted mathematical or linguistic forms” (p. 152). This ultimately results in an intensified experience of disembodied mind.

The mechanistic Western world view has direct consequences for contemporary conceptualizations of trauma. In the trauma literature, the emphasis has historically been upon viewing Post Traumatic Stress Disorder (PTSD) as a “disease of mind,” to the near exclusion of other factors. Nearly all modern therapeutic practices used to address trauma, most of them being some variation of CBT, focus on changing faulty cognitions and reducing negative behaviors. Such approaches, while empirically proven to have benefit, fail to address the consequences of bodily assault that result in dissociative states and fractured identity. The fundamental lack of embodiment is not addressed. There is at least one therapeutic approach that may be a bridge between standard approaches to address trauma and somatic approaches, Eye Movement Desensitization Reprocessing (EMDR). EMDR is a method of psychotherapy that integrates various therapeutic

approaches with rhythmic eye stimulation or other form of sensory input to assist the brain in reprocessing information rapidly (Shapiro, 1997).

Critical realism and the primacy of embodiment. Therapy as an emancipatory project requires embodied practice. Drawing on the work of Archer (2000) critical realism maintains that embodied selfhood bears primacy to all other stages of development. If there is no embodiment, there can be no identity development. If there is no individual (personal) identity, there can be no social identity, commitment to ideals or personal agency. According to Archer, first and foremost, humans are embodied beings. It is through this fundamental embodiment that individuals develop the skills necessary to survive and flourish in the world.

Archer's critical realism maintains that embodiment is not contingent on the discursive. On the contrary, Archer claims in fact, embodiment is secondary to the discursive. Long before language development ensues, children manifest intentional causal action through bodily self-consciousness. Archer asserts that embodied knowledge has three distinguishing characteristics: (a) it is based on sensory-motor exchanges with nature, (b) it is possessed without perception of its cognitive content, and (c) it can only be accessed in direct contact with nature. Embodied knowledge is the knowledge that literally becomes "second nature." For Archer, "It is a 'knowing how' when doing, rather than a 'knowing that' in thought." Archer (2000) exemplifies this embodied knowledge in the free play of children as they throw, swing, slide, build, chase, jump, etc. all the while making "personal realizations of our species-powers which have to be recreated in every generation (p. 163)." Most importantly, these fundamental acts

of knowing do not require linguistic mediation. Thus, the primacy of practical action temporally comes before all else, including language itself. According to Archer, words bear no hegemony over “our other doings in the emergence of our sense of self.”

From this position, there can be no privileging of the rational, discursive self over the sensory emotive self. In fact, emotions become critical and necessary commentaries on the natural, practical, and social orders - aptly defined as our physical well-being, performative achievement, and self worth, respectively. Thus, personal identity is achieved by striking a balance between multiple concerns on multiple levels by an active and reflective agent, ultimately establishing a commitment to a defined set of values. Archer (2000) maintains that this process is an internal conversation through which personal identity is formed.

Archer’s position is further supported in the object relations work of Jean Piaget. Piaget (1955) asserted that children develop the ability to organize space, time, and causality through objectification and the belief in object permanence. According to Piaget, this ability is a pre-verbal development and established in sensory-motor processes. The child’s ability to distinguish its internal world and external physical world happens as a result of practical action by the child. Using the language of more contemporary theorists, this practical action is necessarily and fundamentally embodied.

Consider Merleau-Ponty’s (1962) definition of embodiment, which has two distinct conceptualizations. The first reflects the practical, concrete structures of the body:

In so far as I have hands, feet, a body, I sustain around me intentions which are not dependent upon my decisions and which affect my surroundings in a way which I do not choose. These intentions are general... they originate from other than myself, and I am not surprised to find them in all psycho-physical subjects organized as I am (p. 440).

The second point, which is more germane to this discussion, is Merleau-Ponty's view that the body is directly correlated to the capacity for developing skills. As our skills improve, so does our capacity to act. The body is the vehicle for direct, applied action:

The body is our general medium for having a world. Sometimes it is restricted to the actions necessary for the conservation of life, and accordingly it posits around us a biological world; at other times, elaborating upon these primary actions and moving from their literal to a figurative meaning, it manifests through them a core of new significance: this is true of motor habits [sic] such as dancing. Sometimes, finally, the meaning aimed at cannot be achieved by the body's natural means; it must then build itself an instrument, and it projects thereby around itself a cultural world (p.146).

Consequently, this physical body, with its capacity for action, creates embodiment in exchange with the cultural world.

Taking into account the critical realist's assumption of the primacy of embodiment to human development and the necessity of the sensory self supported by Piaget and Merleau-Ponty, it is easy to see that any treatment approach that ignores the body, neglects how human beings come to have knowledge, form a personal identity and ultimately make their way through the world (Lakoff & Johnson, 1999). The unaddressed dissociative processes which are so common to trauma survivors can

fracture embodiment, influence identity development, and ultimately damage one's ability to act in the social world. Thus, it may be of particular importance for mental health practitioners to foster conscious embodiment within their clients. Failure to do so may impede therapeutic progress. Conscious embodiment is a life lived mindfully in all aspects.

Somatics: Remembering the forgotten body. Existing within each of us is a fundamental experience of the body that some authors have expressed by the claim "the mind is inherently embodied" (Lakoff & Johnson, 1980). However, the findings of such cognitive scientists have thus far failed to move into active application in many therapeutic approaches. In other words, as Lakoff and Johnson (1999) point out, the findings of cognitive science require a radical re-thinking of Western thought. In traditional Western thought, a division exists between what is concrete, rational, and measurable and the corporeal experience of living in and with one's body. However, in the findings of cognitive science, one finds that: "reason is not disembodied, as tradition has largely held, but arises from the nature of our brains, bodies, and bodily experience" (p. 4). Many of our current therapeutic strategies are theoretically insufficient in regard to these scientific truth claims. People will forever be more than the sum of their parts. We treat minds. We treat physiological bodies. We regulate behavior. There is something more. Henderikus and Mathieson (1995) suggest:

Whatever is psychologically interesting has been relegated as beyond, above or at best emergent from the body. The biological, neurologically sophisticated body that populates our journals and textbooks is remote and abstracted from us as persons (p.120).

Embodiment becomes an effort to bring the traumatized person back to conscious awareness of lived experience so that an identity may be established in which to foster personal agency. It is tapping into the wisdom of our sensual experiences to support liberation from traumatic events. Such an effort requires awareness and intentionality. Somatics offers us one workable paradigm for unifying body and mind in therapeutic practice (Haines, 1999).

Soma is the Greek word for living body or thought, spirit, and body as one. Somatics is an educational and transformational approach that recognizes that body, mind, and emotions are a single interconnected biological system (Haines, 1999). According to this approach, the individual is not viewed as being separate from the body, but rather the self is revealed in and through the body all the time. Haines (1999) states:

Many possibilities come from looking at the body this way. Instead of seeing the body as a carcass that we carry around, the body becomes an alive and intelligent presence. The body is not something to get away from but a source of wholeness to be returned to and embodied fully. In working with and through the body, trauma can be processed and completed, and pleasure restored. In somatics the body becomes an inherent and essential part of the change and healing process (p.15).

Thus, somatic therapeutic approaches open a pathway for the possibility of “mind into body – body into mind” consciousness described in Grosz (1994). Here, we can establish the basis for treating the whole person, for integrating the parts of the traumatized and dissociated self. This is the process of living mindfully in the treatment and the service of embodied persons. Irigaray (as cited in Tamsin, 1999) says it best:

It is the corporeal and conceptual exchanges of ourselves with others that we can create - through contact with that which always exceeds ourselves and so exceeds any corporeal and conceptual patterns we may have already established - new ways of being in the world (p.70).

Merleau-Ponty (1962) also posits this creative consciousness of self:

The life of consciousness - cognitive life, the life of desire or perceptual life - is subtended by an “intentional arc” which projects round about us our past, our future, our human setting and our physical, ideological and moral situation (p.136).

Incorporating groups of homeless youth engaged in body centered somatic therapy in the current study is consistent with his understanding of embodied, creative consciousness. Corporeal approaches may have an added benefit in treating homeless youth. Working through the body allows for the new patterns, the “new ways of being in the world,” that Irigaray encourages and the consciousness that Merleau-Ponty heralds.

Yoga therapy as a somatic treatment for psychological illness. Yoga is an ancient practice that means “unity” of the mind and body. In contemporary Western culture, yoga has attracted a significant degree of interest within the scientific community. However, many of the studies have not met the rigors of scientific inquiry necessary to establish reliability and validity of yoga as a treatment for mental illness (Slède & Pomerantz, 2001). Even, the foundation has been set in place for more rigorous study.

In 200 A.D. Patanjali wrote the *Yoga-Sûtras*, establishing the precepts and practices of yoga. In this canonic writing, Patanjali explains the psychological structures

and functions of mental pathology (Balohi & Mishra, 1983). According to Patanjali, the pathological states are as follows: (a) *vyâdhi* (somatic disturbances), (b) *styâna* (gloominess), (c) *samshaya* (doubt), (d) *pramâda* (procrastination), (e) *âlasya* (sloth), *avirati* (attachment), (f) *bhrânti-darshana* (hallucination), (g) *alabdha-bhûmikkatva* (failure to attend with concentration), and (h) *anavasthâ* (instability). Patanjali includes four accompanying reactions often present with his nine states of mental pathology: (a) *duhkha* (pain), (b) *daurmanasya* (malice), (c) *angamejayatva* (trembling of the body), and (d) *shvâsa-prashvâsa* (irregular breathing). According to Slède & Pomerantz (2001), these early classifications are similar to those found in the *Diagnostic and Statistitcal Manual of Mental Disorders* (DSM) of the twentieth century.

Patanjali suggests eight steps to manage, control, and ultimately eliminate these pathological states and associated reactions: (a) *yama* (restraint), (b) *niyama* (discipline), (c) *asana* (postures), (d) *prânâyâma* (breathe control), (e) *pratyâhâra* (withdrawal of the senses), (f) *dhâranâ* (concentration), (g) *dhyâna* (absorption), and (h) *samâdhi* (wholeness). These eight steps are considered the “eight limbs of yoga” by contemporary practitioners of yoga around the world. Finally, three additional practices must be incorporated for the correct execution of the eight limbs (Slède & Pomerantz, 2001): (a) *ekâ-tattvaabhyâsa* (concentration on one external object to restrict distraction), (b) *bhâvanatash citta-vrittprasâdana* (pacifying the mind through positive feelings), and (c) *vishayavatî pravrîtî* (gratification of the senses to the point of satiation).

In the United States, expressions of Pâtanjala-Yoga have a history extending back into the early 1800s, when academics in the West first began to study the tenets of yoga.

However, these early understandings of yoga, often associated with the academic elite, were regarded as mystical and blasphemous, in direct odds with Christian dogma (Douglass, 2007). According to Douglass, yoga's acceptance in the West was predicated on the notion that, for yoga to become palatable to Westerners, it must first be divorced from its religious and spiritual implications in favor of its more practical physical and mental health benefits. Attempting to unify Eastern and Western philosophy, Carl Jung was the first psychologist to examine the psychology of yoga, though his efforts did more to confuse than enlighten those interested in using yoga for healing purposes. Nevertheless, the practical, biomedical approach to yoga takes this historically marginalized practice and infuses it with authenticity and authority.

Though yoga's introduction into the West has been a difficult one, this ancient therapeutic application now benefits from a modicum of acceptance through its practical, biomedical lens. This notion can best be illustrated in the U.S. Senate Health Reform Testimony on Integrative Care given by Dr. Dean Ornish (2009), founder and president of the Preventive Medicine Research Institute and Professor of Medicine at the University of California, San Francisco (UCSF). In his testimony, Dr. Ornish asserts that holistic, preventative practices, including improved nutrition, stress management techniques, meditation, walking, and psychosocial support, have the ability to actually change gene expression. In effect, "disease causing genes" can be "turned off" and "protective genes" can be "turned on" using these basic preventative practices. Most significantly, yoga and meditation has been a pillar of Dr. Ornish's 30-year research program on the benefits of lifestyle change and health.

At the center of yoga lays conscious embodiment, which may be consider as mindfulness. Yoga addresses every element of the human system: body, breath, mind, personality, and emotion (Kenny, 2008; Desikachar, Bragdon & Bossart, 2005; Jerry, 2000). As a philosophy, yoga regards each individual as a unique, complete system capable of becoming their own healer (Desikachar et al., 2005). Because of this attention to conscious embodiment, it is distinctively positioned to offer the earnest practitioner a pathway to mental and physical health. Specifically, it may provide homeless youth, who struggle so urgently to effect healthy change in their own lives, a pathway to practical action.

Statement of the Problem

Regretfully, little is understood about the beliefs, values, behaviors, and structures associated with disruptions of embodiment and mindfulness in homeless youth. Whitbeck (2009) maintains that dissociative symptoms, dissociation related mental health issues and behavior problems are very prevalent in this population. The aforementioned mental health and behavioral issues are exacerbated by the fact current prevention and treatment programs fail to adequately work with policy makers to institute sound methods for working with homeless youth (Whitbeck, 2009).

Given these systemic failures, it is not surprising that effective treatment for homeless adolescents is a tenuous topic. Treatments are primarily adapted from child or adult interventions and thus not always conducive to engaging adolescents, which is indicated by practitioners' continued struggle to effectively treat adolescents in care

(Oetzel & Scherer, 2003). Weise and Hawley (2002) maintain that treatment outcome research underemphasizes adolescents, and that large scale reviews indicate modest attention paid to adolescents compared to adults.

However, the special needs of adolescents cannot be overlooked if effective treatments are to be developed for adolescence in general and homeless youth in particular. Consider these three primary factors: (a) adolescence is characterized with more biological, psychological, and social role changes than any other stage in life except infancy (Lerner, Villarruel, & Castellino, 1999; Holmbeck, 1994; Feldman & Elliot, 1990), (b) adolescence is a time of increased risk and dysfunction in many forms (Weise & Hawley, 2002), and (c) most empirically supported interventions do not address the bio-psycho-social aspects of adolescent development (Oetzel & Scherer, 2003; Williams, Holmbeck & Greenley, 2002; Weise & Hawley, 2002). Nonetheless, there are serious consequences for homeless youth transitioning into adulthood. This is because they are often missing the critical developmental tasks of adolescence. The tools and networks to support their transition are often sorely lacking and poorly coordinated (Whitbeck, 2009).

Purpose of the Study

The research sought to answer the question, “What is the process of becoming consciously embodied for homeless youth who have experienced multiple traumas?”

Sub-questions included:

- How does yoga therapy benefit the embodiment process for homeless youth?

- What events/people/factors lead to successful transitions into adulthood for homeless youth?
- What events/people/factors lead youth to become the catalysts for change in their own lives?

The research was committed to developing a theoretical conceptualization of embodiment and trauma in homeless youth. The initial target of homeless youth was broad; however, the dissertation only deals with a specific group within this population that may be considered a well-protected group. The parameters of this well-protected group will be discussed later in the text. The overall research endeavor had merit because of its potential to inform treatment options for this historically underserved population at a time when adolescent specific treatment applications are limited.

Summary

If we are to develop best practices for homeless youth, then the extant research suggests that a better understanding of the values, behaviors, processes and structures of embodiment in the context of complex trauma is needed. The ability to better understand and apply the fundamental principles of youth embodiment may be the platform on which to build a comprehensive treatment approach for homeless youth who have likely experienced multiple traumas. To that end, understanding the mechanisms of creating mindfulness in homeless youth is critical. Moreover, addressing the dissociative processes prevalent in homeless youth may be vital because dissociation interferes with conscious embodiment or mindfulness. Conscious unity of body and mind facilitates

exchanges within the self that make positive change possible: The consciously embodied self increases the capacity to act.

Chapter 2

Review of Related Literature

Grounded theory methodology maintains that the initial literature review should refrain from swaying the researcher in design and perspective; rather the literature review should provide just enough information to the researcher to understand the problem and make certain that answers were not previously made known (Strauss & Corbin, 1998). A more extensive discussion of the literature takes place once the findings are devised. This discussion situates the findings within the larger body of knowledge and provides a deeper level of understanding. This manuscript is a reflection of this process.

The present literature review explores background issues associated with youth homelessness including a discussion of risk factors and resilience. The literature on homeless youth appears to be dominated by the negative consequences and risk factors associated with homeless youth. It appears that few studies consider positive coping and resilience. Yet, several key studies of homeless youth and resilience will be discussed here. Resilience as a positive coping strategy is relevant to this study because it may work in concert with mindfulness to increase an individual's capacity to create positive change in their life.

The review also considers extant research on yoga as a model of health and wellness, yoga practiced with underserved populations and the implications and risks involved with practicing yoga and yogic meditation with homeless youth. A clear understanding of the existing literature on the benefits of yoga therapy is germane because a guiding principle of this work is that conscious embodiment may be a useful therapeutic tool with homeless youth. Yoga therapy has at its core the use of yoga and meditation to achieve mindfulness as a means to conscious embodiment. Thus, a clear understanding of the benefits of yoga therapy in the literature seems relevant.

Furthermore, it appears that yoga as it is practiced in the United States is dominated by middle to upper income, Caucasian women. Therefore, if yoga as a healing modality is to be practiced with homeless youth, then some consideration of accessibility to vulnerable populations should be considered.

Homeless Youth and Associated Risk Factors

Homeless youth face serious problems as they navigate the streets, social service agencies, and other survival networks. It is estimated that between 17 and 35 % of homeless youth experience sexual abuse and as many as 40 to 60% experience physical abuse and neglect (Robertson & Toro, 1999). Homeless youth are also at a higher risk for anxiety disorders, depression, PTSD, suicide and characterological disorders (National Child Traumatic Stress Network, 2007). This vulnerable population is exposed to community violence and the constant threat of pimps, predatory adults, criminals, and

other street youth (Whitebeck & Simmons, 1990). Potentially detrimental, relationships for the primary purpose of food, clothing, shelter, and protection, are not uncommon as youth seek to minimize unknown dangers for increased security in a life of uncertainty.

The consequences of homelessness are significant. Homeless youth report the use of marijuana and other street drugs at a rate of 75% (Kipike, O'Connor, Palmer, MacKenzie, 1999 and Greene, Ennette, & Ringwald, 1997). The youth often *get high* in order to engage in other types of risky behaviors for survival such as prostitution (Greene, Ennette, & Ringwald, 1999). This issue raises additional concerns because shelters and residential programs often require that youth be sober before acceptance into their programs.

A study by the Children's Aid Society (2007) found that youth who have aged out of foster care often become homeless, lack adequate independent living skills, social skills, and interpersonal skills. For homeless youth, education is often interrupted due to transiency (Robertson & Toro, 1999). Homeless youth are likely to have difficulty reading social cues and difficulty connecting with people compounded by impulsivity and poor decision making skills (Robertson & Toro, 1999). Rubin, Erickson, San Augustine, Cleary, Allen and Cohen (1996) report low educational attainment, learning problems and low literacy skills as additional problems confronting this population. These issues are compounded by the reality that failure to meet the developmental task of individuation makes the transition into adulthood more challenging (Whitbeck, 2009).

Mental health issues also accompany lack of independent living skills, socialization skills and disrupted education. By Goodman, Saxe, & Harvey (1991) report that homelessness as a discrete category places individuals at risk for psychological trauma for three reasons: (1) stressors due to the loss of one's home, (2) stressors produced by living in shelter, (3) stressors associated with physical and sexual abuse and consequent psychological trauma prior to becoming homeless. The victimization experience shapes the behavior of homeless youth affecting their relationships with others and chances of conventional adjustment (Whitbeck, 2009). According to Ryan, Kilmer, Cauce, and Hoyt (2000), runaway and homeless youth with physical and sexual abuse histories are likely to have the most severe symptoms of trauma and the largest risk of victimization. Any victimization experience homeless youth endure will shape their behavior, altering their relationships with others and reducing their chances of conventional adjustment (Whitbeck, 2009).

Youth who become homeless and remain homeless do so because of family breakdown and system failure. Issues for family breakdown include: parental substance abuse, parental mental health issues, child abuse and neglect, family conflict, and family homelessness (Bass, 1992). Systems failures include failure of the child welfare system and failures in the juvenile justice system. Many of these youth age out of the foster care system without receiving adequate resources or support; they are ultimately left alone and expected to become independent (Bass, 1992). These youth are often arrested for status offenses like running away and curfew violations. Homeless youth may turn to prostitution for survival and subsequently become arrested. Yet, a significant number

return to the streets when released preferable to foster care or group homes due to systemic failures to meet basic needs (Bass, 1992).

Homelessness in and of itself is not always a central concern to youth because having a home actually made some youth feel more unsettled. In Walters & East's (2001) research on best treatment strategies for homeless mothers, a criteria for success included helping youth mothers settle into new homes and become integrated into the community. This was considered critical because the young women need to "let go" of their identity of being a homeless person in order to move forward in their lives. Walters and East encourage researchers and practitioners to consider homelessness as a process rather than a single or compound critical incident.

Robinson's (2005) seminal work on the grief experience of homeless youth describes the grief that is central in shaping youth's everyday body-place relations. She argues that grief haunts young people and affects the way they relate to place including "the place of their own body" (p. 47). She asserts that the treatment of trauma for homeless youth requires a need not just for physical accommodation, but also a place for nurturing stability, self development, and emotional safety. She suggests that the role of therapeutic places must both provide a place of stable accommodations and a means for an "embodiment of being at home" (p.57). Thus, the treatment of homeless youth must not only consider the reluctance of some youth to acclimate to a brick a mortar home but also make physical accommodations conducive to helping youth become at home in their own bodies.

The aforementioned studies clearly establish the risks and deficits associated with youth homelessness. Homeless youth are likely to have trauma histories that may make providing treatment and services challenging. They are also likely to have serious educational, social, and skills based deficits that exacerbate the issue. It stands to reason that efforts to service this vulnerable population be multidimensional and well coordinated in order to meet their needs. By contrast, both researchers and service providers will also need to consider what strengths and resources homeless youth use to overcome considerable odds. Such an understanding may assist service providers in coordinating care and determining the most appropriate treatment modalities include the use of yoga therapy.

Homeless Youth and Resilience

It has been established that a substantial amount of the literature on homeless youth focuses on risks and deficits. Few studies have been done that focus on homeless youth, protective factors, and resilience (Kurtz, Williams, Lindsey, & Jarvis, 2000). However, several pioneering studies bear mentioning here. This previous work on resilience is salient because resilience, like mindfulness, may provide important building blocks for creating positive change and personal agency in homeless youth.

Williams *et al.* (2001) used a multiple case study design to determine key factors that distinguish resilient homeless youth from those that continue to engage in risky behavior. Five young adult women were compared and contrasted to find answers to the following question: “.What factors promote resiliency in runaway and homeless youth

and how are resilient youth different from their peers who continue to exhibit high risk behaviors?” The data were analyzed using qualitative methods described in Glaser and Strauss (1967) and Strauss and Corbin (1990). The finding revealed four key themes that served as distinguishing characteristics: *determination, meaning and life purpose, caring for self and help from others, and support*. *Meaning and purpose in life* has several subcategories that included *spiritual connection, hope and gratitude, and concern for others with a commitment to give back to the community*. *Self care* as an emergent theme was illustrated in recognizing and meeting one’s own needs, asserting one’s autonomy, and the development of problem solving skills. For resilient women, new attitudes toward life enabled them to set healthy boundaries in relationships.

The study stressed the importance of helping relationships with a trusting adult. This finding provided support for the assertion first put forth by Kurtz, Jarvis, Lindsey, Williams and Nackerud (2000) that therapeutic relationships are more important than program design and setting; though support alone was found to be insufficient in providing long-term, concrete shifts toward health and resilience. Their qualitative study was based on interviews with 12 formerly homeless youth. Constant comparison was used to analyze the data. The authors also suggested that long-term treatment approaches may be more beneficial for youth who have extensive trauma and abuse histories and suffer from substance abuse problems. The authors encouraged the future exploration of developmental schema that track patterns of resiliency development, the role of ‘bottoming out’ in the healing process, as well as the role of spirituality in creating long term change. The theme of spirituality is relevant because it also emerges as an important

theme in the present study. The concept of spirituality is further discussed in Chapter 4 of this study.

Several additional studies also point to key resiliency factors for homeless youth. Rutter (1987) provides a qualitative analysis of existing literature to support the notion that resilience is not an unchanging trait but a collection of processes that allow people to adapt to change that includes self-esteem and self-efficacy. In a 40 year longitudinal study, Werner and Smith (1992) stressed that self-esteem and self-efficacy are often advanced through supportive relationships. Werner and Smith maintain that it only takes one significant supportive adult to promote resilience. Crockett and Crouter (1995) named several characteristics that affect responses to challenges including “temperament, biological predisposition to specific types of stressors, intelligence, coping style, and social skills” (p. 5).

Seeking to distinguish variability within the homeless youth population, Milburn, Liang, Lee, and Rotheram-Borus (2009) designed a typology for homeless adolescents that describes which homeless youth do well and why. Milburn *et al.* (2009) draw a distinction between newly homeless youth as opposed to chronically homeless youth because “newly homeless youth are more likely to be younger, attending school, to not be engaging in high risk sexual practices, to not use drugs and to have never attempted suicide” (p. 136). These characteristics distinguish them from their chronically homeless peers and their unique situation was the impetus for further study. Their typology placed newly homeless youth into three distinct categories: homeless adolescents who are protected, those who are at risk and those who are risky. Youth classified as at risk

meant that they had more risks factors than protective factors. Youth classified as risky had no protective factors in place.

Protected youth typically were still in school, were employed, and had good health, positive friends, and survival skills. By contrast, at risk youth and risky youth were found to be similar on a number of factors and exhibited such factors as emotional distress, unprotected sex, smoking, alcohol use, drug use and hard drug use.

Risky newly homeless adolescents are more likely to use alcohol and use hard drugs than the other groups. At risk newly homeless adolescents are more likely to smoke cigarettes and use marijuana than the other groups. At risk newly homeless adolescents, however, also report high on at least one protective factor; they are more likely to be employed. Risky homeless adolescents did not report high on any protective factors (p.144).

It was the authors' assertion that the newly developed typology might contribute to more appropriate services that are more specific to the diverse needs and strengths of this population. The findings of Milburn *et al.* are advanced in the present study further discussed in Chapter 5.

Yoga as a Model of Health and Wellness

This section argues that yoga may offer a unique model of health and wellness that can be used to foster resilience in homeless youth. Yoga has been shown to help youth with multiple traumas and mental health issues experience a greater sense of calm, relief from stressors, increased body awareness and physical control, improved concentration, enhanced sense of competence and confidence, self regulation, decreased

emotional stress, and decreased depression and anxiety (Emerson, Sharma, Chaudhry, & Turner, 2009; Tate, 2003; Robol, 2002).

Yoga in the West is often best recognized as physical exercise in the form of *âsana* practice. However, Pâtanjala-Yoga is based on 195 *sûtras*, which are established precepts and practices of yoga. Only three of the *sûtras* mention *asana* (Desikachar, Bragdon, and Bossart, 2005). The remainder of Patanjali's (trans. 2003) yoga *sûtras* concerns itself with a host of other tools including but not limited to right breathing, meditation, lifestyle, diet, visualization, and using sound as a healing tool. The full system of yoga is actually quite complex and requires years of study to fully comprehend and implement.

Interest in yoga and other mind/body approaches to health and well-being is growing. The growing interest in mind/body unity looks at ways in which Eastern approaches might foster mind/body connections to inform traditional Western thought (Jerry, 2000). By contrast, traditional Western healing practices have been criticized for their dualistic approach to body and mind in a manner that splits the spiritual from the physical (Reid, 1989).

The emerging interest in yoga and yoga therapy is part of a much larger interest in health and well-being in contrast to allopathic medicine and the medical model. Herriott and Smith (2008) describe the wellness movement as "one of the most significant sociological trends of the 21st century" (p. 39). They claim that the wellness movement is primarily based on consumer demand as compared to the underlying philosophical

tradition, citing that in the years between 2002 and 2007, the wellness industry grew from \$200 billion to \$500 billion. This finding is important because it sets a context for providing yoga to homeless youth. There may be a kind of *cultural readiness* that supports this work and its adoption in treatment with vulnerable populations.

There has been unprecedented growth without the benefits of wide spread, well trained yoga teachers and therapists with the experience and competence to best serve vulnerable populations. Only within the last three years has the International Association of Yoga Therapists been able to develop a definition of yoga therapy (International Association of Yoga Therapists, 2007). The guidelines for training yoga therapists have yet to be determined. Essentially, at this point, anyone can call themselves a yoga therapist; however, the professional organization encourages responsible use of the term and the following of basic educational and ethical guideline (Kepner, Knox, Lamb, Zador, 2004).

Interestingly, much of the study that has taken place on yoga and the mind/body connection is concentrated in the fields of medicine and psychology. Social work has not been on the forefront of mind/body research. Finger and Arnold (2002) state:

There is very limited social work presence in the literature on mind/body perspectives, particularly in the area of outcome research. While many social workers have also promoted that use of these techniques, few research articles by social workers on this topic exist, and as indicated by the research cited in this paper, the majority of the existing studies were conducted by physicians and psychologists. Additionally, few solutions to remedy this situation have been proposed and/or implemented (p. 69).

Nevertheless, four articles by social work researchers were found in this practice area by searching *Social Work Abstracts*. Derezotes (2000) conducted in-depth interviews with fourteen adolescent sexual perpetrators at a human service agency located in the Intermountain West. Parents and social workers were also interviewed to determine the treatment benefits of yoga and meditation in this population. The questions were created by the research team from the existing literature. The researcher found that teaching yoga and meditation to adolescent sex offenders was shown to promote relaxation, improve school performance, improve impulse control, and foster feelings of caring respect and humanness; “they felt that their minds (thoughts) became places of safety and rest rather than the sources of their unwanted impulses” (p. 109).

Similarly, Plasse (2001) assessed the use of meditation, relaxation and cognitive methods with a population of homeless addicted women at both a residential treatment substance abuse facility and a shelter. A twelve session treatment group with 12 regular attendees was conducted at the residential treatment facility and a 15 session group with 10 regular attendees was held at the shelter. Plasse reported the process of conducting the groups with this population as well as themes that emerged with the women as a result of participating in the groups. However, actual data collection methods or analyses are not described. The goals of the group were to teach meditation and relaxation techniques, to help participants identify and change cognitive distortions that cause stress, and to provide social relationships. The researcher found that meditation, breathing, and bodily relaxation techniques were easy to learn, allowed participants to clear their minds

and allowed participants to become less guarded in order to talk about their life experiences.

Springer (1997) in two case studies from her clinical practice describes the impact of violence on the meaning of the body. The studies were conducted with two adolescent females ages 14 and 15. The 14 year-old was homeless. Spring found that “body-based” activities with female adolescent victims of violence helped improve the subjective and objective meaning of their body as developing young women. Her finds are important because they support the notion that conscious embodiment is critical in fostering personal agency. Further discussion of Springer and the relevance of her study to this work occur in Chapter 5.

Finally, Finger and Arnold (1997) explored the history of mind-body interventions and proposed ways that complementary and alternative methods might be used in social work practice with individuals and groups. The researcher reviewed the extant literature of the following techniques: meditation, progressive muscle relaxation, biofeedback, guided imagery. They found that empirical evidence exists in support of the techniques and that not all modalities work for all people. Interventions must be tailored to the individual. They also found that cognitive-behavioral techniques used in conjunction with mind-body techniques may have the ability to improve outcomes of people with anxiety disorders. Lastly, they determined that each of the aforementioned modalities could be used individually or in various combinations to fit the needs of clients without reducing their effectiveness. However, Finger and Arnold express the following concern that is also reflected in the present study:

Given the obvious ideological congruence [biopsychosocial model] with the social work perspective for practice, one must question why we have very little presence in this area of intervention as compared to other professions (p.70).

Finger and Arnold go on to state that although social workers are using mind/body techniques in practice, there is little to no information available on how they are incorporating these practices into care for clients indicating a need for more research and publication on this topic.

The aforementioned social work studies are important because they establish a precedent for mind-body work in social work practice. They reveal that mind/body practices can be successfully used in treatment and suggest practical ways that they can be useful. Springer in particular establishes the need to incorporate body-based modalities when working with traumatized adolescent females including but not limited to yoga and meditation. However, concerns have been expressed about the training practitioners undergo before using yoga as a healing modality with clients.

Desikachar, Bragdon, and Bossart (2005) were highly critical of yoga's presentation in the West, claiming that, "The kind of training needed to become competent in the art of yoga therapy is not widely available" (p. 38). They also stated that the typical 250 to 500 hour yoga teacher training courses commonly available are insufficient to train yoga professionals in the complex healing system of yoga. Desikachar *et al.* offers caution against yoga as a prescription for specific illnesses, for example, "yoga for depression," "yoga for PMS," "yoga for asthma;" they maintain that yoga is not designed to be a "one size fits all" approach. They argue that the true benefit

of yoga as a holistic art of unifying mind, body, and spirit is best experienced when tailored to meet the needs of unique individuals.

By contrast, Mohan (2005) suggests that there are both general and specific measures that can be implemented to show improvements in ill people. Mohan states that, generally speaking, many ill people will show improvements if they have a consistent âsana practice; perform relaxation techniques, have an open and honest relationship with their yoga teacher or therapist, and adhere to simple lifestyle changes (e.g. better sleep and diet). As a result, even the novice yoga teacher or therapist can be helpful by offering moderate exercise and better breathing patterns, guidance in adopting a healthier lifestyle, and stress reduction techniques. However, according to Mohan, the greatest challenge comes in offering disorder specific guidelines unique to the specific patient.

Yoga with Diverse and Underserved Populations

Yoga's reach to different populations in the West has to date been limited. This may lead one to consider how yoga might become more accessible to diverse and underserved populations including homeless youth. While there is not extensive literature in this topic area, there is a growing body of research. One promising consideration is that in May 2009 The Yoga Service Council was established out of the proceedings of the first ever Annual Summit of Yoga, Mindfulness, and Service at the Omega Institute in Rhinebeck, New York. The purpose of the council is to empower

individuals and communities through the practice of yoga. The vision is to, in part; bring well-being to all regardless of circumstance (Yoga Service Council, 2009).

Interestingly, no studies could be found related to yoga with homeless youth when the data base for the International Journal of Yoga Therapy was searched. The International Journal of Yoga Therapy is the only journal of its kind to date. The present study considers what research efforts have been made to date on the relative benefits of yoga with diverse and underserved populations for insights on how yoga might become more accessible. One study by Wilson and colleagues (2008) investigated if yoga practices benefited diverse and underserved populations including ‘minority groups, the elderly, children and gay population’ using archival data from exit questionnaires as part of a ‘Teaching for Diversity’ program through the Kripalu Center for Yoga and Health. Eighty-nine percent of the 220 participants reported that yoga left them with a sense of overall wellness after participating in the training.

Such studies are particularly relevant because they encourage ways to bring yoga to those who would not otherwise receive it. Yoga practitioners in the U.S. are usually well educated, live in urban areas and are women between the ages of 34 and 53 (Saper, Eisenberg, Davis, Culpepper, & Phillips, 2004). According to one study, an estimated 15 million people in the U.S. have tried yoga in their lifetime and 7.4 million are thought to be currently engaged in yoga practices (Saper *et al*, 2004). Another study found that yoga practitioners were most likely to be Caucasian women with incomes of at least \$35,000 (Birdee, Legdz, & Phillips, 2007). Yoga in the U.S. apparently has a very limited audience. Some of the hypothesized reasons for yoga’s limited reach to the underserved

include prohibitive cost and limited geographical access to classes (Saper *et al*). Yet, the potential benefits of improving access could be far reaching. Expanding yoga's reach and acceptance is a potentially important component of making yoga accessible to homeless youth.

Yoga and Adolescent Mental Health

Given that homeless youth are likely to experience mental health issues it is important to consider how yoga therapy might be instrumental in treating different types of mental illness if it is available for review suffers from significant methodological shortcomings. Slède and Pomerantz (2001) found in their review of the literature that yoga has been used to be seriously considered as a treatment for a variety of mental health disorders including “mood disorders, anxiety disorders, drug addiction, mental retardation, pain management, and body image”(p. 61).

Campbell and Moore (2004) undertook a study on yoga as a treatment of depression, anxiety, and stress. Campbell and Moore's research presented a clear theoretical orientation, standardized measures of depression, anxiety, and stress, and a “no-yoga” comparison group. They found greater improvements on all indicators for beginners in the yoga therapy treatment as in contrast to the comparison group. For some reason the study was published with no mention of sample size, use a non-manualized treatment, and did not report a detailed method of data analysis.

Emerson, Sharma, Chaudhry, and Turner (2009) faced similar methodological challenges. While they suggest that yoga is a promising treatment for post-traumatic

stress disorder, but their study failed to reach statistical significance due to small sample (n=16). In addition, their sample was limited to women between the ages of 25 and 55, made no mention of ethnicity and the analysis was based solely on self-reported measures.

Some of the most rigorous studies to date have examined the effects of yoga on stress, anxiety and depression. Bonura and Pargman (2009) conducted a randomized controlled study (N=42) with older adults to study the effects of chair yoga versus three other activities: social games, walking, and chair aerobics. Measures of stress, anxiety, and depression in older adults were taken the over a six week period. The group receiving yoga indicated the greatest stress reduction and overall benefits over time when measured by the Hassles Scale of stressful interactions, the State-Trait Anxiety Inventory and the Beck Depression Inventory. Other interaction effects for stress severity, depression, and anxiety were not significant.

Shapiro and Cline (2004) used a pre-test/post-test design to determine self reported changes in moods and emotional states. They found that yoga appears to lower negative moods and raise positive moods with an increase of energy levels no matter what âsanas were practiced. Despite the small number of participants (N=11), the treatment was administered by experienced yoga teachers; it was a manualized treatment, and standardized measures. However, the number of participants was small (N=11).

Though studies of yoga have indicated successful use of yoga in with certain vulnerable populations, presenting yoga to young people comes with its own unique set of challenges. The Yoga Sûtras of Patanjali (trans. 2004) suggest a stepwise phasing in of yoga practices over the course of a lifetime: âsana focus in youth, breath work or pranayama in young adulthood and middle age, and meditation focus in old age That is not to say that each of the practices shouldn't be performed at any age, but rather that the primary focus of practice ought to correspond with one's life stage.

There are some important additional considerations when providing yoga as a service to youth. Youthful energy may be characterized by movement, shorter attention spans, and a hunger for excitement; while middle age brings with it the demands of meeting the obligations of work and home; and old age is a natural time for taking stock of one's failures and successes. Given these general developmental observations, Patanjali's suggestions for yoga's focus based on life stage appear apropos.

Yoga for young people may best be practiced with their life stage in mind. This means tailoring the yoga practice to suite the energy needs of this population. Goldberg (2004) suggests that apt yoga teachers have the ability to utilize shortcuts and variations that meet the demands of the immediate moment. Her particular style of yoga for young people, called "Creative Relaxation," involves creating sacred space, engaging the student, providing tools for success, and providing opportunities for independence.

Feldman (2005) suggests that developmentally appropriate yoga for young people possesses four major goals: body awareness and physical control, concentration,

competence and confidence, and having fun. She insists that yoga can help youth manage stress and find equanimity. Feldman suggests creating a theme for each class that encourages the understanding of a particular concept. However, such a focal point is contrary to other yoga teachers and therapists who work with youth who espouse a more “go with the energy of the moment” philosophy (Goldberg, 2004; Rothenberg, (2004); Longaker & Tornusciolo, (2003).

When youth have trauma, emotional and behavioral disturbances, and mental health issues, further considerations must be taken into account. Youth who have experienced trauma may have difficulties forming stable attachments, difficulty with self regulation, and difficulties with self-concept, self-esteem, and self-identity. However, yoga has been shown to improve traumatized youth’s ability to recover from trauma, self-sooth, and manage anger (Tongaker & Tornusciolo, 2003; Robold, 2002).

Tongaker *et al.* (2002) maintain that one cannot assume the “typical” yoga class when working with traumatized youth. One can expect to find angry outbursts, flight from the room, popping in and out of poses, and poor execution of postures. Yet, they stress that yoga for traumatized youth works better in contrast to traditional therapy because traditional therapy focuses on “talk-therapy.” According to Tongaker and Tornusciolo, talk therapy is “wholly inappropriate for therapy with adolescents, since they often lack the skills of abstraction this type of therapy requires” (p. 78). Robold (2002) also supports working “outside the intellect” and through the body to create change.

Additionally, ground rules are essential for the supportive functioning of yoga therapy with youth (Feldman, 2005; Goldberg, 2004; Tongaker & Tornusciolo, 2003). Ground rules may include: staying in your personal space; listening and watching the teacher, staying with the pace of the class, respecting your body's limits, and fostering an attitude of non-competitiveness (Goldberg, 2004; Tongaker & Tornusciolo, 2003).

Yoga teachers and therapists are encouraged to follow a particular set of guidelines in setting up their practice with youth. These guidelines serve to function as means of keeping safe space and grounding the instructor in their service to a vulnerable population. The guidelines include: only doing exercises that the teacher is comfortable practicing, staying positive, starting simple, staying brief, modeling desired behavior, providing structure with a clear beginning, middle, and end, and offering limited hands-on assistance (Feldman, 2005; Goldberg, 2004; Tate, 2003; Tongaker & Tornusciolo, 2003; Robold, 2002). Teachers should also be aware of the fact that children from vulnerable populations frequently experience multiple disruptions. As a result, attendance may be spotty and creating safe space may be challenging with a constantly changing group (Tate, 2003). Tate study is based on work with younger children, however, her suggestions may be easily extrapolated to older youth.

Finally, Tate (2003) maintains that children in the mental health system may take a considerable amount of time to embrace the idea of yoga; it takes some time for children to let their guard down and participate. She suggests that children never be forced to participate. They can simply lay down on their mat and observe. Once the child feels comfortable enough they are likely to join the group at some later time.

Yogic Meditation

Meditation may be defined as “a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way and an attempt not to dwell on discursive ruminating thought (Shapiro, 1982).” Meditation falls into three different categories: concentrative, mindfulness, and integrated (Addision, 2002). According to (1987), concentrative mediation requires the practitioner to intently direct their attention on a specific object with the goal being to experience something more fully. By contrast, mindfulness meditation requires a larger field of concentration on all thoughts, emotions, and sensory inputs of the practitioner to expand awareness. Lastly, integrative meditation combines aspects of both concentrative and mindfulness meditation in a manner that requires the practitioner to focus on a single object, but also be aware of distractions and identify with them without becoming attached.

The literature indicates that meditation may be a successful adjunct to traditional psychotherapy. King and Brownstone (1999) found that brain imaging investigations suggest that meditation may be helpful for a variety of disorders particularly because of its ability to ameliorate anxiety by reducing activity in the emotion processing regions of the brain. Butler (2009) found that meditation is a useful supplement for treating clinical and nonclinical intrusive thoughts. Meditation has also been shown to increase attentive ability (Keefe, 1996; Rao, 1989; Odajynk, 1988); generate a calm state (Walsh, 1996; Shapiro, 1992); heighten awareness (Keefe, 1996; Patrik, 1994) and give rise to self-reflexivity (Vigne, 1997; Craven, 1989, Deikman, 1982). However, Fritz and Mierzwa state, “Psychotherapists should not expect immediate effects because it takes at least one

year of the positive effects of meditation to be generalized to “in vivo” situations, like a counseling encounter” (p. 80).

In addition, there are counter-indications for the use of meditation in psychotherapy. Carrington (1998) warns against the use of meditation with psychotic or borderline psychotic individuals. There is also an indication that a certain level of psychological stability must be achieved before the benefits of meditation can be realized (Shapiro, 1994, Wilber, 1982), however, exactly what that level is or how that level can be determined remains unclear. Meditation has also been shown to cause unfavorable effects in some individuals like: nausea, dizziness, uncomfortable physical sensation, and mild dissociation (Craven, 1989).

Summary

The literature review established the critical risks and deficits experienced by homeless youth. It also explored ways in which homeless youth are resilient. Resilience is an important concept because it may function along with mindfulness to create conscious embodiment for homeless youth as a precursor to personal agency. This review also explored potential benefits of yoga therapy for vulnerable populations that may be extrapolated to include homeless youth as likely recipients of trauma and subsequent mental health issues. Considerations for making yoga accessible to underserved populations were also considered. The review introduced key concepts that will be further explored in Chapter 5.

Chapter 3

Methods

This research explored, described and theorized about the ways youth, specifically homeless youth; make sense of their bodies within the context of living environments. It went beneath the surface to understand the relationship between body, space, and context for homeless youth. The importance of context, setting, and participant frame of reference was stressed, because embodiment is contextually and culturally influenced. In other words, the research happens in vivo; it explores the participant's understanding of the nature of their body in its natural environment. The research addresses the following questions:

- “What is the process of becoming consciously embodied for homeless youth who have experienced multiple traumas?”
- “Do homeless youth who have experienced multiple traumas perceive a role for yoga therapy in the process of becoming consciously embodied?”

Secondary questions include: “What is the state of embodiment that is experienced by homeless youth who have experienced multiple traumas?” “Does yoga therapy offer added benefit in the embodiment process for homeless youth?” “What events, people, factors lead to successful transitions into adulthood for homeless youth?”

“What events, people, factors lead youth to become the catalysts for change in their own lives?” The expressed purpose of the researcher is to understand the role of embodiment in the situation that homeless youth find themselves while exploring the efficacy of yoga treatment to ameliorate the challenges and consequences of homelessness. This objective is accomplished through theorizing about youth embodiment in order to make recommendations about treatment. This study is a qualitative grounded theory study that involved two agencies, one in Portland and one in Minneapolis, and 19 study participants.

Grounded Theory Overview

The research paradigm assumes that theory and practice are intrinsically related and such an exploration lends itself to grounded theory methodology. Grounded theory was created by two sociologists in the 1960s (Glaser & Strauss, 1967). The methodology is a process for developing theory about human behavior from data collected from populations of interest. Corbin and Strauss (1998) state, “Grounded theories, because they are drawn from the data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action.” (p. 12). In this way, grounded theory points the way to practical action; it has potential to guide actions within the treatment setting.

The study sought to understand the important factors, experiences, and relationships that influence mindful embodiment for homeless youth. Though grounded

theory has evolved since its induction in the 1960s, this study was guided by the methods described by Strauss and Corbin (1998).

Qualitative research in general is well suited for inquiries that deeply search for an understanding of the lived experience of the participants. Marshall (1985) affirms that using qualitative methodology is appropriate when research explores complexities and process, when little is known about a phenomenon or innovation, and when all relevant variables have not as yet been identified. Using qualitative methods to understand the lived experience is also supported by Wilson (1977) who argues that because human behavior is contextual, it is best studied within the situation in which it originates. Furthermore, he argues that the researcher cannot understand participant behavior unless the framework the participant uses to interpret their own feelings, thoughts and action is understood. Marshall & Rossman (1995) state, “The physical setting...and the internalized notions of norms, traditions, roles and values are crucial contextual variables” (p. 44).

In the research, the decision to use grounded theory methodology flows directly from the research question. Qualitative researchers argue that the soundest qualitative studies employ a methodology that is indicated by the type of inquiry underway (Strauss & Corbin, 1998 and Marshall & Rossman, 1995). According to Patton (2002), grounded theory begins with basic description, followed by conceptual ordering and concludes with theorizing, “...conceiving or intuiting ideas – concepts – and then also formulating them into a logical, systemic, and explanatory scheme” (p. 21). Patton goes on to suggest that:

Qualitative inquiry is especially powerful as a source of grounded theory, theory that is inductively generated from field work, that is, theory that emerges from the researcher's observations and interviews out in the real world rather than in the laboratory or academy (p. 11).

Strauss and Corbin (1998) uphold the idea that the data collection, analysis, and eventual theory are all closely linked. Prior to beginning the endeavor, the researcher does not develop preconceived theory. In contrast, the researcher allows the theory to emerge directly from the data. The primary task is to understand the research paradigm and how the players manage their roles within the given context.

Constant comparison is the foundation of the process. The collected data is constantly reviewed for comparisons and contrasts. Theory emerges and is transformed as new data is acquired and synthesized. To reiterate, the theory is continuously compared to the accumulating data. Revisions and additions are made as warranted. The process persists until "saturation" is reached, "...when no new properties, dimensions, conditions, actions/interactions, or consequences are seen in the data" (p.136).

Flexibility within the process is critical. Qualitative research uses as its basis emergent theory and derived hypotheses; it is guided by the researcher's immersion into the settings, concepts, and processes recognized in previous research (Marshall & Rossman, 1995). The aforementioned emerging foundation then determines the researcher's initial course of action as various situations to observe, interviews, and questions are determined. However, Marshall & Rossman stress, "The researcher should establish the need and right to determine the precise focus of the research *after* [original

emphasis] these first days in the field, after that experience begins to clarify the relevant theme and pattern” (p. 43).

Researcher Perspective

Often, in qualitative inquiry the researcher is both the data collection instrument and the instrument for analysis. The process is inherently subjective (Yegidis & Weinback, 2006). The researcher lens is the filter through which the data is perceived and understood. In order to ensure the integrity of the process, the investigator must be well prepared for the task at hand, protect against bias and remain intensely sensitive to what the data reveal (Patton, 1990; Corbin & Strauss, 1998). Toward this pursuit, it is this researcher’s intent to be transparent in her worldview, beliefs, and relevant life experiences for the purpose of exposing and managing potential bias.

As the primary researcher, I am a doctoral candidate at the University of Denver Graduate School of Social Work. My interests in the research is directly related to my life experiences as a social worker serving youth in the foster care system and a very strong desire to offer a greater array of tools for healing with this and related populations. Much of this focus has been previously discussed in the introduction to this work. Suffice it to say, the growth of this dissertation is very much parallel to my own growth as a person and a professional.

I worked diligently to suspend my own bias toward yoga therapy as a healing force as a yoga teacher, practicing yogini, and mediator. I believe in yoga because I experienced its transformative effects in my own life and practice. This begs the

question, “Can anyone so deeply moved by the power of yoga view its effectiveness with homeless youth with any level of objectivity?” I cannot deny my subjective position, but I can use the steps offered by grounded theory methodology and the criticism and advice offered by my dissertation advisor and committee to protect against potential bias. These are the checks and balances. I relied on the people who supported me in this research endeavor to help me with this function; and I feel they’ve more than met the task.

Also, the theory and practice of qualitative research methods was an integral part of my doctoral curriculum. I’ve engaged in extensive reading on grounded theory and published studies in my qualitative methods courses as well as multiple independent studies on the mind/body relationship and relevant theory. All of which served as the platform to conduct this research. As a research assistant, I have had the experience of conducting in depth interviews and data analysis on various projects which also support my qualifications to conduct this research.

Qualitative inquiry requires reflexivity (Creswell, 1998; Strauss & Corbin, 1998). The process of being reflexive asks the researcher to acknowledge philosophic assumptions guiding the study (Creswell, 1998). This research was guided by the constructs of critical realism. Warner’s (1993) review of critical realism indicates a belief in the following tenets:

- The world is layered in the domains of the empirical, the actual, and the real
- The world is stratified (i.e. containing biological, intentional, and social entities)
- The world contains both transitive and intransitive dimensions
- The natural and social sciences are regarded as primarily explanatory rather than predictive
- Scientific laws are more aptly considered as tendencies

- Knowledge is not independent of history, human desires and intension; it is fallible and relative
- Yet, things also exist in intransitive dimensions and can be progressively known through dialectic interaction of human theory and experience (retroduction)
- Critical Realism rejects hermeneutic/phenomenological views based on a vision of human beings as both constrained by nature and free within limits to determine the course of history (p. 311)

Thus, Social Science is possible because social and psychological processes have meaning and the meaning is understandable and communicable. Social Science is possible because there can be objective answers to the question: “What does this mean?”

Here, it is possible for the emotional realm to lend itself to sociological investigation and by extension qualitative inquiry. We can go beyond the realm of the empirical and through our reflexive processes we can understand the meaning of emotions in individual and social context. Such a perspective encompasses but does not privilege the rational, thinking self of positivist science.

Archer (2000) explains that the emotions function to modify the relations between body and environment. The body-environment relationship generates emotions which elicit modified relational activity. As a result, any mismatch in the body-environment relationship gives rise to embodied signals calling for action to remove the discrepancy. to this study as it seeks to explain the processes by which homeless youth create meaningful change in their lives as embodied persons and it builds a platform on which to build grounded theory. The dual beliefs, that emotion may modify the relationship between person and environment and that a thing which exists in intransitive dimensions

and can be progressively known through dialectic interaction of human theory and experience, gives rise to a grounded theory of mindful embodiment for homeless youth.

In preparation for the research, personal perspectives and preconceived notions were set aside as suggested by Strauss and Corbin (1998). The process of creating a literature review carries with it the risk of the researcher adopting and/or being influenced by existing theory. According to Strauss and Corbin, a unique feature of grounded theory studies is that the literature review conducted before data collection and analysis is limited in scope and function as discussed in Chapter 2. The purpose of this limited literature review is to discourage the researcher from being influenced by existing research. It was my intention, while writing the literature review, to build a theoretical knowledgebase in preparation for this study; however, in an effort to reduce the impact of existing theory when completing my data analysis, I used a process described in Strauss and Corbin (1998) whereby a conceptual map is created of possible theoretical explanations for the phenomenon under investigation. The resulting conceptual map is then filed away until after data analysis is complete. Further efforts to manage bias are considered in the section on reliability and validity.

Finally, Strauss and Corbin state that the literature review may be treated as another form of data. The present literature review was considered just that, another piece of data. Thus, the literature review was compared and contrasted with other findings in the study. That analysis contributed to the creation of the resulting grounded theory of conscious embodiment for homeless youth. A further discussion of those results may be found in Chapter 4.

Sampling

This study used theoretical sampling, which is typically used. It can be characterized as a continuous process of data collection and analysis that generates the need for the researcher to obtain additional samples. It is defined as, “sampling on the basis of the emerging concepts, with the aim being to explore the dimensional range or varied conditions along which the properties of the concepts vary,” (Strauss and Corbin, 1998, p. 73). This form of sampling supports the constant comparison process and allows for clarity and refinement of concepts found in the data (Patton, 2002). “Variations in the concept must be sampled to rigorously compare and contrast those variations” (p. 239).

At the beginning of the research the investigator makes initial decisions to provide direction and a place to start data collection (Strauss and Corbin, 1998). However, once the data collection starts further sampling is really an outcropping of the reality of the data. It is related to the necessary flexibility of process expressed by Marshall and Rossman, 1995.

This research used as its launching point recorded interviews with youth residing at Avenues for Homeless Youth, a homeless shelter for youth in Minneapolis, Minnesota. The shelter is known for its service to youth who’ve engaged in prostitution and/or have histories of sexual abuse and other forms of trauma. Interviews were also conducted with youth from programs sponsored by Street Yoga in Portland, Oregon. Street Yoga provides yoga for homeless youth, their families and other underserved population in the Portland region.

A partnership was created with the executive director of Street Yoga and the program manager for “Avenues” to collaborate in the data collection process. There are fifteen beds at “Avenues.” The shelter is typically full and has a waiting list. Street Yoga provides yoga on site in a variety of settings serving the homeless youth population including, shelters, drop-in centers, and residential treatment centers.

Inclusion criteria for this study were youth that did not have permanent housing and were between the ages of 14 and 21. In the case of interviews conducted in Portland, the youth had to have taken at least one yoga class offered by Street Yoga. All eligibility criteria were assessed by the researcher by text message, email or in person. If youth met the study criteria they were asked to participate in the study (see Appendix A for the project information sheet used to describe the study to potential participants and assess the general eligibility criteria).

Each youth was assigned an advocate and/or case manager. Youth who indicated interest in the study and met the eligibility requirements had the potential to be excluded from the study if 1) they had acute mental health issues that deem them inappropriate to meet the demands of the interview as determined by the advocate or case manager or 2) they had cognitive limitations that prohibited them for affectively giving assent to complete the interview. No youth interested in the study met the criteria for exclusion.

Theoretical saturation was employed to determine the final sample size. Theoretical saturation means that data should be collected until each category (or theme) is saturated. Saturated suggests that no new information is generated and that the category is well developed in its properties and dimensions (Strauss & Corbin, 1998).

As part of the emergent design employed by the use of theoretical sampling, interviews were ultimately conducted with: 8 youth from Street Yoga, 8 youth from “Avenues,” the founder and President of Street Yoga, one of Street Yoga’s teachers and the program manager of “Avenues” bring the total sample size to 19. The investigator also engaged in participant observation in a yoga teacher training offered by Street Yoga. A further discussion of sample size is found in the analysis section of this document located in Chapter Four.

Study Recruitment

Participants were recruited with the help of the program manager from “Avenues” and the executive director of Street Yoga. Prior to the study the researcher contacted these key informants to discuss recruitment strategy. Fliers for recruitment (Appendix B) were developed based on their suggestions. The Fliers were then posted at “Avenues” and at the various sites where Street Yoga conducts classes. Interested parties were instructed to contact the researcher for more information and for setting appointments. The researcher also attended three house meetings at “Avenues” to explain, describe and discuss participation with potential candidates for the study. After explaining the study, if youth expressed an interest in participating, the screening process where applied. The researcher met with approved participants at the various locations where they receive services to conduct the interviews.

Interview Guide

The interview is the heart of the data collection process. The qualitative research interview seeks to describe and the meanings of central themes in the life world of the

subjects. The main task in interviewing is to understand the meaning of what the interviewees say (Kvale,1996). A qualitative research interview seeks to cover both a factual and a meaning level, though it is usually more difficult to interview on a meaning level (Kvale,1996). Interviews are particularly useful for getting the story behind a participant's experiences. In addition, the interviewer can pursue in-depth information around the topic (McNamara,1999).

This research used the general interview guide approach. The guide approach is intended to ensure that the same general areas of information are collected from each interviewee; this provides more focus than a conversational approach, but still allows a degree of freedom and adaptability in getting the information from the interviewee. Many of the questions used were adapted from Harris' (1998) trauma treatment and recovery model. Harris created a *trauma recovery* and *empowerment* curriculum based on 13 years of service to women in recovery from physical and sexual abuse at Community Connections, a not-for-profit mental health clinic in Washington D.C. The questions included here were designed to ascertain how participants feel about their bodies in relationship to trauma and well-being. The initial working interview questions were divided into three broad categories for discussion: 1) Understanding trauma, stress and coping, 2) Understanding homelessness, trauma, and embodiment and 3) Understanding treatment and well being.

Rational for understanding trauma, stress and coping. There may be a relationship that exists between low self-esteem, lack of embodied process, disempowerment, and a history of trauma. These factors potentially work together to

influence outcomes for homeless youth. These questions are designed to bring a greater understanding of how participants understand their own homelessness and its impact on their functioning including the ability to contemplate and prepare for the future.

1. What were your triggers for becoming homeless?
2. When you think about being homeless what words and images come to mind? What is your attitude about being homeless?
3. How does being homeless affect the way you feel about yourself?
4. What impact did becoming homeless have with your relationship with family members? Friends? The community in which you live?
5. How does being homeless affect the way people treat you?
6. Have you ever felt helpless? Have you ever felt out of control? Are there ways that being homeless have made you a stronger person? Weaker?
7. What does the future hold for you?

Rational for understanding homelessness, trauma, and embodiment. Harris (1998) reported that an experience of trauma in childhood and adolescence frequently disrupts learning. Children and adolescents survivors of sexual and physical trauma are often naïve about the most basic information concerning their own bodies. Because of the shame and aversion related to their trauma, survivors often have highly volatile feelings about their bodies. These volatile feelings may interfere with one's sense of embodiment. Yet, as previously stated, it is through embodiment that individuals develop the skills necessary to survive and flourish in the world.

1. Do you think you have a good understanding of how your body works? How would you rate your knowledge on a scale of 1 to 10?

2. What were you taught about your body at home? At school? On the streets? From the media? How do you feel about your body? How do the messages you received inform how you feel about your body? When you think about your body what things are important to you?
3. Are there things about your body that confuse you? Are there things that you would like to know better? How do you use knowledge about your body to define yourself? How do you define yourself in general?
4. How do you carry (hold) your body? Where do you feel stress in your body?
5. Have your experiences of being homeless affected the way you feel toward your body? Do you get angry at your body? Do you disconnect from your body?
6. Is there a connection between your trauma experiences and the way you feel in your body? If so, how do you understand it?
7. How do you make sense of your body in relationship to other people? To the environments in which you live, work, and recreate? Are you aware of the ways that you experience your body that affect your behavior in the shelter, on the street, at school, at work, and in relationship to other people?
8. Do you treat your body well? What does it mean to treat your body well? What supports or gets in the way of doing good things for your body?

Rational for understanding well being. Despite the trauma associated with homelessness, abuse, and neglect youth desire to be empowered rather than enable (NCTN, 2007). If research about homeless youth is to benefit treatment and empower youth as in outcome, then understanding conceptions of well-being and its relationship to embodiment has potential to positively inform the treatment process.

1. What kind of behaviors (rituals) do you use to help you cope with negative feelings about your body?
2. Is there any part of your body that is kept safe from the trauma you've experienced?

3. Is there anyway your body helped you survive the abuses you've experienced? What ways has your body served you well?
4. What does it mean to thrive? What does success look like? How do you know when you are successful?
5. Are there things that help you feel more connected to your body? Other people? Your environment where you live? Your community?
6. Who would be there to help if you needed it?
7. What services have you found most helpful? Least helpful?

Data Collection

The data collection process followed a three step protocol used by Walters and East (2001) in their work with homeless, young mothers. Walters and East first created questions based on relevant literature, then completed initial interviews, and finally conducted focus groups for clarifying emerging ideas. Their methods are consistent with those described in Strauss and Corbin (1998) who encourages the researcher to create an emergent process whereby questions and data collect course naturally as a result of constant comparison.

In the present study, nineteen interviews were conducted using a general interview guide with questions adapted from Harris (1998). The interviews were approximately 45-60 minutes in length. Ten interviews were conducted in Portland in late March early April 2010. These first ten interviews were carried out during a ten day stay in Portland. It was during this time that the yoga teacher training was completed and yoga classes were observed. The remaining nine interviews were conducted in Minneapolis during the month of May 2010 over the course of two weeks. Youth in

Portland were given a \$5.00 gift card and a pair of Nike tennis shoes donated by Street Yoga. Youth in Minneapolis were given a \$10 gift card for their participation. A focus group with 4 participants was conducted in Minneapolis in June 2010 to explore themes that emerged from individual interviews.

Focus group participants volunteered their time following a weekly house meeting at “Avenues.” Participation was limited because three of the youth had already transitioned out of shelter to permanent housing and one youth was not available. Unfortunately, project resources did not allow for focus groups to be held in the Portland. The Minneapolis focus group lasted 45 minutes and included a presentation of emerging themes. Participants were asked in what ways the themes reflected their life experiences and the experiences of their peers and what ways they did not. Participants had an opportunity to shed further light on the themes emerging from the data. An in-depth discussion of themes is discussed in Chapter 4. Responses from the group verified and supported the findings from the interviews.

Human Subjects Protection

Prior to data collection, the University of Denver Institutional Review Board (IRB) granted approval for the study. Informed consent or assent (Appendix C) was obtained from each participant. Both consent forms and youth assent forms were used. The youth ranged from 14 to 21 years old. Those youth that are 18 to 21 years old were given the consent form to sign. The consent procedure involved first discussing potential risks to participants, their rights as a participant, and then discussing the concept of consent and anonymity. After the discussion, the participants were given the opportunity

to ask questions, and their questions answered. At the conclusion of the question and answer session, the consent forms were given to the participants to read individually. Only after the consent forms were read and signed were interviews conducted.

For homeless youth ages 14 to 17, the researcher requested that parental consent forms be waived under federal regulations 46.116D which states, “An IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent provided the IRB finds and documents that: (1) The research involves no more than minimal risk to the subjects; (2) The waiver or alteration will not adversely affect the rights and welfare of the subjects; (3) The research could not practicably be carried out without the waiver or alteration; and(4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.”

Some of the youth are estranged from their parents and have sought services at their respective agencies. Requiring the underage youth to gain parental consent may have put them at risk. Many youth are currently homeless due to the lack of healthy relationship with their parents or abandonment.

For homeless youth a discussion of youth assent, as well as, participation in the research if they chose to do so took place in an available room on the site of the institution they are attending. The youth assent procedure followed was to first discuss with potential participants their rights as a participant, and then to discuss the concept of assent and anonymity. After the discussion, the potential participants were given the opportunity to ask questions, and their questions answered. At the conclusion of the question and answer session, the assent forms were given to participants. The assent

forms were read individually. Only after the assent form were read and signed were interviews conducted.

All interview information was kept confidential. The majority of the findings were given in aggregate terms. Individual participants names were changed to protect their identity and other identifiers were removed that might also betray their identity. Sometimes participants were presented in composite form amalgamating the identities of several participants to protect individual identity. The report contains representative quotations; however, the individual's name or unique combinations of identifiers were not used.

There was minimal risk to participants. Though the interviews were taped, the interview guide is predetermined and avoids the exploration of traumatic events. If the participant did not want to complete the interview or answer any question, he or she always had that option. Additionally, all participants had the right to privacy. The right to privacy mandates that participants may decide in which circumstances and to what extent their attitudes, beliefs, and behaviors are exposed. The following represented procedures that reduce risk and maximize confidentiality:

- Field notes and transcripts do not contain personal identifiers
- Raw and processed data is stored in a locked file cabinet or password protected
- Share data only with those who are part of the study team (investigators) and who have received research ethics training
- Regular self audits were conducted to ensure compliance with established procedure

One role of the researcher is to keep participants safe. This researcher is a Licensed Independent Clinical Social Worker and is trained to recognize emotional

distress and is able to make appropriate referrals to professionals and local community organizations if necessary. Should youth have experienced distress due to recall or disclosure they had access to a list of community resources that could have been used to address potential issues if they had arisen. No such experience of distress was noted.

Because every youth at Avenues for Homeless Youth and Street Yoga is paired with an advocate or case manager, youth could have accessed these individuals for additional support if needed. The advocates were previously alerted to the nature of the study and agreed to work with youth who may have experienced recall or disclosure distress. However, these additional support services were not needed. The researcher proposed the following steps in the event that youth indicated risk of self harm:

1. Stop the interview immediately
2. Assess the level of risk
3. If the risk is high and the youth is in imminent danger the police will be notified for emergency assistance
4. For lower levels of risk de-escalation will be used and problem solving techniques will be used
5. The local youth advocate will be notified
6. Youth will be offered a resource and referral list for community services

Data Management

Interviews and focus groups were tape recorded with the permission of the participants and transcribed verbatim. Transcribed interviews were then reviewed by the researcher for accuracy and references that might expose individual identity were removed. Field notes and transcripts were then analyzed manually using the grounded theory coding system described in the section below.

Data Analysis

Once the data is collected it must be organized and analyzed. The method of analysis chosen affects the choice of research methods, the format of data gathered and the types of questions asked. The method of analysis used for this research follows a basic grounded theory analysis model (Kelle 1997; Straus and Corbin 1998; Glaser and Straus 1967). Qualitative data analysis is necessarily time consuming and labor intensive. It involves the systematic coding of the texts before analysis can begin and is the prerequisite for systematic comparison between texts.

According to Strauss and Corbin (1998) "open coding" is the first step. Here, the researcher initially identifies, labels, and groups in categories the variables associated with the phenomenon being studied. Using microanalysis the researcher reviews the data line by line searching for key words and phrases. This involves considerable time reading, re-reading, interpreting and later comparing similar texts.

Second, "axial coding" organizes the open codes into a "coding paradigm," which is a framework which draws causal relationships between categories and sub-categories. Third, "selective coding" fleshes out the paradigm model by systematically relating core categories to other categories.

Constant comparison stays within the forefront of the researcher process. After the initial interview the second interview is compared to the first and subsequent interviews are coded with the emerging theory in mind. These codes become the basic building blocks of theories (Kelle, 1997). Several layers of codes cause abstraction from the data and gradually constructed theories (Glaser, 2002). The codes are organized

initially in hierarchical networks, and then grouped into families based on themes. As the coding progresses comments on the data and emerging hypotheses are also recorded and linked to the data. A complete outline of the proposed data analysis process can be found in Table 1 below:

Table 1. Coding system		
Phase	Code	Description and use
Phase 1	Open coding	Systematically identifying and comparing key variables
Phase 2	Axial/Thematic coding	Broad categories that break the information into segments
Phase 3	Coding paradigm/ heuristic concepts	Using existing theoretical concepts to create a skeleton for further analysis.
Phase 4	Code categories or Indexing	Open codes (derived from commonsense knowledge) and in vivo codes (used by interviewees).
Phase 5	Selective Coding/Typology building	Codes are divided into contrasts or opposites
Phase 6	Concept formation (emerging theories)	Labeling patterns of behavior, stereotypes or processes

Table 1. Summary of Coding Process

Creswell and Clark's (2006) procedures for qualitative data further informed the process and is indicated in Table 2:

Table 2. Qualitative Data Analysis	
Preparing for Analysis	Organizing documents and visual data Transcribing text Preparing the data for analysis Reading through the data Writing memos
Exploring data	Developing a qualitative code book Coding data Assigning labels to codes
Analyzing data	Grouping codes into themes Interrelating themes or abstracting to smaller sets of themes
Representing the data Analysis	Representing findings in discussion themes or categories Presenting visual models, figures, and tables
Validating the data	Using researcher, participant, and reviewer standards Employing validation strategies (e.g. member checking, triangulation, peer review)

Table 2. Summary of Qualitative Data Analysis

Creswell and Clark's (2006) final stages of data analysis focus on validating the data within the qualitative research paradigm. Such an effort involves using research memos from the beginning of the process to assess how the data has guided the researcher to initial and subsequent assumptions. The data was also validated through triangulation and comparison with the literature, the extensive quotation of field notes,

transcripts, and other notes, and using member checks to go back to those researched to ask them about the accuracy of findings. If corrections or elaboration was needed, then these issues were addressed in the final focus group reserved expressly for this purpose.

Reliability and Validity in Qualitative Research Methods

Conceptual understandings of reliability and validity differ in qualitative studies compared to quantitative studies. The difference is described in Lincoln and Guba (1995). They discuss alternative procedures to enhance the credibility, transferability, dependability and confirmability of qualitative studies which are employed here for use in this study.

Credibility in qualitative research studies is the conceptual equivalent to internal validity in the quantitative paradigm. Credibility is used to determine the likelihood of producing trustworthy results. Raw data verification and member checking were used to establish the credibility of the findings.

Raw data verification is the iterative process of comparing the emerging theory with the raw data (Strauss & Corbin, 1998). As the theory emerged in the data analysis process, the resulting hypotheses were compared against the original transcripts for verification. The final resulting theory was also confirmed in this process of constant comparison.

Member checking refers to the process of presenting findings to research participants for clarity and exactness (Lincoln & Guba, 1985). Member checking occurred through the use of a focus group for participants in the Minneapolis area and in the case of participants in the Portland area, telephone calls emails were used.

According to Lincoln and Guba (1995), transferability is similar to external validity and refers to the concept that conclusions may be applied to circumstances outside of the immediate study. Methods to aid transferability included clear inclusion and exclusion criteria and the use of detailed description in the presentation of findings,

Dependability is parallel to a similar concept in quantitative study known as reliability. Dependability is the extent to which research processes are applied consistently over the course of the study (Lincoln & Guba, 1995). Efforts to ensure dependability were established in the consistent use of field notes and memos to construct a description of the research process. Additionally, the data analysis process described in the previous section also helped to establish consistency in the coding process.

Finally, confirmability or neutrality requires that the findings be based within the data versus the researcher's own preconceived notions. Such neutrality protects by providing a description of the research process as well as in the use of reflexive journaling, field notes and memos documenting the logistics of the study, personal feelings and insights throughout the research process.

The purpose of the process described by Lincoln and Guba (1995) is to ensure that the resulting findings are credible and grounded in the data. The process supports the integrity of the findings describing the process of embodiment for homeless youth. This process and related constructs are presented in the following chapter.

Chapter 4

Findings

The resulting research findings are a culmination of years of study, months of preparation, weeks of interviews, and hours of analysis. I was honored that youth shared with me so candidly about their lives, struggles, and hopes for the future. They were unabashed and determined to tell their stories and to help me understand how and why they made sense of their lives in the midst of turmoil and multiple disruptions. I left every interview feeling surprisingly up lifted and inspired to treat their words as more than just data. Their words came to represent the power of the human spirit. I felt fortunate to be able to bear witness to the life experiences of 16 homeless youth at various stages in their development toward conscious embodiment. Every youth offered an unrelenting belief that their lives mattered and had purpose. One participant shared:

I say ‘shit happens’ and sometimes it happens for a reason. The future is written for us, but sometimes we can change it. For sure, I look on the bright side of things. There are times when I am down or depressed, but I tend to look at the bright side.

His precious optimism is the scaffolding of this analysis, which is built on sixteen interviews with homeless youth, two agency administrators, one yoga teacher who self identified as being previously homeless in her youth, and the field notes gathered while

participating in the Street Yoga, yoga teacher training and yoga classes with youth, in Portland, Oregon. And so starts the beginning of the journey.

The recruitment and in depth interviewing of study participants yielded data that describe and explain the process homeless youth undertake to live consciously embodied lives. The analysis of the data provided a basis for extracting details of the process youth experience as they move toward mindful living. It also illuminated the context in which the process manifests itself, as well as facilitating identification of details that benchmark the conditions that foster movement through the process.

One significant contextual element that emerged was historical influence of the *wellness movement* on homeless youth. Historically, the engagement of homeless youth in mindful living is coming at a time when Americans in general are exploring alternatives to traditional conceptualization of health and wellness as well as alternative treatments. Reardon explains (2009) that although the past century has yielded major technological and pharmacological advances in medicine, large numbers of people are looking for unconventional ways of managing illness.

Reardon reports that “more than 38% of adults and nearly 12% of children nationwide use some form of complementary and alternative medicine” (p. 8). Herriott and Smith (2008) characterize the expansion of American’s interest in alternative and complementary therapies as the “wellness revolution” (p. 39). According to Herriott and Smith, those in the wellness revolution are making choices to use a self-help model of care that optimizes *mental, emotional, and spiritual well-being*. Herriott and Smith assert

that this alternative choice is in direct opposition to a “disease-care model” that emphasizes “after-the-fact treatment of disease” (p.39). conceptualizations of health and wellness. In my opinion, these historical factors set the context where homeless youth can seriously consider mindful living and engage in yoga therapy as a viable treatment option.

Another contextual element that emerged was the culture of youth homelessness that affects a youth’s ability to live consciously embodied lives. There is a considerable “pull” amongst homeless youth to engage in behaviors, manners of dress, and attitudes that are counterproductive to their future success as contributing members of society. Yet, all of the youth in this study had personal attributes, experiences, and skills that allowed them to resist deleterious influences from their peers. For the youth in this study, the process of conscious embodiment was also influenced by several additional key conditions including: the cultural geography the youth live in, the relationships the youth developed, the youths’ understanding and use of spirituality, and their interactions with physical space.

This chapter presents a typology of youth engagement in conscious embodiment that emerged directly from the data, a grounded theory of embodiment for homeless youth, and a description and explanation of the role yoga therapy may play in influencing conscious embodiment for homeless youth. In order to illustrate these key components of conscious embodiment for homeless youth, the findings are presented in three sections: 1) a description of sample characteristics, 2) a theoretical presentation of conscious

embodiment for homeless youth including influencing factors that affect its achievement and 3) an explanation of how yoga therapy may influence the process of conscious embodiment for homeless youth.

Characteristics of the Sample Population

Of the youth who were interviewed for the study 6 self-identified as African American, 6 as Caucasian, 1 as Asian of Vietnamese decent, 1 as Native American, and one as “American.” For the purposes of clarification the youth who identified as American was born to parents of Somali decent. When questioned about a specific ethnicity the youth replied, “I am American. That is all.” There were 11 males, 4 females, and a person who identified as transgendered born biological male, but who lives as female. Participants ranged from 14-21 years of age. The average age of participants was 18.

Only two of the youth 18 and older graduated from high school. Those two were both actively enrolled in Community College. Nine were working on their General Education Diploma (GED). One stated that she was? only interested in working at this time, however, had been unable to secure a position. All youth under age eighteen were either attending high school or junior high school.

Eight of the youth were living in an emergency shelter that permits them to stay until the age of 21 as long as they are compliant with house rules. Four of the youth were living in a residential treatment center for youth transitioning out of juvenile detention. Two youth were staying in overnight shelters that required them to leave the building

every morning by 7:00 AM and return every evening to try to get a space for the night if available. Availability is on a first come first serve basis. Those two youth were a couple actively working on getting into transitional housing, but had concerns that their application would not be accepted because it was turned in past the deadline. The final two youth were living in transitional housing and waiting for permanent housing to become available.

It is equally important to describe who these youth were and also who they were not. Milburn et al. (2009) developed a three tier typology of newly homeless youth that included those youth who had protective factors in place that allowed them to do relatively well in comparison to *risky* and *at-risk* youth who were more likely to engage in detrimental behaviors that compromise their well-being. The youth in this sample were well protected for three reasons: 1) they had personal attributes, skills, and supportive relationships that fostered their well-being; 2) they were making use of community services that supported their independence and 3) with the exception of one they were all in school or pursuing a GED.

The youth in this study were not those who persistently live on the streets, sleeping in abandoned buildings, under bridges, parks or other substandard housing. These were not long term homeless youth. Every youth in the study had been homeless for 9 months or less. Every youth in the study reported secure housing at least for sleeping at night, though three had brief periods of time, not more than a day or two, where they were forced to sleep outdoors.

None of the youth reported severe and persistent mental illness, though one youth exhibited schizophrenia like behaviors, a diagnosis was never confirmed by the researcher. Seven youth reported a history of marijuana and alcohol use. Only one of the youth reported currently using alcohol and marijuana. This participant reported smoking marijuana on a daily basis and trying “ecstasy” once, but refrained from harder drugs because of their harmful effects. Two reported a history of drug dealing. Of those two, one sold drugs primarily to support his own drug habit which began at age thirteen with the abuse of the prescription drug oxycodone, continued with the use of multiple other drugs and progressed to a single incident of intravenous heroin use. This youth stated, “I’ve tried everything.” This youth denied the current use of alcohol and drugs.

Note on the cautious use of the word trauma. It is important to state that although each of the youth in the study experienced events in their lives that might be characterized as traumatic, none of the youth felt comfortable using that word to describe the events in their lives. One youth states, “My life hasn’t been *traumatic* but I haven’t really found a good word for what it has been.”

Collectively, the life experiences of the group included: being asked to leave their homes, being in a family where their parents moved frequently, having a parent steal their money and personal possessions, being kidnapped by a family member, brought to another country and used as domestic labor, witnessing the death of a parent by heroin overdose, dealing with the emotional effects of a parent who hemorrhaged to death, having a parent who was incarcerated, having multiple foster care placements and failed

adoptions, dealing drugs, being a pimp, spending months in juvenile detention, being arrested, being dependant on drugs, having family members and friends who were addicted to drugs, being shot at, sleeping on the streets, living in a refugee camp, and being physically and emotional abused. Yet, no youth in this study described their life experiences as traumatic. An almost universal response to questions about whether or not they had experienced trauma was expressed by one youth, who said, “I don’t think there is anything about my life that has been traumatic.” Another youth summed it up this way:

I wouldn’t say I’ve been traumatized. I cope. I have a strong heart. I have a saying, “What tears you down in the end will only end up making you stronger.” I tell my friends, when they are down to always think positively about themselves because they’re very special people.

Theory of Conscious Embodiment for Homeless Youth

The life experiences of 16 homeless youth formed the basis for a proposing a theory of conscious embodiment for homeless youth. The theory emerged directly from the data and explains both the behavioral and psychological changes that youth experience over time as part of their move toward living fully engaged lives in the midst of turmoil and disruption. The development of the theory began with the first interview and continued to the 16th interview with youth. The theory was further reinforced in an interview with the President and Founder of Street Yoga, a yoga teacher from Street Yoga who had previously been homeless in her youth and in an interview with the program manager from Avenues for Homeless Youth. Field observations of Street Yoga

classes and with data gathered by participating in the Street Yoga teacher training also proved highly beneficial to the development of the theory.

Data yielded from the interviews and field notes were used to facilitate the coding process first discussed in Chapter 2 (see Table 2) and briefly summarized here. Once all interviews and field observations were complete, the data was coded. During phase one of the coding process key statements from recorded field notes and interviews were noted directly on the transcripts. In phase two, thematic codes were grouped together from open codes developed in phase one. These important thematic codes were optimism, resilience, trauma, relationship to case manager or mentor, peer influence, family of origin, educational interest, career development, abstract thinking, networking, internal motivation, peer mentoring, and the ability to give back to the larger community. In phase three emergent thematic codes were compared and contrasted with the typology of homeless youth developed by Milburn *et.al* (2009) first discussed in Chapter 2. In addition, thematic codes were also examined in light of important contextual factors that emerged from the data including history, cultural geography, culture, spirituality, and physical space. During phase four, thematic codes were compared to contextual factors that emerged from the data. During phase five, using thematic codes and emergent contextual factors, a typology of homeless youth engaged in conscious embodiment was created. The typologies that emerged from the data were novice, seeker, and adept. Finally, in phase six, the theory of conscious embodiment emerged as a result of the preceding phases though labeling patterns of behavior and processes.

Additionally, beginning with the first interview, a conceptual map was drawn to illustrate salient ideas as they emerged from the data. The map was subsequently added to with each successive interview until no new concepts emerged. After the conceptual map was completed, it was condensed and organized into six clearly identifiable phases or stages of conscious embodiment for homeless youth and an accompanying typology of youth engaged in the process. A summary of the coding process can be found below in Table 3.

Table. 3 Summary of the Coding Process		
Phase	Code	Description and use
Phase 1	Open coding	Notation of key statements derived directly from interviewees and field notes
Phase 2	Axial/Thematic coding	Creation of the codes optimism, resilience, trauma, relationship to case manager or mentor, peer influence, family of origin, educational interest, career development, abstract thinking, networking, internal motivation, peer mentoring, and giving back
Phase 3	Coding paradigm/ heuristic concepts	Coding of contextual factors that emerged from the data including history, cultural geography, culture, spirituality, and physical space along with an examination of concepts found in the literature
Phase 4	Code categories or Indexing	Examination of thematic codes in relationship to the contextual factors that emerged from the data
Phase 5	Selective Coding/Typology building	Code categories and field notes were used to create a typology of homeless youth engaged in conscious embodiment
Phase 6	Concept formation (emerging theories)	Typologies were used to create a six stage process of conscious embodiment for homeless youth

Table 3. Summary of the coding process

The theory of conscious embodiment discussed later in this chapter was directly conceived of based on the typologies that emerged from the data in consideration with the contextual factors that influence the process. A description and discussion of the typologies is found below followed by a discussion of the contextual factors that influence conscious embodiment.

Typologies

The Novice. The typologies emerged from the present study as a direct result of the coding process. The typologies are not characterized by age or gender, but rather by psychosocial attributes and behavior patterns. The first of the typologies, the novice, is likely to have very broad goals, but little information or understanding of how to achieve those goals. A participant commented:

Before I turn 25, I want to have my own place, my own business doing hair, and on the side I'm going to be a therapist and when I get older I'm going to become a detective because that's what they do on CSI [television program] and I love that show. I want to be just like them and solve crimes. I'll get there. I'm going to learn and study real hard.

Like the other youth in this study they are highly optimistic about the future. However, the novice is more likely to be motivated by external factors like peers and approval or disapproval from mentors and counselors. Their behavior is also highly motivated by immediate rewards and short term consequences. They have a limited capacity for self reflection; and a limited understanding of how past circumstances and behaviors might affect present and future circumstances. They are more likely to be

resistant to authority. They have a clear sense of right from wrong albeit concrete with little room for ambiguity. These are the youth that are likely to have been kicked out of the shelter at least once either for failure to follow rules or because they chose to no longer follow the rules. According to one youth, “I got kicked out for fighting, but I returned. It was better here than on the street.”

One youth reflected back on the time when he first came to the shelter and could have been considered a novice:

At the time, I just wasn't mature enough to understand what I needed to do to succeed. I couldn't take in all the information that was being given to me. The second time I came back to Avenues I was ready to change. I was ready to start doing the things I needed to do in order to succeed.

They have difficulty accessing resources, however, are likely to respond well to encouraging and persistent support. They may have difficulty articulating themselves in subtle and nuanced ways. They are more likely to have educational deficits in fundamental areas like reading and math. They are less likely to have intact relationships with family members and rely heavily on their peers as an alternative family. They are less likely to be employed.

The novice is more likely to cope with stress through distraction or dissociation. Common means of handling stress for the novice included: eating, sleeping, watching television, and “spacing out,” listening to music, and playing video games.

I do sometimes feel disconnected from myself. When I am really stressed, I'm deep in thought and I want to be left alone. When I'm deep and

thought and someone tries to talk to me I don't really want to hear them. It's like I'm in a movie watching my life. It's like the spirit leaves. Nothing brings me back from that.

The Seeker. The Seeker is very likely to have clearly articulated goals and a clear, reasonable plan for achieving those goals. One youth, who was soon leaving for basic training, stated:

I'll make the military my lifetime career. I want to get married next year. But, I could be sent overseas within a month of getting married. I don't want to put more stress on her [his girlfriend]. So, we may have to wait.

The Seeker is very resourceful. One youth was able to secure a part-time job at a service station. He developed a close relationship with the owner, who was aware of his circumstances, and began informal training in car maintenance. This youth later connected to a formal apprenticeship program. Once the program is complete, he will be offered full-time hours at the services station. Another youth used money from his part-time job to provide microloans of \$20.00 or less to other homeless youth at a nominal interest rate. As an incentive to attend yoga classes, youth in one of Street Yoga's programs receive free movie and bus passes. This youth saves his passes and uses them as "bargaining chips" with other youth for favors.

Seekers are more likely to be internally motivated and gauge their measure of success on their own terms. Consider the following statement:

Success means that I've achieved the goals that I've set for myself. One of my goals is to get a good job. Sometimes people think that success is

a fancy car or something. But really, I could be just dressed normal and just ride my bike and I'm successful, because I'm on my way to achieving my goals. I don't judge people like that...because of the stuff that they have. And I don't believe in failure. You can learn a lot from your mistakes. If you learn you don't fail.

They are also likely to have a strong, helping relationship with at least one positive adult role model. These positive adult role models included case managers, therapists, family members, and trusted adult mentors.

They are more likely to be spiritually connected, although, this connection does not necessary take the form of participation in organized religion. Seekers also have a greater aptitude for abstract thinking. One youth reflected:

I meditate. I got deep into it. It helped me to notice things. Have you ever noticed how circles are the key to everything? In the center of the circle there is calm. It's like if you see a whirling tornado, in the center it's calm. Being in the center is the key to being calm. When you meditate you know what you are doing. You're calm.

Seekers are better able to reflect and make meaning of their life experiences in context. One of the seekers in this study was a youth who described himself as "smart" and as often getting "straight A's in school." The son of a doctor and business owner, he commented, "My parents worked their way up from nothing." While living with his parents, he lived a privileged life with the benefits of material success. Yet, he stated, "I wanted to live the gangster life. I got into trouble at school. So, I just quit. I wanted to start making money." He organized a drug ring whereby youth sold marijuana, cocaine,

and ecstasy. He reported a profitable “business,” but had been involved in multiple arrests.

My first arrest was for 1st degree burglary. Yes, I disconnected a lot in order to do the things I was doing. My mind had to not be there or I couldn't do it. I'd smoke up [marijuana] before I'd do it so I would just be on automatic. Weed helped me not to care.

This youth also reported being a pimp, “I had a stripper who gave me her money. She was giving me her money because I had coke. I was living the gangster life. I was also rapping and doing my own shows.” This youth was heavily involved in “gangster” culture:

It never made me stressed because you have to care in order for something to be stressful. It is best not to care. If you care you could get messed up. In my world, you either ‘kill or be killed.’ No cares. No stress. I was pretty heavy into it.

He recognized how his life was negatively impacting an otherwise strong and united family. He wanted more from his life and decided to leave the area to start life anew. That's how he became homeless.

If I would have stayed I wouldn't have done anything, but go to jail. The last time I got arrested I didn't even care. By that time I'd learned the law well enough that I know I would get out the next day.

He had the insight to recognize that his life as it was could not lead to positive outcomes. For him, a life change meant leaving his hometown and searching for something better. It was his intention to use skills honed as a drug dealer including the

ability “to focus”, “to plan”, and “to make intelligent calculations” to do something positive in his life.

I’m not sweating things because I can turn things around. The only thing I would change right now is my connection to my son. When I get done with school and start my career I could get joint custody. If I was still in South Carolina, I would still be trying to get easy money. I don’t want people to pity me. Saying, ‘He’s homeless watch what you say to him. You might hurt his feelings.’ I say, ‘Don’t judge a book by its cover.’ I know that I am a hard worker. I’m going to finish school and start my own business. I’m going to get joint custody of my son and my own place by 25-26. I’m on that path.

The Adept. Characteristics of the Adept are derived from a single interview was a yoga teacher reflecting on her time as a homeless youth and her experiences teaching yoga to homeless youth and other vulnerable populations. The Adept is a person who is living mindfully; they are living yoga or *unity* in most if not all aspects of their lives. This yoga teacher stated, “Mindfulness is living your yoga 24/7.” An Adept has a level of consciousness where the “doing” and the “being” become one. Consider:

I always find that question hard. When people say, ‘How has it [yoga] affected your life?’ Yoga *is* my life so much that I couldn’t tell, because it would be asking something like, ‘What is breath like when you are always breathing?’ or ‘What is it like to only speak English?’ I don’t know because I only speak English. So, it is a bit challenging. It has completely *consumed* my life. So, in that sense...it has affected me.

Here, the container for understanding mindfulness is yoga. However, practicing âsana is not a requirement of either yoga or mindfulness. The fundamental basis of yoga

is that it can be practiced in any form that brings conscious connection. The following two statements illustrate this concept:

I really don't think it is very essential that it [yoga] is called anything. I mean, I always say in my classes, that I teach, that yoga means 'union' and however you can make that connection is yoga. So, communing with nature is yoga. Balancing on your foot is yoga. Playing basketball can be yoga. Anything that helps you make that connection is yoga.

Remember, that to practice yoga you don't even have to do the physical practice. That's not what yoga is. Yoga is the connection one makes with another human being while riding the city bus or while sitting at the park. Acknowledging someone, may be the homeless person. *That* is yoga. That acknowledgement will make me feel more at home in my body and make that other person feel more at home...acknowledged.

It is very possible that this conscious connection can and does start in one's youth, even as a homeless youth.

I could have been considered homeless at one point in my life even though I had no sense of homelessness because I was crashing on couches for a year. I didn't feel homeless, because I had a roof over my head and I felt at home in my body. The connection started when I was a kid and found a practice. It was about twenty years ago and I really just found a book that interested me and I started doing it to be physically healthy and in tune. I was really just a kid, but I was interested in health and my body. I was young and I didn't have a lot of things to take my attention.

Factors that Influence Conscious Embodiment for Homeless Youth

The contexts and conditions that move youth through the phases of conscious embodiment include the *historical context*, the *cultural context*, the *cultural geography* youth live in, *relational influences*, *beliefs about spirituality*, and *concepts of "home" and personal space*. All of these contexts and conditions affected the way youth move

through the process. Youth moving through the change process typically have one or more of these influential factors in place. The most important influence was the ability to connect with a trusted adult who could mentor them through the stages and help them navigate the challenges of independence and young adulthood.

History. It is important to note that youth engagement in the process of living mindfully is coming at a time in American History when the nation is searching for alternative avenues to health and well being. Americans have demonstrated this interest economically by spending \$33.9 billion on complementary and alternative treatments in the year 2009 alone (Reardon, 2009). Interest in alternative healing was advanced significantly over the last 30 years by the work of Dr. Dean Ornish and his use of yoga, meditation, and life style change with cardiac patients. The work was also advanced by Jon Kabat-Zinn whose work in mindfulness bases stress reduction is internationally recognized and modeled.

Culture. The sample population was racially and ethnically diverse. Some youth used their racial and ethnic identities as a source of strength to help them through troubled times. One youth expressed the role of culture in the following manner:

Native Americans have survived atrocities that have strengthened them. They were berated as savages, but the ones doing the destruction were the savages. We've always had hope for the next possibility. We move on in some way. That strengthens me.

This is not true for all youth, however. In fact, some youth experienced culture as a barrier when cultural expectations were rigidly applied. This was particularly salient for the Somali American participant. She stated:

Women have nothing. If you are a woman and you want to survive you have to get married. I ran away because my mother was trying to get me married so the family would be supported [after my father died]. My mother was trying to sell samosas to support us, but the rest of the family said, why is your mother working? Why is she embarrassing us?

They [Somali adopted family in the U.S.] didn't like me because I came with my American attitude. They beat me for not wearing long sleeves.

I spent a lot of time alone in my room crying in the dark. They said I was mad, crazy depressed. They called me *wazumu*, crazy.

This participant wanted nothing to do with her culture of origin at this time. She stated, "I don't like Somalis. You have to hide until you are married. I can't return because I wouldn't be accepted because I wear jeans."

Cultural Geography. There was a very distinct difference between homeless youth in Minneapolis engaged in the process and the homeless youth in Portland who were engaged in the process. There were clear regional differences. Youth in Portland were connected to yoga mentors that gave them another language for expressing their embodiment as well as experiences that gave them more tools to create healing and change in their lives. Interestingly, one 16 year old male with a history of juvenile delinquency and detention was not influenced by popular conceptions of people who do yoga. He stated, "Real men do yoga." By contrast, the same could not be said for a

Minneapolis youth of comparable age and experience how when questioned about yoga said, “It’s that, that thing that women do where they put their feet behind their head?”

A Street Yoga administrator’s words speak to this contextual difference”

Well I had spent a lot of time and had always had an affinity for working with at risk youth and when I saw that it was possible to share yoga with underserved populations inspired by Sara Joy Marsh who I’ve already mentioned, I put the pieces together and decided that I could do something on behalf of the kids, the young people. Portland is a pretty open place for kids in at risk situation and Outside In [homeless shelter] is an amazing place. So, I just contacted them and offered my services and we made it happen.

He goes on to say:

As the realm of people doing yoga expanded and the number of people who thought this was a good idea expanded and as the work progressed and people began to see that this was effective. So, the fan base grew exponentially. It was a matter of good timing. There are a lot of things I could have been passionate about and they would not have grown because it was not the right time.

Relationships. Relationships that the young people formed were likely to be the single most influential factor assisting youth toward conscious embodiment. There were significant professionals that helped them out along the way, those who could recognize the special needs of the youth and connect them to appropriate services. The first time one youth entered the shelter system he came in contact with a social work and had this to say about her, “The social worker told me, ‘this place is not safe for a guy age nineteen.’ So, she got me hooked up with Avenues. I called. I was really glad there was an opening.” Another youth shared this experience:

There was also a staff at the Dorothy Day Center who saw that I was only eighteen and referred me to Avenues. She saw that I had potential. She really cares.

Staff people are like surrogate parents walking a fine line between parental authority and advocate. According to one, “They push you enough to get you to do the things you need to do but they are not like having a “pushy parent.” Staff is great. I have a great case manager.” Another added, “The things that have really helped are the counseling and the staff being here to give support. If they took that away, it would definitely change everything.”

The case manager has been awesome. He’s really perfect to talk to. He is constantly helping you figure out right from wrong. He tells me how things really are in the world. I feel like I have a family here.

The information and assistance staff provide is highly influential, “Staff is great. My case manager is great. It is like having an assistant. I don’t know what I’m going to do when I’m out of here. If you know how to take the help and use it to your advantage you’ll go far. They’ve helped me out a lot with school with knowing what I need to do.”

Friends and extended family also help youth stay connected and provide a source of support and information. One youth expressed, “My friends and extended family are really supportive, my aunts, my grandmother, nothing has really changed. Without them, then maybe I would feel hopeless.”

Spirituality. Some of the youth, but not all, specifically mentioned how a belief in a higher power helped to provide direction in their lives. This higher power was a source of inspiration and courage:

Knowing that I have family and people who care has given me the courage to go on and I know that God is there for me. I don't go to church but I pray and I know that God is listening. I know that God is working in my life.

Mentors and family members were also influential in youth conceptualizations of spirituality. One youth stated:

My faith in God comes from my sister. She used to really struggle. Now she takes care of herself and her kids. She had a good job. She tells me, "Let God take care of it," and I know she's right. I didn't learn to love God through my adoptive mom. She was a hypocrite. She could not really love God and treat me the way she treated me.

This influence can also be illustrated in the following:

Being Muslim has been good for me. It tells me how things are going to be in the future. It tells me what I need to do in the future to improve myself, to better myself.

Relationship to Physical Space. Not having a permanent place to live weighed heavily on some youth. There was a clear sense of longing for the symbol that having a real home could offer. One youth described it this way:

I really like this place, but I want a place where I could walk naked if I wanted to...not literally, not a romantic notion, but more like having the option to do what I want. It's about the freedom.

The ability to influence the physical surroundings in which they lived was also significant, Concern was expressed in the following example, “This place is just a house. It is not home. It doesn’t have anything personal about it. It is four walls with paint. In a real home you own stuff. If I had all my NASCAR car stuff here maybe it would make it feel more like home.”

Yet, other youth were capable of understanding and incorporating a more abstract sense of home based on a clear sense of self in relationship to their bodies. Consider this youth’s statement, “I don’t have a problem being homeless. I am happy to be homeless because I can start a new life where nobody has control over my body.” This youth was less concerned with the physical space that she was living in and more concerned with the freedom being homeless gave to control her body. A summary of influential conditions can be found in Table 4.below:

Table 4. Influential Factors for Conscious Embodiment in Homeless Youth		
	Label	Descriptor
Conscious Embodiment	History	Shifts in American attitudes to health and well-being
	Culture	Race and ethnicity as a sources of internalized strength and pride
	Cultural Geography	Areas of the country that are particularly amenable to alternative healing strategies
	Relationships	Close relationships with peers and mentors that foster health and well-being. Fostering a community for positive change.
	Spirituality	A relationship to spirituality that creates inspiration for change
	Physical Space	The desire for physical spaces that create feelings of independence and places to call home

Table 4. Influential Factors for development of conscious embodiment

Using the constructed typology in conjunction with thematic codes and contextual factors a theory of conscious embodiment for homeless youth was developed. The theory of conscious embodiment identifies the stages homeless youth undergo from the time they first begin to consider their lives as homeless young people to the point at which they are fundamentally mindful in most aspects of their daily living. The theory explains how homeless youth actively engage their lives in a meaningful way using the tools and resources at their disposal. Interviews with sixteen homeless youth and one adult yoga teacher who was homeless in her youth were used to develop the theory. Of these seventeen participants, two were in stage-1, three were in stage-2, four were in stage-3, four were in stage-4, three were in stage-5, and one was in stage-6. The theory of further described below.

Stages of Conscious Embodiment for Homeless Youth

Stage 1: Pre-Awareness. Youth in the Pre-awareness Stage acknowledge that they want a very different kind of life than the one previously lived, but lack the information and skills that are necessary to bring about the change they desire. They may simply not have the organizational skills to meet the demands of living independent lives. They may miss appointments, forget to turn in paperwork, or lose things. They often cycle in and out of defeatist behavior patterns, sometimes blaming others for their problems rather than taking responsibility for their actions. They are more susceptible to suicidal ideation, “I’ve thought, ‘Is it even worth going on?’ I’ve gotten suicidal. I’ve even thought, maybe I should just go home.”

They struggle to meet basic survival needs like food, clothing and shelter, but they manage. They are working very diligently to move their life in a positive direction. They may have regret for past mistakes and a very real longing for a past quite different from the one that they actually lived. They have a difficult time managing daily life stressors. One participant concluded, “I tried to keep myself busy so I wouldn’t have to think about being homeless. I kept myself going in a daze. I don’t have time to think about it. I don’t stop to think.”

Stage 2. Awareness: Youth in the Awareness Stage have figured out a certain level of organization for their lives whereby they’ve become proficient at accessing people and resources to get basic needs met. They accept the fact that they are homeless, identifying their homelessness as an action that led them to freedom from oppressive circumstances and independence to live a life of their choosing. One youth explains it this way, “At times it’s been depressive [being homeless], but it gives you more courage. I think about the things I *can* do. But, I can’t give up. I have a life. Now, I’m more sure of myself knowing that I have a place to stay indefinitely, food to eat, and people I can confide in and ask for advice.”

They are unlikely to make excuses for poor behavior and take responsibility for their actions, “I chose to be homeless. It is a new start if you do it the right way and you just don’t sit around.” Another youth responded:

I chose to be homeless because I didn’t want to live at home any more. I didn’t want to live with my mom any more. It was too much. I left as soon as I turned 18. We really got into it when she hit me. It was crazy. I

had run away a couple of times before, but she would call the police on me. So, I decided to wait until I was 18.

They've allowed becoming homeless to be a learning experience. One youth stated, "You learn a lot when you are homeless. When you are homeless you have to learn to fend for yourself." They have a concrete set of skills used to manage stress. The skills are used as a form of distraction like: watching television, playing video games, surfing the internet, dancing, listening to music, sleeping and eating. They are able to self regulate in constructive or at least not harmful ways.

I am trying to get to a better place. At first it was hard. I didn't know how to get things I needed. I didn't know how to get help. Being homeless made me a stronger person. I'm glad. My life is actually better now.

Stage 3: Exploration. Youth in the Exploration Stage have moved beyond simply managing daily living. They are testing out new identities, exploring new ways of being in the world and new healthy relationships. At this stage, it appears to become important to reconnect to parents and other family members to make amends for past negative experiences, "I'll keep trying to stay in contact with my family. I'll keep trying to make amends with them." Or they are simply working to maintain existing connections, "I still see my brother every week. It is important to stay connected to family members, but it is hard talking to my parents. Sometimes I just got to shut up and not argue with them to keep the peace." This youth stated:

I still talk to my mom and dad. I visit my family on a daily basis. I'd say that my relationship with my family has gotten stronger since becoming homeless. Not too much has changed. Actually, I get to see them more.

Their experiences have afforded them a level of self confidence. One youth states, “I am naturally strong and able to handle things with determination. I’ll be able to handle things in the future too.” According to another, “The first time I was homeless it made me feel helpless, but not now. I know what to do.” In fact being homeless is now actually considered strength. One youth asserted, “Being homeless has made me stronger because I have confidence now.”

They are seeking career options and looking to increase educational and vocational experiences. They have put their past in context and understand past negative experiences as part of the landscape of their lives. They’ve successfully integrated those past experiences into their identity and moved beyond them, “I am willing to get out there and do things for myself. I am willing to sacrifice to get what I need and want.”

They have the ability to be reflexive. One participant stated, “It is a mirror and this cycles a reflection back to myself and so it sort of a paradox that I’m getting over myself so I can see myself or I can see myself so I can get over myself.”

Being homeless has made me a little rough around the edges. It’s changed me. I grew up and see how the real world is. Yes, it has made me rough around the edges, but I don’t apologize for nothing.

Stage 4: Practice: Youth in the Practice Stage have a vast and varied set of coping skills for managing stress that include not only distraction, but also talking it out with peers and counselors, yoga âsana, and meditation, walking and other forms of

physical exercise, and journaling. A youth explained, “I talk to my counselors and to my friends and to my case manager. I like being open, being quiet about things is not good.”

Youth in the Practice Stage have respect and appreciation for the calm they are able to generate in their lives, “Now, I don’t get stressed. I can’t really tell you how stress feels. I don’t get stressed because I plan things so I know if things are going to go right or wrong.”

The conscious reflection and weighting of the consequences of their actions is evident in their behavior toward themselves and others. They are on a clear path toward living mindfully. They want and need time to consider the consequences of their actions, “I know that I don’t want to be pressured to make decisions. I need time to make decisions.”

These youth feel *at home* in their bodies. One youth shared, “I feel at home in my body. In my opinion it’s what’s on the inside that counts.” In addition, they are less susceptible to negative media influences and peer influences stating, “I don’t pay attention to the stuff in the media. Somebody has to like me for me. If they only care about how hot I am or how macho I am then they are not worth my time.” Another stated, “I feel at home in my skin. I have the basic things that I need. I bike to work. I have my phone. I have food. I guess the only thing I need is a truck.” And another expressed, “I never buy into that stuff. It’s not about being skinny or fat. It’s about being happy with you.”

Stage 5: Integration. Youth in the Integration Stage are able to make meaning of conscious embodiment and apply it directly to living, “I didn’t realize how much I was holding onto before I started doing yoga. I feel like yoga saved my life.” These youth have a sense of what conscious embodiment offers. As one youth explained, “You serve yourself with yoga.” Other participants described their experiences in the following ways:

It feeds my spirit. It’s creativity on a whole different level. In stillness *and* in chaos, it helps me find my center.

Yoga helps me feel calm. It’s a break from the craziness in other parts of my life.

I like control and yoga gave me the discipline that I need.

Youth in this stage have created a clear and present community in support of conscious embodiment, mindful living. One youth discussed the experience in the following manner:

I wanted to go to yoga because the other guys were doing it. It gave me a sense of community. We were all doing the same things and getting along. It’s a community feeling that I’m talking about

Also, youth in Integration are likely to serve as role models, mentors, and information sources for other youth, “I’ve helped people get into Avenues. Both my cousin and my big brother are here.” One program administrator shared, “Yoga satisfies the need to push themselves further, to succeed at something.”

Stage 6: Adoption. Youth in the Adoption Stage have made a conscious decision to practice mindfulness in all areas of their lives. They are skilled in their practice and consistent in their efforts. It has become a fundamental way of life. They practice service to their community, compassion for themselves and others.

It gives me intention. It gives me these disciplines to practice that I can continue to sharpen that stone or sharpen that knife or point that arrow. However you want to say it. I wake up in the morning and I can witness myself getting obsessed with myself, then I am able to step away from that and move into a deeper focus and much of it has to do with connection, connecting to myself through others.

The concept of *home* in this stage moves beyond conventional brick and mortar:

...you can feel home if you are at home in your body... No matter where your physical body is...you are always at home. I think we've gotten too far out on the edge and we need to turn into the sense that a home...you build a home, but it's the life inside that makes the home. You have the spokes on the wheel, but it's the center of the wheel that's turning. This is a Taoist teaching.

A summary of the stages can be found below in Table 5.

Table 5. Conscious Embodiment Among Homeless Youth			
Typology	Developmental Stage	Characteristics	Behaviors
Novice	Stage 1 Pre-Awareness	Isolation, Tentativeness, Concrete thinking, Limited skills	Reliance on peer and case managers External motivation
	Stage 2 Awareness	Resourcefulness Responsibility Skill Development	Networking
Seeker	Stage 3 Exploration	Action orientation, Goal directed, Abstract thinking	Internal motivation
	Stage 4 Practice	Connection Reflexivity Focus	Faithfulness to self, Clarity of purpose
Adept	Stage 5 Integration	Mindfulness, Routine, Supportive Community	Mentor other homeless youth
	Stage 6 Adoption	Compassion and Service Intentionality	Give back to the larger community

Table 5. Stages of Conscious Embodiment for Homeless Youth

Yoga Therapy as a tool for Conscious Embodiment

Yoga provides another tool, another container for creating conscious embodiment in homeless youth. Through training and mentorship youth learn how to find calm and quiet the mind. A yoga teacher had this to say about what yoga has to offer homeless youth:

It's about stilling the mind and coming to understand your body and mind and in so doing when someone is able to use the practice of yoga to achieve stillness and quite the chatter of the mind that results in greater

clarity because the mind is not running amuck and restless. It is being a little more trained and the body is being trained.

Yoga offer's homeless youth an opportunity to develop life skills in an unconventional way. According to one teacher:

Yoga works for the youth for the same reasons it works for adults. It helps them with balance and strength and clarity, focus and proprioception, stamina, and assertiveness. And I think the reason it's extremely powerful for these kids, in particular, is that they have a higher need, because they have a bigger deficit of fundamental life skills in terms of how to understand boundaries between yourself and others, how to stick up for yourself and meet your own need and how to say no in appropriate situations. Their childhoods never prepared them for that. Given that yoga is an amazing way to foster real world life skills, it is extremely effective at helping one meet one's own needs and stay alive and stay safe. Those are the things that these kids need. They are trying to survive on the streets and yoga helps them survive and get off the streets. Yoga helps them be strong and clear minded and aids that practice.

Yoga is not a panacea, but a gentle practice that inspires clarity and focus.

Yoga itself is not going to get anyone off the streets, but yoga can give people more strength to help themselves get off the streets. I will give them clarity so they can make better decisions. More assertiveness so they can say no to temptations. It will give them more wisdom about their own strengths and assets which can make finding a job easier because then they will be able to present themselves more clearly. To anyone who's ever done yoga it is pretty obvious that it is a very potent practice and if you haven't done yoga the ask yourself if you could potentially use the benefit of more strength or stamina or clarity to get your own needs met and realize that is all yoga is doing for these kids.

Teachers and yoga therapists support specialized training for anyone that is going to provide yoga to vulnerable populations. Significant topics of study include: appropriate boundaries and the use of touch, understanding trauma, the use of

introspection and reflection, making careful observations, effective communication, building class structure, accommodating pregnancy, obesity, hyperactivity, chronic illness, and acute injury, dealing with crisis and how to handle a tough class. Yoga teachers say, the first step is knowing who you are and being a committed yoga practitioner before you begin to teach.

In terms of managing the classroom, the first step is for the yoga teacher to be the ardent yoga practitioner and in so doing that person becomes stronger and more clear minded as we've been talking about and with that the ability the yoga teacher is able to physically and emotionally model strength and clarity and boundaries. The yoga teacher is then less likely to be triggered by behavior from other people and when one begins to study one's self with any sort of acidulousness, one does usually become more discerning and less judgmental. When one uses an easy, quick trigger attempt to denigrate other people it becomes relatively easy to see that we are all trying to work through complicated stuff. So, the teacher needs to be patient. It is a matter of fostering one's own strength.

Despite the challenges, the personal rewards associated with teaching homeless youth can be tremendous:

This one little boy who had been at the Superdome [after Hurricane Katrina in 2003] and had been severely traumatized, I mean he saw bodies put in bags, in plastic liners and so he wet his pants whenever he saw a plastic bag put into a garbage can... on occasion. It might not have been every time, but it was sad and anyway he came up to me and said, 'Miss you know that was the best day of my entire life,' and it just touched my heart so much.

I sat in a room with about thirty yoga teachers to receive specialized training in providing yoga to homeless youth and other vulnerable populations. During this three day, sixteen hour training, it became clear to me the potential benefits of yoga for

homeless youth. One of our instructors stated, “Yoga is powerful medicine. I’d like to see the day when doctors are prescribing yoga for their patients.” Yoga works for many homeless youth, because yoga heals. The challenges involved with working with vulnerable populations can be great, but the rewards appear to outweigh the drawbacks. The youth are dealing with many issues, but yoga offers a brief respite and a path to mindful living.

Summary

The data provided by homeless youth, program administrators, and a yoga instructor were used to form a theory of the process by which homeless youth develop *conscious embodiment*. The process occurred within a historical context that supported creative approaches to health and well being. It also occurred within various cultural contexts which could help or hinder the process. The conditions that influence the process included: cultural geography, relational influences, beliefs about spirituality, and conceptualizations of physical space. The implications of these findings will be discussed in Chapter 5.

Chapter 5

Discussion

Based on the findings from this study, as presented in the previous chapter, a typology of homeless youth engaged in the process of conscious embodiment emerged together with a six stage developmental process that homeless youth undertake as they move toward living mindfully. This chapter discusses the implications of the typology and developmental process for social work practice with homeless youth. The discussion is extended here to consider how social work might collaborate with those engaged in yoga therapy with traumatized youth. Yoga therapy is a holistic, mindful approach that may offer significant benefit to homeless youth engaged in conscious embodiment. Important suggestions for social workers and other therapists working with this population are discussed based on the emergent typology and developmental process described in this work. The chapter concludes with limitations of the study and suggestions for further research.

Trauma, Coping, and Resilience

A finding that emerged from the present study was that homeless youth are reluctant to consider their life events as traumatic despite experiencing circumstances that are likely to produce post traumatic symptoms. The *Diagnostic and Statistical Manual*

IV (DSM-IV, American Psychological Association, 2001) criteria for PTSD requires that a traumatic event meet two fundamental conditions: 1) ‘direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate’ and 2) ‘The person's response to the event must involve intense fear, helplessness, or horror’ (p. 467). A purely objective interpretation of the homeless youths’ experiences might lead one to categorize the youth in the study as traumatized. Yet, no youth in the study characterized themselves as such. Several key findings from the literature may explain this behavior. According to Ozer and Weiss (2004), traditional definitions of traumatic events were formulated from individuals who experienced ‘discrete traumatic events.’ These were events that represent a ‘dramatic disruption from pre-trauma life.’ Ozer and Weiss maintain these formulations may not correspond well to those who experience ‘pervasive traumatic stress’ like the variety experienced as the result of chronic abuse or within the context of high-crime, low-income urban areas.

Furthermore, “The self-perception of people who have experienced ongoing trauma seems to be dramatically worse than those of individuals who have experienced discrete traumatic events in the context of otherwise normal development” (p. 171). The youth in this study were more likely to have experienced pervasive traumatic stress and may therefore lack the self-perception necessary to identify traumatic experiences in their

own lives. It may also be that when trauma is normative one can have neurological, physical impact without the ability to recognize that trauma is the cause.

However, other explanations may also contribute to the understanding of this phenomenon. Individuals who have strong social supports following a traumatic event are less likely to develop the symptoms of PTSD (Ozer & Weiss, 2004). As previously discussed, the youth in the study were well connected to services, had supportive relationships with case managers and therapists, many had jobs, most were attending school and had stable housing. Because the youth were well protected, they may be less likely to develop symptoms associated with PTSD and less likely to associate the events in their lives with trauma. Finally, being defined as traumatized has historically been accompanied by social stigma, though this type of associated stigma is currently decreasing (Rechtman, 2004). Nevertheless, youth in the study may have been reluctant to classify their life events as traumatic for fear of becoming victim to associated societal stigma.

Interestingly, many of the youth in this study were happy to be homeless; they saw their homelessness as a chance at a new beginning in life. This is commensurate with the findings of Williams *et al.* who state, “...running away may be a potentially constructive coping strategy if youth are fleeing from highly conflictual and destructive family situations, if leaving home leads them into opportunities for more positive relationships with caring and competent adults. (p. 250).

Yet, it is important to state that youth engaged in this study at stage two or higher conscious embodiment were not blindly optimistic about their homelessness; they were exhibiting conscious, careful reflection. One youth stated, “It [homelessness] ultimately made me stronger. But, it’s not really true that adversity makes you stronger. Sometimes it wears you down. I feel this way sometimes. I try to distract myself by going to the movies or something.” Though youth have clarity about their status as homeless youth, they sometimes struggle with effective and diverse coping mechanisms for managing the challenges of homelessness.

Chun and Springer’s (2005) contentions, that homeless youth are likely to have high stress levels and low positive coping strategies are also reflected in the finding of this study. According to them, homeless youth coping strategies are often ‘emotion-focused’ including such behaviors as ‘escape/avoidance, distancing, distraction, and seeking emotional support.’ (p.70) Additionally, the authors assert that, responses to stress that employ abstract thinking and problem-solving coping skills are more likely to generate positive results than emotion focused coping skills (Chun & Springer, 2005).

This study builds on the existing work by suggesting a greater variability in coping strategies based on the stage the youth is at in the embodiment process. As youth move from stage 1 to stage 6, they are gradually more likely to expand their repertoire of coping strategies and to include strategies that allow them to stay present in their bodies and use abstract problem solving skills. While this study supports the findings that

dissociation and distraction are common coping mechanism for homeless youth, those methods of coping are more likely found in the early stages of the embodiment process.

Here, the present study departs from the findings of Chun and Springer by suggesting that it is not so much youth with emotion focused coping are less likely to resolve conflict, but rather youth engaged in emotion focused coping are involved in a fundamental stage of their development process that is characterized by working at an emotional level. Archer (2000) suggests that emotions are in fact commentaries on human concerns. Her work implies that human experiences are ordered into the natural, the practical, and the discursive. Each successive order addresses basic human concerns like physical needs, performativity, and self-worth respectively. In effect, individual experiences in the natural order use visceral stimuli that emerge from body-environment relations to create an internal sense of well-being. In the practical order, through basic subject/object relations, individuals develop competence. Finally, in the discursive order, individuals move toward self-worth as a normative function. A summary of Archer's findings can be found in Table 6. below:

Table 6. Emotions as Commentaries on Human Concerns			
OBJECTS OF EMOTIONS	CONCERNS	IMPORTS	EMERGENCE FROM
Natural order	Physical	Visceral	Body/environment relations
Practical order	Performative	Well-being	Subject/object relations
Discursive order	Self-worth	Competence	Subject/object relations

Table 6. Summary of Emotions as Commentaries on Human Concerns, (Archer, 2000, page 199)

This study found that youth used their emotions to modify the relations between their body and their perceived environment. Body-environment relations generate emotions which elicit modified relational activity. Finally, the response to the body-environment mismatch gave rise to embodied signals calling for action to remove the discrepancy. For example, one youth in the study returned to the shelter after leaving voluntarily, because he found the vulnerability of the streets intolerable compared to the safety offered in shelter. Although he wanted more independence than the shelter rules would allow, the danger of “couch hopping” proved overwhelming.

Homeless youth actively engage their environments and create change even when coping strategies are largely emotion based and sometimes ill informed. For example, one of the youth stated that she refused to attend school because she had difficulty managing the stress of her current homeless. She was also trying to manage family pressure to send money home. She believed that working and sending the money home

would be a better, less stressful option because she would at least be sending money to family members in need. However, she had not found a job and did not have a strategy for attaining one, and had no plan to attend to her own basic survival. Nevertheless, this youth had a strong relationship with her case manager and believed that through that relationship she could develop a plan to get a job and eventually return to school.

The response to the mismatch between desired outcomes and coping strategies employed is the very thing that advances youth through the stages of conscious embodiment toward mindful living. For example, one youth wanted material success and was willing to become immersed in gang culture to achieve it. Tired of the rules of home and structure of school he became a “gang banger.” However, his life was threatened on a daily basis and he had to use drugs in order to overcome the stressors associated with the life of a criminal. There was a discrepancy between having material success and the means he used in order to achieve it. He began to strategize to achieve a better life. This strategy included leaving the area where he lived, finding a shelter, developing a strong relationship with his case manager, returning to school, and learning to meditate.

Additionally, this study extends the findings of Milburn *et al.* (2009) whose work sought to increase the understanding of the heterogeneity within the homeless youth population. Milburn’s *et al.* typology of newly homeless youth identified three distinct categories of youth: those who are protected, those engaged in *risky* behaviors and those youth who are *at-risk*, having no protective factors in place. This study increases the understanding of the heterogeneity within the homeless youth population by further distinguishing newly homeless protected youth. According to the present study’s

findings, youth may be further classified into the categories of *novice*, *seeker*, and *adept* indicating a clearly defined developmental stage.

All of the youth in this study had various combinations of protective factors in place. Milburn *et al.* identified protective factors as being *school involvement*, *employment*, *health*, *positive friends*, and *survival skills*. Yet, when one compares typologies, the process of acquiring protective factors becomes apparent in a manner not previously indicated in the literature.

Youth at each successive stage of development increase their skills by networking, developing an internal sense of motivation, clarifying purpose, mentoring, and giving back to the community. These four factors have not been previously associated with a specific developmental stage. It is critical to note that survival skills are not static. This skill set constantly evolves because youth move through the stages of conscious embodiment. Some youth develop to meet the new demands of daily living which fosters independence and self-efficacy. Evolving in this way could classify youth as resilient, a word used frequently in the literature.

This study supports the perception of Williams *et al.* that “resilient behaviors can emerge at any time and can thus be influenced by developmental processes” (p. 250). The theory of embodiment for homeless youth is a first step in creating an understanding of the developmental process first suggested by Williams *et al.* The authors suggest that developing a meaning and purpose in life that includes “spiritual connection, hope and gratitude, and a concern for others accompanied by a commitment to give back to the

community” are all important resilience factors for both runaway and homeless youth (p.250). If one considers the stages of conscious embodiment, these attributes can be witnessed in youth engaged in stages 4-6 of the developmental process. Earlier stages are a necessary precursor to actions based on compassion for one’s self and others.

Additionally, the youth in this study exhibited characteristics of considerable resilience. Specifically, they exhibited signs that they had the capacity to manage stress and trauma. Though each of the youth experience various traumas throughout their lives, each was doing relatively well at overcoming traumatic events. Each used the resources that were available to them to meet basic needs and keep themselves safe. Some were more adept at this than others. For example, there were those youth were able to manage and navigate they system of services available to them with ease, while others required the near constant support of case managers to meet basic needs. Others had clear plans for education and career, while others questioned the necessity of such a plan or their capacity to create one. Some youth possessed the skills to network for survival and still others appeared tentative and reluctant. Importantly, there may be an inverse relationship between one’s stage of conscious embodiment and one’s level of resilience. However, measuring that relationship was outside the scope of this study and requires further investigation.

Another finding emerged from this study that has not appeared in earlier research on this population. The importance of cultural geography on attitudes toward homelessness and appropriate ways to manage the consequences of homelessness may

have considerable relevance. There was a different sense among youth and service providers in Portland than in Minneapolis. Four of the youth in Portland carefully strategized about coming to this region to find services, one coming from as far as the East coast because he'd heard there were opportunities for homeless youth in Portland.

Portland's services for homeless youth are nationally recognized and based on a system of comprehensive coordinated care. This reality may create a normalizing effect among the youth whereby the stigma of homelessness is highly diminished. This is not the same sense one finds in Minneapolis where one youth stated, "I'm not ashamed to be homeless, but I just don't tell people. People really don't understand." This statement is in direct contrast with a youth in Portland who stated, "I tell everyone that I'm homeless. I'm proud about it."

The same might be said of contrasts in attitudes about yoga as a healing modality. Street Yoga's founder and President was able to build Street Yoga over a relatively short period of time, seven years, because of a regional openness and affinity for yoga in concert with a regional commitment to serving the needs of homeless youth. In addition to the nationally recognized services of Outside In, Street Yoga is built on a volunteer base that views service as an extension of yoga. Consider the following passage from Street Yoga's training manual:

Being of service with yoga is a superbly generative practice. It not only creates space for your students to discover the yoga that lives within themselves, it can contribute to the deepening of your own practice. People are motivated to do this work for a variety of reasons, including: a desire to be of service, a deep love of yoga, an experience of personal

transformation through yoga, a desire to continually learn about one's self, a desire to help end suffering in others and one's self, and a belief in the power of yoga to heal (p. 10).

There is a passion among Street Yoga enthusiasts that is palpable. That is not to say that interest in yoga and other alternative healing practices for homeless youth were not also found among staff in Minneapolis. However, a number of factors coalesced in Portland that engendered the beginnings of a movement.

It started with me for the first six months and a lot of that discovery time was either teaching or pulling back and studying things. Then, I started connecting with a few core friends of mine who were also yoga teachers who had an interest and we began to serve and somewhere very soon after, I don't know how the word got out, but someone contacted us about serving at a place called White Shield, a shelter for girls in the foster system in State custody. And from there we slowly grew over the course of about five years until we had about seven sites. We always managed to have about a dozen volunteers and then in 2008 we brought in an executive director. I moved out of that role and worked with the board more closely and since then we've expanded to our present 23 classes a week in three different cities.

The interest in and acceptance of yoga in the Portland area homeless youth community may be a direct result of cultural geography that supports yoga. Portland, as a geographic region, has the temporally situated benefit of experienced teachers, yoga mentors, infrastructures, and local agencies willing to make yoga therapy a part of treatment planning. The end result is a community supportive of yoga as a healing modality for homeless youth which extends beyond individual or uncoordinated efforts.

Surprisingly, as previously mentioned there is a dearth of social work literature on the relationship between body and mind and associated treatment modalities. However, the work of Springer (1997) stands out as particularly vital to the present study. Springer explores the concept of embodiment in multiple case studies' that include the experiences of homeless and runaway adolescent females who have experienced violence. Springer uses a definition of embodiment based on the work of Young (1992 as cited in Springer) who states embodiment is 'the realm of the self experienced in and through the body.' (p.285)

Springer maintains that *body-based violence* confounds the meaning of the body for adolescent females through objectification both before and after attack. This places youth in a particularly vulnerable position because objectification potentially creates *body-based powerlessness* which threatens *body-based autonomy* which is essential to the process of individuation at this developmental stage. (p.290) Yet, the youth of Springer's study were able to overcome the threat of objectification through their 'subjective' experiences that included the very act of running away as a means of asserting control over their bodies and coping with the stress of violence. Youth in Springer's study experienced a "desperate need to maintain some sense of body-based subjectivity." Springer encourages practitioners to seek understanding of body-based behaviors and to "respect the extent to which such behaviors represent striving to a sense of agency and control" (p.291).

Springer's work also supports the concept that adolescent runaways and homeless youth need therapeutic activities that reinforce body connections as a pathway to autonomy. Once again, this opinion is also reflected in Archer's work which reminds us that the first steps to practical action and subsequent competence begins with physical actions that emerge from body-environment relations. These reactions are implicitly visceral. Yoga therapy is well positioned to reinforce body-based connections because it focuses on the body-environment relationship that encourages presence, clarity, focus, and reflection.

Commensurate with Springer's work, the present study found that becoming homeless can be an empowering experience. Youth found that being homelessness was an opportunity to begin anew. The youth recognized the inherent stress of their circumstances. However, as youth gained more experience, developed community connections, and formed strong bonds; they were able to gain the confidence necessary to manage their lives. When awareness grew they were eventually able to mentor other youth, achieve independence, and find ways to give back to the larger community as part of their own healing. Mindfulness was an integral component of reaching this higher level of service to the community.

Finding an embodiment of home was also another important concept that emerged from the data. The concept of an embodiment of home was first proposed by Robinson (2005) who found it essential for programs and services to provide spaces that nurture stability, self development, and emotional safety. The present study extends this work in

the assertion that as youth move through the stages of conscious embodiment the concept of home begins to take on more abstract meaning. Youth commonly reported that shelters and transitional housing never actually feel like a real home. Home for youth in the earlier stages of development was something in which to take ownership. Shelter was not considered “home” because of rules limiting personal freedom, lack of privacy, the transitional nature of the setting and susceptibility to having possessions stolen. However, for youth in higher stages of conscious embodiment, being at home became a state of mind rather than a physical place.

Implications for Social Work Practice

The Preamble to the Social Work Code of Ethics (NASW, 1999) indicates that social workers are required to help meet the needs of all, particularly those who are vulnerable, oppressed and living in poverty. As a profession, social work concerns itself with the well-being of individuals in the context of their environment. The preamble states:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. (NASW, 1999)

However, what constitutes well-being is entirely subjective. It is also difficult to ascertain which intervention methods best enable this function. Minimally, well-being is

a multi-dimensional concept that includes such facets as spiritual, psychological, emotional, and environmental health. It could be argued that well-being is only possible when all aspects are fully realized or at minimum in process within the context of secure body-mind relations. Yet, social work literature is only just beginning to broach the subject of relationship between mind and body. The social work profession does not have a language for addressing the mind-body relationship with clients. This is not to say that social workers are not using the tools that are available to them, but the work is not supported in the research and curriculum on a large scale.

Some of this lack of information may in part be explained by the fact that complementary and alternative therapies and the theories behind them are not a standard part of most social work curriculum. Reardon (2009) points out that this tide may be shifting in an interview with Joyce Carpenter, MSW:

There may even be a time when more information about CAM [complementary and alternative medicine] is included in the curricula of social work schools, says Joyce Carpenter, MSW, undergraduate advisor and recruiter at the University of South Florida School of Social Work in Tampa. “Students are showing more interest in researching alternative methods,” she says. “Students understand that there are other ways to reach clients than the traditional ways” (p.8).

Building a comprehensive social work curriculum may be the first step to encouraging social workers to research the area and use body/mind interventions in practice including, but not limited to yoga therapy.

Another challenge is that mind/body approaches are generally not covered by third party payers. However, practitioners may circumvent this issue by practicing “Integrative Therapy” where the alternative methods are practiced in conjunction with traditional treatments. Practitioners can also get around this issue by leading skills based groups that include alternative methods. For example, a practitioner may teach a Stress Reduction Group that is mindfulness based and includes yoga. Other promising signs are that the National Association of Social Workers (NASW) currently offers continuing education credits (CEUs) for mindfulness based training and Street Yoga’s teacher training is NASW approved for 16 CEUs.

It was previously stated that yoga and CAM are not panaceas. Conscious embodiment is a developmental process that may take a lifetime to achieve. Yet, it is promising to note that the stages are not dependant on age. There were 14 year olds in the study who spoke with wisdom and consciousness that was beyond their years and older youth who were cautious and tentative in their practice. What social workers should realize is that attention to conscious embodiment has the potential to heal. Practice can be implemented for homeless youth with the following considerations in mind:

1. Providing the yoga to homeless youth is not sufficient to develop conscious embodiment. Yoga is one tool of many that must be supported with case management, mentorship, permanent housing, education, mental health and addictions treatment. The multiple factors suggest a lengthy timeline.

2. During the stages of pre-awareness and awareness, programs and services should focus on safety needs and basic life skills development. Later stages are best supported by encouraging independence with guidance, networking, and forming community relationships.
3. Efforts should be made to include the language of mindful living in service provisions to give youth the vocabulary to express the changes they are experiencing.

Yoga therapy is one approach for encouraging conscious embodiment for homeless youth. However, it may be likely that few schools of social work include yoga therapy in their curriculum. Street Yoga's approach to working with traumatized youth and other vulnerable populations may provide social workers with an introduction to yoga therapy as a healing modality. Their approach was developed in conjunction with social workers working in the field. The approach requires practitioners to engage in intense reflection prior to beginning the work. The self reflection focuses on gaining an absolved understanding of one's own motivation for teaching followed by assessment of support systems that may aid in sustaining the work. Street Yoga's philosophy necessitates an entrenched commitment to the services of others while protecting against burnout and over-commitment.

Considering yoga in its popular conception encourages the belief that yoga is for health clubs and sophisticated studios with trendy clothing, expensive props and ambient lighting. However, *yoga on the street* is just the opposite. If yoga is to be readily

accessible to all regardless of race, class or gender, then social workers will need to expand conceptualizations of the practice, understanding that yoga can be practiced, in the words of Street Yoga, “anytime, anyplace, by anyone.” All one really needs to practice yoga is commitment and intention. The heart of yoga is the unity of mind, body, and spirit. Thus, anything that brings one closer to this reality by definition is yoga. However, the ability to create a safe container for the work remains a constant challenge when working with vulnerable populations (Tate, 2003).

Those practicing yoga with vulnerable populations may find themselves in cramped quarters or public spaces with rowdy or minimally interested participants. This reality is also found in the work of Tongaker and Tornusciolo (2003) previously discussed in Chapter 2. Yet, the yoga therapy speaks for itself. It is the yoga that heals. The Street Yoga teaching manual states:

Yoga is a safe space for looking for oneself. Yoga is a place to investigate and make one’s own assessment and choices. It is an offering and a hope for greater independence, empowerment and self-awareness. (p.14)

There are practical things that can be done to help recreate a safe container for the work. Desikachar *et al.* criticism of yoga training in the West has its merits in many ways. There are no regulatory standards for minimal hours of training, no agreed upon standard curriculum, no testing, no certification or degrees conferred, and no oversight of practitioners. However, yoga therapy persists and finds success in treating vulnerable populations including homeless youth because devoted practitioners are likely to be dedicated to preserving the integrity of yoga. This means having an ongoing

commitment to continued education, training, mentorship, self reflection and, above all, mindfulness. Social workers choosing to work in this modality will need to be diligent in their efforts to find adequate teachers and training programs. Social workers unable to engage in direct yoga study may wish to search the online directory of the International Association of Yoga Therapists to find competent practitioners in which to make client referrals. Social workers may also consider inviting trained, experienced yoga therapists into their treatment facilities, staying current with the literature, and including mindfulness in their personal as professional work.

Social workers engaged in mindfulness based work create safe containers for the practice by assessing clients before commencing the work and tailoring their treatment accordingly. This includes determining the vigor to which clients approach the work and how they use their breath and move in their bodies. Such keen insights are developed over time with practice and experience. According to Street Yoga's philosophy, a safe container may also be established by setting ground rules and expectations. The supportive nature of essential ground rules was also found in a number of other studies (Feldman, 2005; Goldberg, 2004; Tongaker & Tornusciolo, 2003). When considering to use yoga therapy deliberate consideration of *âsanas* by the practitioner is also paramount. The Street Yoga teacher manual instructs:

While many yoga postures are helpful for students, some postures can actually cause them more pain or make them feel so awkward or uncomfortable that they cannot maintain a relaxed awareness in class (p.33).

The manual indicates that there are no exact rules for observing *âsanas* to exclude from practice with vulnerable populations, but careful attention to the needs of clients to match the asana practice to the special needs of this vulnerable population. According to Street Yoga, challenges to practice this vulnerable population include *hyper-vigilance, varying maturity levels, poor physical health, feeling dislocated, outcast, or rejected, feeling uncomfortable or unsafe.*

Creating safe space for vulnerable populations means using compassionate communication. Consider:

A huge part – perhaps the most important part – of your engagement with the students you encounter is the way in which you communicate. Healthy, open communication can create an atmosphere of safety, trust, and honesty (p. 57).

Street Yoga’s training manual suggests *Motivational Interviewing (MI), Active Listening,* and *Non-Violent Communication* as effective communication strategies to use practice. Motivational interviewing is a technique used in treatment with clients who have ambivalence about a target behavior. The manual also suggests using a specific MI skill called *reflection* whereby the practitioner clarifies what the person is saying in order to demonstrate understanding and empathy. It involves conveying the sense of the words back to a person integrating their language with your own words. Active listening is employed to “quickly create a connection with someone and begin to understand what that person is trying to tell you” by paying attention to what the person is trying to tell you, using non-verbal communication to reinforce acknowledgement of what the other

person is saying, and demonstrating that the person has been heard by appropriately responding to either words. Finally, Non-violent Communication developed by Rosenberg (2003) suggests that we can communicate non-violently by first demonstrating empathy for the other person followed by making observations of the situation, saying how those observations make us feel, expressing our needs concerning the situation, and making a request about what needs to change.

According to the Street Yoga manual, another consideration for creating safe space is maintaining appropriate boundaries with regard to touch, language, and emotional distance. Managing boundaries is very important concept, because youth may not have appropriate boundaries in place at this stage in their development. Touch can be confusing and therefore intentions must be clear when adjusting students. The decision might be made to avoid the use of touch altogether. Intentional means being mindful of the purpose of the touch, asking permission, and explaining how and why the touch is occurring. Additionally, language is a powerful tool that can hurt, maintain, or improve relationships with students. Sarcasm and ambiguity should be avoided. Words like “love” and “care” might also be avoided because they can easily be misinterpreted. Lastly, it is suggested that emotional boundaries should be maintained to protect against “vicarious trauma” and to help maintain the ability to redirect clients that could potentially disrupt treatment when practiced in a group setting.

Study Limitations

A number of limitations should be considered when applying the findings of the study. Grounded theory as a methodology carries with it certain limitations. First, the researcher constructs the environment and manner in which data is collected and analyzed. It is possible a different researcher with a similar population may yield different results even though measures to enhance credibility and dependability were established for the study. Second, both data collection and analysis depend on the skills, abilities and lens of the researcher. Though confirmability measures were included within the methodology, the findings may be researcher dependant. Last, the findings describe the specific experiences of 16 well protected homeless youth. Other youth with differing levels of risk in different geographic locations may yield different results. Thus, the results of future studies with different populations may extend the present theory.

Additionally, qualitative studies often necessitate small sample sizes therefore limiting the types of individual in which the findings may apply. Though theoretical saturation was achieved this study, like similar studies, it has a small sample size. One should also be caution in generalizing the findings to all homeless youth. This study captured the experiences of well protected homeless youth and therefore applications to other subpopulations may not apply. Also, the study did not asses the level of trauma experienced by the youth who participated in the study. Therefore, variations based on level of trauma cannot be ascertained.

Selection bias must also be considered. Youth who desired to participate in the study and voluntarily respond to recruitment efforts may be different in some critical way than those who chose not to respond. Although, the study contained limitations, measures were put in place to minimize the effects of those limitations and were thoroughly discussed in chapter three.

Directions for Further Study

This study provides significant understandings of the process by which homeless youth make meaning of their lives toward mindful living. No other theories have been put forth that consider the process of conscious embodiment for homeless youth. In this study a Theory of Conscious Embodiment for Homeless Youth emerged presents a developmental account of how homeless youth learn to live mindfully. Yet, additional questions for further study might be considered:

1. Does the process differ among homeless youth with risky or at risk behaviors?
Does the process differ for those homeless youth with severe and persistent mental illness?
2. What implications does the theory have for other vulnerable populations?
3. What additional factors might impede or prohibit the process? Are there factors that might reverse the process?
4. How does the role of mentor vary across the process as youth proceed through the stages of conscious embodiment?
5. What is the timeline for the evolution of conscious embodiment?

Answering these questions may facilitate the development of a theory of conscious embodiment for diverse populations in a variety of conditions. The theory might eventually be tested quantitatively to verify the stages through more probabilistic methodologies, such as structural equation modeling. Verifying the stages of development could provide additional support for the implementation of interventions designed to improve conscious embodiment for homeless youth and other vulnerable populations.

Summary

This study has made a central contribution to the understanding of embodiment in homeless youth. Additional studies can use the knowledge gained here to advance theory development in mindfulness to other populations and settings. These findings can also be used to inform treatment and intervention strategies. Sustained investigation of this process will lead to the development of advanced models of health and well-being in service to homeless youth and other vulnerable populations. Social work educators may wish to implement mindfulness training into their curriculum as a means of expanding the repertoire of therapeutic modalities included in treatment. Doing so may prove useful in fostering a sense of agency in the clients social workers serve because of the necessity to recognize body-environment relations in the treatment process.

Investigating embodiment in context and with individuals who have productively integrated those behaviors into their daily lives should be further implemented in research studies. The results obtained by studying youth who have successfully adopted a means

to prevail over barriers to independent living can be applied to intervention planning for other youth. Through honoring the experiences of homeless youth who live mindfully, a peer network could be developed within the community to encourage the adoption of behaviors that enhance well-being.

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Appendix A

PROJECT INFORMATION SHEET

You are invited to participate in a study that will examine embodiment and youth homelessness. In addition, this study is being conducted to fulfill the requirements for a doctoral dissertation. The study is conducted by Felicia Washington Sy. Results will be used to complete the requirement for a Ph.D. in social work. Felicia Washington Sy can be reached at (612-229-3332/ffwashington@aol.com). This project is supervised by the course instructor, Dr. Walter LaMendola, Graduate School of Social Work, University of Denver, Denver, CO 80208, phone (303)871-2796 number or email: Walter.LaMendola@du.edu.

Participation in this study should take about 60 minutes of your time. Participation will involve responding to 22 questions about homelessness, embodiment, and well-being. Participation in this project is strictly voluntary. The risks associated with this project are minimal. If, however, you experience discomfort you may discontinue your participation at any time. We respect your right to choose not to answer any questions that may make you feel uncomfortable. Refusal to participate or withdrawal from participation will involve no penalty or loss of benefits to which you are otherwise entitled.

Your responses will be anonymous. That means that no one will be able to connect your identity with the information you give. Please do not write your name anywhere on the questionnaire. Your return of the questionnaire will signify your consent to participate in this project.

If you have any concerns or complaints about how you were treated during the interview, please contact Susan Sadler, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-3454, or Sylk Sotto-Santiago, Office of Research and Sponsored Programs at 303-871-4052 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

You may keep this page for your records.

Appendix B
Recruitment Fliers



How does yoga help you feel at home in your own body?

You have a special opportunity share what you think by signing up for a 1 hour interview in a research project about youth, and yoga; and what it's like to not have a permanent place to stay. Doctoral student, Felicia Sy, MSW, LICSW of the University of Denver Graduate School of Social work is conducting the study. Everyone who participates will receive a \$5 gift card and a free pair of Nikes (sizes limited) provided by Street Yoga. Call, email, or text for an appointment by March 28th.

Thanks!

A partnership with Street Yoga

Date: March 29th to April 5th
Time: A time that works for you

Place: Belmont Library
1038 S.E. 39th Avenue

Free bus tickets provided

For an appointment or more information
contact Felicia:
Phone: 612-229-3332
E-mail: ffwashington@aol.com

Eligibility: 14-21 years, some yoga experience, no permanent housing



A partnership with "Avenues"

What's it like to be a teen without permanent housing?

You have a special opportunity share what you think by signing up for a 1 hour interview in a research project about youth, feeling comfortable in your body and in your environment; and what it's like to not have a permanent place to stay. Doctoral student, Felicia Sy, MSW, LICSW of the University of Denver Graduate School of Social work is conducting the study. Everyone who participates will receive a \$10 Target gift card. Talk to Rocki for an appointment. Thanks!

Date: The week of May 17th
Time: A time that works for you

Place: "Avenues"
1708 Oak Park Avenue North

For more information
contact Felicia:
Phone: 612-229-3332
E-mail: ffwashington@aol.com

Eligibility: 14-21 years no permanent housing

Appendix C

YOUTH ASSENT FORM

A Grounded Theoretical Approach to Examining Embodiment among Homeless Youth

You are invited to participate in a study that will look at how homeless youth feel about their bodies. In addition, this study is being conducted to fulfill the requirements of a doctoral dissertation in the Graduate School of Social Work at the University of Denver. The study is conducted by Felicia Washington Sy. Results will be used to complete the requirements of Ms. Sy's doctoral dissertation. Felicia Washington Sy can be reached at phone: (612)229-3332 or email:ffwashington@aol.com. This project is supervised by Ms. Sy's dissertation committee chair, Dr. Walter LaMendola, Graduate School of Social Work, University of Denver, Denver, CO 80208, phone number: (303)871-2796 or email: Walter.LaMendola@du.edu.

Participation in this study should take about 60 minutes of your time. Participation will involve responding to 22 questions about homelessness, feelings about your body, and well-being. Participation in this project is strictly voluntary. The risks associated with this project are minimal. If, however, you experience discomfort you may discontinue the interview at any time. We respect your right to choose not to answer any questions that may make you feel uncomfortable. Refusal to participate or withdrawal from participation will involve no penalty or loss of benefits to which you otherwise get.

Your responses will be identified by code number only and will be kept separate from information that could identify you. This is done to protect the confidentiality of your responses. Only the researcher will have access to your individual information and any reports generated as a result of this study will use only paraphrased wording. However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. Although no questions in this interview address it, we are required by law to tell you that if information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities.

If you have any concerns or complaints about how you were treated during the interview, please contact Susan Sadler, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-3454, or Sylk Sotto-Santiago, Office of Research and Sponsored Programs at 303-871-4052 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

You may keep this page for your records. Please sign the next page if you understand and agree to the above. If you do not understand any part of the above statement, please ask the researcher any questions you have.

I have read and understood the foregoing descriptions of the study called “A Grounded Theoretical Approach to Examining Embodiment among Homeless Youth.” I have asked for and received a satisfactory explanation of any language that I did not fully understand. I agree to participate in this study, and I understand that I may withdraw my assent at any time. I have received a copy of this assent form.

Interviews will be recorded to ensure the accuracy of the information received. This data will be kept in a lock file cabinet and destroyed after 7 years.

Signature _____ Date _____

I agree to be audiotaped.

I do not agree to be audiotaped.

Signature _____ Date _____

_____ I would like a summary of the results of this study to be mailed to me at the following postal or e-mail address:

INFORMED CONSENT FORM

A Grounded Theoretical Approach to Examining Embodiment among Homeless Youth

You are invited to participate in a study that will examine embodiment issues among homeless youth. In addition, this study is being conducted to fulfill the requirements of a doctoral dissertation in the Graduate School of Social Work at the University of Denver. The study is conducted by Felicia Washington Sy. Results will be used to complete the requirements of Ms. Sy doctoral dissertation. Felicia Washington Sy can be reached at phone:(612)229-3332 or email:ffwashington@aol.com. This project is supervised by Ms. Sy's dissertation committee chair, Dr. Walter LaMendola, Graduate School of Social Work, University of Denver, Denver, CO 80208, phone (303)871-2796 number or email: Walter.LaMendola@du.edu.

Participation in this study should take about 60 minutes of your time. Participation will involve responding to 22 questions about homelessness, embodiment, and well-being. Participation in this project is strictly voluntary. The risks associated with this project are minimal. If, however, you experience discomfort you may discontinue the interview at any time. We respect your right to choose not to answer any questions that may make you feel uncomfortable. Refusal to participate or withdrawal from participation will involve no penalty or loss of benefits to which you are otherwise entitled.

Your responses will be identified by code number only and will be kept separate from information that could identify you. This is done to protect the confidentiality of your responses. Only the researcher will have access to your individual data and any reports generated as a result of this study will use only group averages and paraphrased wording. However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. Although no questions in this interview address it, we are required by law to tell you that if information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities.

If you have any concerns or complaints about how you were treated during the interview, please contact Susan Sadler, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-3454, or Sylk Sotto-Santiago, Office of Research and Sponsored Programs at 303-871-4052 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

You may keep this page for your records. Please sign the next page if you understand and agree to the above. If you do not understand any part of the above statement, please ask the researcher any questions you have.

I have read and understood the foregoing descriptions of the study called "A Grounded Theoretical Approach to Examining Embodiment among Homeless Youth." I have asked for and received a satisfactory explanation of any language that I did not fully

understand. I agree to participate in this study, and I understand that I may withdraw my consent at any time. I have received a copy of this consent form.

Interviews will be recorded to ensure the accuracy of the information received. This data will be kept in a lock file cabinet and destroyed after 7 years.

Signature _____ Date _____

I agree to be audiotaped.

I do not agree to be audiotaped.

Signature _____ Date _____

_____ I would like a summary of the results of this study to be mailed to me at the following postal or e-mail address: