

Contribution of Yoga as a Complementary Method to Quality of Life in Persons with Eating Disorders

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Abstract

AIM: The aim of this study was to get insight into: factors that have contributed to incidence of eating disorders, reasons for joining the program of yoga and contribution of yoga as a complementary therapy method to the quality of life.

METHOD: The method of focus group and qualitative analysis was used to structure the data. **RESULTS:** The findings indicated the following factors that have contributed to incidence of eating disorders: negative role models in the family, high expectations of family members and the environment, personal need to over control, meeting social demands and dissatisfaction with personal imperfections. Reasons for joining the program and expectations were: the need for appeasement, pushing the boundaries, greater level of self-confidence and opening up to people and the world. The findings indicated a positive contribution of yoga program to the quality of life, especially in areas related to the body image, physical and emotional well-being and encouragement of positive attitude towards self and environment.

CONCLUSION: The findings suggested the need for conducting further research that would provide better insight into the mechanisms of coping with the causes and symptoms of eating disorders, as well as the development of future guidelines in order to define appropriate therapeutic methods and support positive somato-emotional experience.

Keywords: eating disorders, yoga, qualitative approach

Doprinos yoge kao komplementarne metode kvaliteti života osoba s poremećajem hranjenja

Sažetak

CILJ: Cilj ovog istraživanja bio je usmjeren na dobivanje uvida u faktore koji dovode do pojave poremećaja hranjenja, razloge uključivanja u program yoge i doprinos yoge kao komplementarne terapijske metode kvaliteti života u osoba s poremećajem hranjenja.

METODE: U svrhu istraživanja provedena je metoda fokus grupnog intervjua i kvalitativna analiza podataka.

REZULTATI: Nalazi istraživanja ukazali su na sljedeće faktore koji su doprinijeli razvoju poremećaja hranjenja: prisutnost negativnih modela u obitelji; visoka

očekivanja članova obitelji i uže socijalne sredine; pojačana potreba za kontrolom; potreba zadovoljavanja vlastitih i tuđih očekivanja, te sklonost perfekcionizmu. Kao razlozi i očekivanja od uključivanja u specijalizirani programa yoge navedeni su: potreba za smirenjem, pomicanje granica, veće samopouzdanje, te otvaranje prema ljudima i svijetu. Rezultati istraživanja ukazali su na pozitivan doprinos yoge kvaliteti života, posebice u područjima koja se odnose na doživljaj slike tijela, fizičko i emocionalno zadovoljstvo, te poticanje pozitivnog stava prema sebi i okolini.

ZAKLJUČAK: Dobiveni rezultati upućuju na potrebu sprovođenja daljnjih istraživanja koja bi omogućila bolji uvid u mehanizme suočavanja s uzrocima i simptomima poremećaja hranjenja, kao i razradu budućih smjernica u cilju definiranja prikladnih terapijskih metoda sa svrhom podržavanja pozitivnog somatoemocionalnog iskustva.

Ključne riječi: poremećaji hranjenja, yoga, kvalitativni pristup

INTRODUCTION

Eating disorders present a complex problem area that includes excessive control of food intake or compulsive overeating, and different techniques of body weight maintenance, such as deliberately induced vomiting, intense exercise and counting of calories, excessive use of laxatives, etc. (Ambrosi-Randić, 2004). Regardless of the goal achieved in relation to the maintenance of the expected body weight, people with eating disorders are faced with a feeling of permanent dissatisfaction with the look of the own body in connection with negative psychosocial reactions such as anxiety, depression, low self-confidence, social isolation, and body-image disorders (Blaase, Elklit, 2001, Prpić et al. 2013, Meštrović, 2014).

Three major eating disorders are *anorexia nervosa*, *bulimia nervosa* and *nonspecific eating disorders*, with the latter still not considered as a separate disease but is in the DSM-4 diagnostic manual considered as one of the eating disorders form found in eating disorders category, unspecified (Costin, 2010). Eating disorders affect about 3% of adolescent population, while dieting and obsessions related to food occur in all age groups (Pinel, 2002). There are opinions that subclinical forms of anorexia nervosa affect 80% of female population if it is defined as a preoccupation with eating, size and shape of the body and diets, under pressure of aspirations to preserve the slimness and health (Vidović, 2009:186).

In addition to numerous health problems that occur in this population, there are also various disorders that occur at the level of psychological and social functioning, and may, according to Vidović (2009:187), include "... withdrawal from society, irritability, lack of satisfaction in activities which were favoured before, decreased interest in sexuality, low self-confidence and sense of helplessness and inadequacy, which all resembles depression."

Considering that eating disorders are a complex biological, psychological and social phenomenon, in their prevention and treatment is important teamwork of experts and integration of different therapeutic approaches in defining individual therapeutic programs. In this context, a multidisciplinary team approach includes continuous therapy, support and counselling with the aim to provide medical and psychosocial assistance (Balabanić Mavrović 2012). In recent years were also conducted, in the framework of integrative approaches, certain scientific research on the application of different types of complementary therapies in persons with eating disorders. Results of these studies show that the application of complementary therapies, which concept is defined on interdisciplinary and holistic approach, can have positive impact on various aspects of personal functioning on the physical and psycho-emotional level (Kesser et al. 2001, Fogarty et al. 2010, Edwards et al. 2013, Godsey, 2013).

In the frame of the complementary therapies in the population with eating disorders, special attention is directed to the design of specific yoga programs as this approach includes simultaneous action on the physical and mental status of the person. Regarding to this, the

results of some researches confirm that the application of yoga leads to decreasing of symptoms of depression, anxiety, and excessive preoccupation with food (Carei, 2010), reduces the need for compulsive overeating and increases the need for physical activity (McIver, 2009), promotes the mechanisms of self-awareness, reflection and self-protection (Douglass, 2009), and induces a sense of physical comfort and awareness of body experience (Dittmann, Freedman, 2009).

Considering positive results obtained in researches mentioned above but also based on critical reviews of authors regarding research methodology, a need for enforcement further investigations is stressed that would include meta-analysis of numerous parameters in consideration of the impact of yoga on the physical, psychological and social dimensions in persons with eating disorders. Thus obtained knowledge would ensure not only a better insight into the mechanisms of dealing with the causes and symptoms of eating disorders, but would also provide further guidelines in defining appropriate therapeutic methods with the aim to support a comprehensive positive somatoemotional experience.

AIM

Eating disorders are extremely complex psychosomatic disorders which presence affects the overall quality of life which, as stated by Felce and Perry (1993) represent a physical, material, social and emotional well-being evaluated through a personal set of values of a certain person. As emphasised by Vuletić and Ivanković (2011), concept of the quality of life is usually defined and assessed as an aggregation of different categories. For example, Renwick et al. (2000, according to Bratković, 2008, 38) describe a "holistic concept of quality of life focused on the individual", which includes the following categories: identity, physical identity, psychological identity, spiritual identity, belonging, physical belonging, social belonging, belonging to the community, becoming (is conceptualised as improving and maintaining the knowledge and skills realisation), practical becoming as self-realisation, realisation through leisure time, self-realisation through development. These categories are general and consist of a number of different areas which a person, based on his own experience, defines as significant in assessing their own existence. What defines the quality of life of the person also depends on the belonging to a particular population group, so the results of some studies showed that in population of persons with eating disorders more negative aspects of quality of life is noticed than in normal population (de la Rie et al. 2005, Tirico et al. 2010, Sy et al. 2013).

Taking all this into account, it is necessary to carry out various therapeutic methods which would have a positive impact on the prevention, early detection, and mitigation of psycho-physical consequences of eating disorder.

Accordingly, the aim of this qualitative research was to gain insight into: a) factors that could cause the occurrence of eating disorders, b) the reasons for including in specialized yoga program, and c) the contribution of yoga as a complementary therapy method to the quality of life in a sample of examinees covered with this research.

Research questions

According to the research objectives, following research questions are defined:

1. Which factors contribute to the occurrence of eating disorders symptoms based on the experiences and reflections of the research participants?
2. Which reasons for including in the yoga program and expectations of the yoga program are indicated by the research participants?
3. To which changes has the yoga programme contributed in respect of the quality of life of research participants?

METHOD

Research Participants

For research purposes, deliberate sample is defined out of four participants of the program "*Specialized yoga group for people with symptoms of eating disorders*" (hereinafter: the yoga program), which was carried out in cooperation of the Centre for eating disorders BEA (hereinafter: Centre BEA) and OM yoga centre in Zagreb.

Qualitative researches use a deliberate sample, i.e. select examinees according to the criteria that are determined by the research topic. Deliberate sampling is aimed at finding and inclusion of the most informative examinees, those who have experience with the subject of research (Miles, Huberman, 1994).

In this qualitative research participants were selected according to the principles of sampling quota, as a type of deliberate sampling. Quota sampling allows to the researcher that during the creation of the research reflects on the number of participants to include, depending on the characteristics of the participants and the criteria important to obtain as detailed insight into the phenomenon that is the focus of research (Creswell, 1998). Quota sampling in this study was defined by selecting common determinants of the participants - eating disorder, and specific criteria were related to the following: age, duration and type of disorder, involvement and intensity of attending various therapeutic programs, and previously yoga practice (Table 1).

Table 1: Description of research participants

Participant 1 (aged 20) - Symptoms of bulimia nervosa appeared two years ago. She sings in the university choir which has a therapeutic effect. Through singing she felt that she had found "own voice", and technique of deep breathing which she learned there also had positive effects on her inner peace. During including into the yoga program, from the initial symptoms of bulimia nervosa participant is still struggling with the compulsive overeating, while others are under control. Unlike the other participants, she had already encountered with the yoga practicing.
Participant 2 (aged 28) - employed. Thirteen years suffers from bulimia nervosa, which is alternated with periods of purging anorexia nervosa. From the very beginning sought for medical assistance, however she was not satisfied with the medical treatments and the progress that she achieved. She has been included in the psychotherapy for three years. Five years ago she started to practice martial arts which influence her extremely relaxing and therapeutic.
Participant 3 (aged 30) - employed. The first symptoms of bulimia nervosa occurred ten years ago, and she began to attend the rehabilitation workshops at the Psychiatric Hospital. After three years of attending the workshops, the symptoms of eating disorders have reduced.
Participant 4 (aged 39) - employed. The first symptoms of bulimia nervosa occurred in the fifth grade of primary school. At that age did not seek for medical assistance because of unawareness of the disorder existence. In the last four months she is attending a support group at the BEA Centre and is included in the program of psychotherapy.

Research procedure

The yoga program was held twice a week for 60 minutes, over a period of three months. The yoga program was defined by selecting specific āsanas (*positions*) which involved certain techniques of harmonisation of attention, breathing and movement. The applied set of selected āsanas was aimed at encouraging the progressive mental and physical relaxation, supporting

sensory and physical experience, and understanding of the connection between physical and psychological reactions of the individual.

As part of this research, data were collected by using qualitative method of focus group interview. Focus group interview is a group conversation that gathers subjects, similar in some features or experiences, within which the dialogue on subjects relevant to the studied phenomenon is conducted (Rimac, Ogresta, 2012, Tkalac Verčić et al., 2010, Milas, 2005). In the focus group research participants express their opinions, feelings, experiences and views on the topic of research, and support each other in interaction. Focus group interview is conducted by moderator who encourages, directs and leads group discussions, and with him is also the observer that follows up the non-verbal communication and respecting of the specified timetable for each envisaged question.

Also the responsibility and credibility of the researchers in qualitative research is deliberated, and the following principles to ensure the authenticity were defined, such as: the detailed planning of the research, method of selection of participants in the research, taking notes during the conduction of the focus group interview due to the challenge of the researchers as a research instrument, the relationship between researchers and participants, ethical responsibility for the welfare of participants, selection of the research location, using of the triangulation techniques to collect and analyse data and audio track of the focus group interview (Ajduković, 2008).

For the well-prepared arrangements and success of the research is very important a realization of solid first contact with the research participants during which the methods and aims of the research are discussed in more details.

The participants also signed an *Agreement of researchers and research participants* in which rights and role of the participants were defined, as well as the rights and responsibilities of researchers during the implementation of the focus group interview. The rights of participants include that at any time they may interrupt the researchers and ask him/her the question if there are some uncertainties, ask for a break or ask to terminate interview earlier if for some reason they are exhausted. Also, if the participants do not want to answer the question because of some personal reasons, they are entitled to do so. According to the agreement, researcher is obliged to respect the rights of participants in respect of the freedom of choice with regard to answering specific questions and to seek the break. Further, the researcher agrees to, in accordance with the aim of the research, to generate questions relevant to the research topic, and in the case that during the talks some new interesting topics are presented, he/she will not ignore them. Furthermore, the researcher reserves the right to ask sub-questions during the interview and to focus on the subject and respects confidentiality of discussions and ensures that research results will be used for scientific purposes only.

Focus group interview was constructed as a semi-structured, meaning that the important topics are formed in questions, taking into account the aim of the research; however there was also a space for some new topics which can be formed during the interview, and are important for the research. The participants were consent that the interview is audio recorded, as in this way the accuracy and validity of the data is ensured. The recording can be listening later by someone else, other than the present researchers, thereby enhancing the credibility of the research (Creswell, 1998). Focus group interview was conducted seven days after the last hour of yoga program and lasted 1 hour and 52 minutes.

Taking into account the objective of the research and in accordance with the research questions, for the focus group interview following questions were prepared:

1. What do you think which factors in the past had influenced the most the appearance of the eating disorders symptoms and experience of the own body (family members, friends, mass media, own conceptions, etc.)?

2. Why you decided to undertake yoga classes? Could you explain us the reasons for the inclusion? What were your expectations from this program?
3. According to your opinion, which are the advantages or disadvantages of the yoga as a therapeutic method based on your own experience of the program? Can you describe the advantages or disadvantages?
4. Can you describe your satisfaction with the appearance of your own body and what changes you recognize or feel after finishing the yoga program?
5. What changes do you recognise in your emotional reactions after the yoga program (emotions such as anxiety, discomfort, pleasure, etc.)?
6. Are there any changes in your self-experience, feeling of self-confidence and satisfaction after the yoga classes?

Especially considering the ethical responsibility of researchers for the benefit and protection of research participants, and on the realisation of the principles of scientific integrity and collegiality in the research, the principles of the Code of Ethics of the Committee on Ethics in Science and Higher Education were respected (Committee on Ethics in Science and Higher Education of Croatia, 2006, Article 2, para. 1, 2 and 3).

Qualitative Data Analysis

Original data were processed by qualitative data analysis. The aim of the qualitative approach is to investigate carefully the participant's individual perceptions of the theme that is explored, and this is why this approach involves a detailed and systematic approach to the small number of cases with the aim of generating theories that are in the data itself (Sladović Franz and al., 2007). The qualitative approach studies the phenomena in their natural environment and seeks to give them meaning and interpret them according to the meaning which is given to it by people (Denzin, Lincoln, 2011, Creswell, 1998).

Collected data, obtained through the focus group interview, are literally transcribed after which were by structuring procedures and data compression in the qualitative analysis organized in codes and categories, which correspond to the set of research questions. There are clear steps that lead researchers in the analysis of the collected data by using framework (Mayring, 2000, Mesec, 2008) and include: determining the unit of analysis (in this research the unit of analysis is the sentence of participants); extract of the key statements of participants with regard to the research questions, paraphrasing of these statements with preserving the essential content parts of the response to the research question; creation of the first order codes of paraphrased statements; connecting the first order codes with the second order codes in respect to the statements of other participants who belong to the same thematic area and relation of thematic areas from the second order codes in the categories, which correspond to the research questions; and if date give us possibility researchers link categories in the model of the relationship between them, in order to identify links between specific thematic areas in describing the overall phenomenon described (as shown in Table 2).

Regarding this procedure following steps were conducted in the qualitative analysis:

- paraphrasing records from the statements of all examinees and which are related to the objective of the research and research questions,
- underlining answers related to aspects of the research topics
- print out of underlined answers related to aspects of research topics,
- coding of selected statements related to aspects of research topics,

- editing and classification of statements with respect to the pre-defined aspects and new aspects of the themes that have emerged in the research,
- attribution of the concepts to the coded empirical matter and joining of the similar concepts in categories,
- developing of the model of relationships among the categories,
- designing knowledge related to research topic.

Table 2: Example of the qualitative analysis for the third research question "To what changes has the yoga program contributed in relation to the quality of life?"

Statements of research participants	The first order codes	The second order codes	Category
<i>"For me, all the changes are positive, but this is not for the long term, with yoga is easier to cope with all these other things that attack from the outside ... all this make appeasement to me and I am more satisfied, anxiety is much smaller, I am more positive." (1)</i>	The person cope easier with external pressures, is calmer and less anxious	More effective deal with external pressures and decreased anxiety	Contribution of the program to changes in quality of life
<i>"It largely contributed to the fact that I'm not so critical towards myself. Somehow I let more things to myself" (1)</i>	Reduces the criticism towards herself and is greater allowing and tuning towards herself	Reduction of criticism and pushing the boundaries of self-control	
<i>"As far as the weight, yoga helped me in allowing to myself to eat without any worry and just because it was possible that there was no one cramp that it has to eat in some way and then overeat after little mistake." (1)</i>	Cramp disappears because of the feeling that the person made a mistake and reduces concern about the manner and quantity of food consumption	Reduction of anxiety and guilt	
<i>"In 2-3 weeks I felt physically better and the body was somewhat differently formed so you are more satisfied with the way you look ... with yoga somehow you are more in connection with your body, and the body is truly in focus, and I don't know, you experience it." (1)</i>	Better connection to own body and better experience of own body, changes in physical appearance and satisfaction with appearance	Better experience of the body image	
<i>"I cannot say that this is primarily from yoga, but I suddenly, somehow, can feel love ... I think it's opening in such a way, and suddenly I can embrace the whole world, I may embrace ... (2)</i>	Group therapy contributes to opening people to the environment and experiencing love towards the world	Opening to the environment and a sense of love for the world	

Statements of research participants	The first order codes	The second order codes	Category
<i>Faith to open up to the world, that I may be opened... , and at the same time I own ability to give; since then all sorts of miracles happened to me, lately I am happier and I love life and people much more. "(2)</i>	Opening and faith to the world and own ability to give to the world, the emergence of emotions of happiness and satisfaction	Confidence and ability to give yourself	Contribution of the program to changes in quality of life
<i>"There you are doing on yourself and are trying to be better than yourself every day and you're glad if someone works with you and you're glad to have company ... there is no competition. Otherwise, the atmosphere was calming very much. "(2)</i>	Calming atmosphere that encourages work on yourself with the motivation of unity with others without competition	Work on yourself in supportive non-competitive environment	
<i>"Otherwise that oriental manner of meditation, this sort of refining yourself, loving yourself as a human, the other as well, I think it really helps a lot as a complementary therapy" (2)</i>	Oriental way of thinking refines person for the love of herself and others	Attachment, sense of love to itself and others	
<i>"I decided to reward my body ... no hesitation towards food, I reward my body with food as it needs the energy and I enjoy it all. (2)</i>	Rewarding body with food as it needs food for energy and enjoyment	A positive attitude towards the body and the food	
<i>"I would definitely give priority to yoga over all other forms of exercise ... yoga has that approach to me in a way that I can be gentle and powerful, and when I can't, it's not a failure. And then I just realise that when I relax, somewhere inside me, that it is not a failure, only the voice inside to make peace with myself and I know then can do it. "(3)</i>	An approach that provides both tenderness and a sense of power, relaxes and there is no sense of failure than inner voice support	Internal power without a sense of failure	
<i>As for the physical experience of my body I did not notice the changes now ... neither when I came, there was no problem in the perception of my body and I was pleased with my body, ... moreover, this kind of inner restlessness, that's had an influence ..." (3)</i>	No expectation of a change in physical appearance. Inducing the well-being and calming inner restlessness	Reducing inner restlessness	

Statements of research participants	The first order codes	The second order codes	Category
<i>"Practicing yoga I would never be angry at myself if I couldn't do something... I did not think if I was good enough when compared to the others... I am what I am and I'm quite OK with the way I am." (3)</i>	No anger at herself due failure, accepting herself as she is and satisfaction with the way she is	Satisfaction with itself, self-acceptance	Contribution to program changes in quality of life
<i>"I feel much better, I'm much more open... and I know when I came into the group I did not speak to anyone nor welcomed nor approached, ... that much I was in some kind of my bad mood and closed and I think I am much more open now. Now, I wholeheartedly perceive the world and I have feeling that I should continue to deal with myself and also I had to ignore some other people's thinking... I realise that other people are not more important than me. "(3)</i>	Opening for socialisation with other people after the initial closure and bad mood. A feeling that one should devote to yourself before to the others	Openness to socialise and evaluation of itself	
<i>"So far I did all things so rationally, and I think that it was mistakes... and this days when I follow may will I feel myself much better... now I am relaxed and I feel myself nice, without control. Somehow I'm free. "(3)</i>	There is no reflection on the errors. Feeling of pleasure because there is no control; a sense of freedom and relaxation	Pleasure, relaxation, without control and guilt	
<i>"I calmed my spirit somewhat, but I did not accept the body, in that yoga did not help. It influenced my anxiety well. I can say that I can be more focused, when I am in some black mood I can distance myself, move away ... I realise changes in anxiety and calmness... I can notice this changes even in conversation to others ... concentration and breathing really helped me in achieving this ... "(4)</i>	A positive contribution to the reduction of anxiety, better concentration, dissociation from bad thoughts, the possibility to appease and openness in conversation.	Reduction of anxiety, better concentration and openness to the others	Contribution to program changes in quality of life

RESULTS

Based on the answers to the first research question *"What factors contribute to the appearance of eating disorders symptoms regarding experiences and reflections of the research participants?"*, an insight into the following factors was gained: the dominance of parents and

impose of their attitudes; perfectionism; the need to meet other people's expectations; self-punishment due to the failure; loss of identity due to the abuse by mental illness of mother; unadjusted relationships with mother; disregard by family members and their high expectations; excessive control and frustration with imperfection; general dissatisfaction and lack of friends; attitudes of favourite sport trainers on obesity and supporting his views by mother; isolation and sense of inferiority; exhaustion and self-hatred.

Factors that have contributed to the occurrence of eating disorders at participants in this research are related to the attitudes of family members and important people from the immediate social environment, parents' mental state and personality characteristics of the person who have strived to show themselves in the best light to others and meet their expectations. Factor attitudes of family members indicate children's needs to meet the high expectations of their parents, and also parents complexes about own appearance led children into feelings of inferiority and negative body image. Also, significant were attitudes of important people from the environment, such as, for example, sports coaches who have sent a message about inadequate physical appearance, which contributed to the negative body image and low self-esteem. Mother's mental illness in the case of one research participant essentially marked the perception of one's own identity and initiated the desire to fight to be different from the mother. Altruistic respond to the demands of the environment, putting other people before ourselves and presenting a perfect picture of ourselves, proved to be important factors that contribute to the development of eating disorders. Also in the analysis of participants' statements can be noticed increased sense of failure, low self-esteem, a sense of inferiority and the need for increased control.

Answers to the second research question *“Which reasons for including in the yoga program and expectations of the yoga program are indicated by the research participants?”*

indicate that the reasons for inclusion in the program were: calming nervousness and better physical feeling; interest in physical activity and pushing the boundaries; increase self-esteem; ability to cope with the anxiety that contributes to overeat, better body image, improving self-confidence as well as self-awareness, and the introduction of interesting and creative content related to inducing positive mood experience. Inclusion in this specific yoga group was also driven by the need for empowerment through sharing similar experiences. Expectations were in accordance with the reasons for joining the program.

Analysis of responses to the third research question *“To which changes has the yoga programme contributed in respect of the quality of life of research participants?”* suggests the following changes: more successfully cope with external pressures and reduced anxiety; reduction of criticism and pushing the boundaries; decreasing of excessive concern and remorse; satisfaction with physical appearance; opening to the environment and a sense of love of the world; confidence and ability to give oneself; satisfaction in working in supportive and non-competitive environment; a positive attitude towards the own body; inner strength without feeling of failure; reduction of inner turmoil, openness to process of socialization; better self-esteem and reduced need for control. The obtained research participants' perspectives pointed out the beneficial impact of the yoga program on positive body image, physical and emotional well-being, and encouraging a positive attitude towards themselves and their surroundings.

DISCUSSION

Non-competitive and supportive environment during the implementation of the yoga program has contributed in reducing levels of anxiety, criticism and feeling of failure. According to expectation of the research participants, it can be said that the yoga program has answered the reasons for inclusion in the program that the participants pointed out.

By observing the relationship between the main categories (factors that contributed to the appearance of the eating disorders, the reasons for inclusion in the yoga program and the changes in quality of life), it can be observed that the reasons for inclusion in the program are based on the factors that shaped the life experience of participant and contributed to

development of eating disorders. Lack of self-confidence, negative body image, problems with control and determination of boundaries, high expectations in the childhood from the environment (family, sport activities) and a negative model of growing up in families with mentally ill members have contributed to the feeling of anxiety, dissatisfaction and failure, which shaped further undesirable behaviour of the research participants. Reactive need to calms, moving boundaries, opening towards the people and better self-confidence contributed to their inclusion in the program. Perceived changes have confirmed a positive contribution to the quality of life participant according to defined expectations. Specifically, according to the Vuletic and Ivankovic (2011) quality of life is realized to the extent to which they met the basic and priority needs of people and when a person has the ability to accomplish his/her goals, autonomy and control his/her their own lives.

In this sense, the concept of further therapeutic programs should include a variety of factors that shaped the life experience and contributed to development of eating disorders, as well as the reasons for including and expectations of the program by the future participants. According to modern trends in treatment and rehabilitation of person with eating disorders, that kind of therapy approach assume active participants' involvement in the conception, implementation and evaluation of specific contents of the therapeutic program. Respecting the personal perspective of the participants could improve the quality of the therapeutic approach, but also create conditions that support the creation of new acceptable affective, cognitive and behavioural patterns in persons with eating disorders.

CONCLUSION

Factors that have contributed to the development of eating disorders in research participants, and that are referred to the negative models in the family; high expectations of family members and the environment are also described in other studies (Polivy, Herman, 2002, le Grange et al. 2010). In this research is interesting that the participants didn't consider socio-cultural influences and effects of the mass media as important cause if eating disorders, which in a number of researches (Becker, Fay, 2006, Vidović, 2009) are indicated as significant factors for forming dissatisfaction with the own body and adoption of unacceptable behaviours regarding achieving ideal self-image. It can be assumed that in our research participants the importance of family dynamics quality and personal characteristics prevailed, such as the expressed need for control, the need to satisfy the demands of the environment, and perfectionism.

Knowledge of the determinants that contribute to the development of eating disorders presents significant features in defining the model of prevention, but also of an appropriate model of intervention including experts from various disciplines that are focused on this socially sensitive topic. Early detection and interdisciplinary cooperation can contribute to a holistic approach in the treatment of eating disorders and more successful support to patients and family members.

High motivation of the research participants for inclusion in the yoga program indicate their awareness and wish to deal on self-acceptance, and improving relations with others. Motivation is a significant prerequisite of therapeutic program success, and because of that it is important that reasons, needs and expectations of each new participant in the program are respected. The qualitative approach just offers the possibility of taking into account the perspective of the individual in building understanding and attributing meanings to different specific aspects of eating disorders.

In conclusion, some recommendations for improving the yoga program as a complementary therapeutic method in working with persons with eating disorders could be stated. In this sense it would be necessary:

- to accept the perspective of program participants,
- to get the insight deeply into the factors that have contributed to the development of eating disorders,
- to get the insight into the reasons for including and expectations of yoga program,

- to create the therapeutic program based on knowledge of the life experience, psycho-physical status and needs of program participants,
- to evaluate and adapt (continuously) the contents of therapeutic programs according to statements of the participants about experienced changes associated with the foregoing reasons, needs and expectations during therapy program.

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