Yoga Practice and Adlerian Therapy: Integration of Practice and Principle

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Abstract

This paper examines the psychological benefits of yoga with specific focus on the yoga asana (posture) as derived from hatha yoga. Elements of breath, meditation and ethical guidelines are also explored. The content of this paper is intended for Adlerian therapists with a knowledge of basic Adlerian principles. This paper seeks to introduce yoga as a complementary practice to traditional Adlerian therapy for those who seek to offer mind-body interventions. This paper will be of particular interest to Adlerian therapists who attempt to practice a holistic approach to healing outlining the importance of the role of the physical body in health and healing.
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The twentieth century introduced a new understanding of the human mind. Psychologists offered new explanations for psychosis and began to see mental illness as a treatable disease. Alfred Adler was a pioneer in the world of psychoanalysis. His holistic view of mental illness differed from the popular belief of the time. Adler theorized that mental illness is developed in response to many contributing factors of an individual’s life. As a result, Adler developed Individual Psychology. Adlerian psychology was founded upon the belief that individuals have the creative power to change and that mental illness is developed as a reaction to the environment in which one lives. Adlerian theory views human development as “…limited by the social environment and by the culture, which, through the drive for self-preservation, permit the expressions of the psyche to unfold only when they can fit themselves into the frame of the culture” (Ansbacher & Ansbacher, 1956, p. 27). Neurotic symptoms are put into action when an individual is unable to adapt to their environment (Bates, 1986). Therefore, Adlerian therapy seeks not only to examine the individual but the social setting in which the client operates.

At the same time that Adlerian theory was developing, the ancient philosophy of yoga was increasing in its popularity. In the early twentieth century Vivekananda, Swami Sivanand, and Krishnamacharya became the pioneers of modern yoga, now popular in the western world (Simpkins & Simpkins, 2011). Modern yoga is a blend of European physical culture and ancient yoga philosophy. The European movement of a popular physical culture was introduced and assimilated into India through British colonization. In an effort to transform this popular European practice into an indigenous movement, pioneers of modern yoga began to integrate the philosophy and practices of ancient yoga with western physical culture. Thus, contemporary
forms of yoga were born. The inclusiveness of the philosophy of yoga paired with this familiar and popular physical culture became attractive to westerners as they searched for alternative spiritual practices.

At a pivotal time, Adlerian therapy and yoga philosophy simultaneously began to spread and gain popularity among those concerned with health and wellbeing. Both systems offer similar perspectives on the individual and their journey towards optimal health. However, Adlerian theory does not consider a component that is well-integrated in the science of yoga; the physical body. As our modern society begins to seek more “alternative” methods for healing, it is of interest to the Adlerian therapist to understand the importance of the physical body in healing. Yoga offers a conceptual framework for Adlerian therapists to practice holistic awareness and embodiment that is congruent with their theoretical standpoint.

Within the psychoanalytic circle of Adler’s time it was known that the body holds a source of power in the life of the individual. Recognizing this, Freud’s early practice included an element of healing touch. As his practice developed and his theories on infantile sexuality were formed, Freud began to reject the use of therapeutic physical touch due to a perceived connection between this form of touch and erotic gratification (Greene, 2001). Carl Jung, who studied alongside Freud and Adler before they developed their own schools of psychology, later wrote about somatic experience in his teaching on psychology. Interestingly, Jung was a practitioner of yoga (Greene, 2001). Adler too, wrote about the body in his description of organ inferiority. Adler examined how the ego compensates for organ inferiority. Adler saw the mind and the body as a unit, explaining that “In anger, anxiety, sorrow, or any other emotion, the body always speaks. The mind is able to activate the physical conditions. The emotions and their physical
expressions tell us how the mind is acting and reacting in a situation which interprets as favorable or unfavorable” (Ansbacher & Ansbacher, 1956, p. 223).

Modern biogenetics confirms that the body compensates when confronted with unpleasant feelings. A researcher of mind-body integration practice, Bates (1986) gives an example, “For instance the chest may be stiffened in order to protect feelings of vulnerability associated with the heart” (p. 140). This kinesthetic process of protection has become a recent topic of interest in the study of biogenetics. The body can protect itself by anticipating undesired stimulation as well as storing unwanted memories and feelings (Bates, 1986). This is of interest for therapists because the most effective treatment may not only include interventions of the mind, but also of the body. A holistic view of the individual does not just view the psyche in the mind, but in the entire body. A holistic view perceives the mind and the body as inseparable.

Personality is shaped by early experiences. Interpretations of these experiences are stored in the individual as a guiding tool for life. Sometimes these interpretations are helpful and sometimes they cause dysfunction. Bates (1986) describes how the body has the potential to hold experiences of trauma as “caught in the musculature and organs, these very much alive but split off portions of ourselves cannot always be accessed by verbal methods alone, especially the early traumas that are pre-verbal and do not yet have mental representations” (p. 568). Neuroscience shows that higher brain functions interact with lower brain functions when a person is moving (Simpkins & Simpkins, 2011). The postures of yoga, known as asanas, can help to access emotional experiences which have been stored in the body. Once accessed these emotions can be processed and transformed (Ansbacher and Ansbacher, 1956, p, 226).

**Yoga History**
The word “yoga” has several meanings. For mainstream western culture the term “yoga” may be understood as a series of postures and relaxation techniques, and as an ancient philosophy aligned with Hinduism, Buddhism, or perhaps a more universal sense of spirituality. These understandings of yoga all hold some truth. The word "yoga" comes from the Sanskrit root "yuj" which means "to yoke" or "to join". Researchers of the application of yoga in modern medicine, Chaoul and Cohen (2010) define yoga as "...the merging of the microcosm of our existence in our body with macrocosm" (p. 144). Yoga philosophy extends the meaning of *embodiment* to encompass the individual’s interactions with the world. In yogic terms, self-awareness is not an isolated knowing of the self, but also the self within the societal context in which an individual lives (Iyengar, 1989).

The exact time when yoga began is unknown. Archaeological findings date yoga back over 5,000 years (Connolly, 2007). Although derived from an ancient tradition, contemporary and familiar forms of yoga practiced in the west appear to be quite different than the ancient practices. The history of yoga is divided into four distinct eras known as pre-classical yoga, classical yoga, post-classical yoga and modern yoga (Connolly, 2007).

The pre-classical era is defined by the texts known as the *Vedas*. The *Vedas* are the earliest sacred Hindu scriptures and are also considered to be the earliest yogic texts. The *Vedas* were later interpreted to be more easily understood in a text known as the *Upanishads*. While contemporary yoga is not considered a religion, yoga clearly has its roots in the spiritual tradition and culture of Hinduism.

Yoga then evolved through the classical era, defined by the writings of the yoga *Sutras*. The *Sutras* are derived from the *Upanishads* and said to be written by Patanjali. The history of yoga reveals how yoga has changed and evolved over time. Still, there are some overarching
themes in the practice of yoga which connect the various forms of practice. The yoga *Sutras*, which were derived from the *Upanishads* which were in turn derived from the *Vedas*, are the most common texts used in modern yoga. The yoga *Sutras* outline an “eight limbed path”, often illuminated through the metaphor of a tree. A tree consists of roots, a trunk, bark, branches, leaves, sap, flower and fruit. Just as all of these parts of the tree serve a purpose in sustaining the life of the tree, so are all eight limbs of yoga intrinsically connected (Iyengar, 1989).

Simpkins and Simpkins (2011), who research the impact of yoga therapy on the brain outline the eight limbs as follows:

1. Social contracts (*yamas*); the yamas are a code of ethical behavior that guide one’s relationship to the world and with others. There are five components of the yamas; Non-violence (ahimsa) towards self, others and the environment, Honesty (*satya*), Not stealing (*asteya*), Self-restraint (*brahmacharya*), and abstention from greed (*apariraha*)

2. Contracts with self (*niyamas*). Niyamas are the system of behaviors guiding the relationship to one’s self and to a higher power. There are five components of the niyamas; Purification (*sauca*), Contentment (*santosa*), Self-discipline (*tapas*), Self-study (*svadhyaya*), and the devotion and dedication to awareness of non-separation (*isvara-pranidhara*).

The following five limbs are practices to undertake. All lead to the possibility of the eighth limb which is connection to the true self and thereby to the liberation from suffering.

3. Posture (*asana*): the steadiness of the body, mind, and breath.

4. Breath energy (*pranayama*): the observance, control, and refinement of breath.
5. Withdrawal of the senses (*pratyahara*): the consciousness of the individual is internalized.

6. Meditation (*dharana*): concentration

7. Absorption (*Dhyana*): meditation sustained through concentration.

8. Integration (*Samadhi*): pure awareness of non-separation. (p. 76-80)

Following the classical era of yoga, the post-classical era was a time of great growth for yoga. Several different schools of yoga developed. There was a fundamental change in yoga interpretation. During this period, Hatha yoga grew out of Tantra yoga. Although the term “Hatha yoga” is commonly used to describe any yoga practice that emphasizes asana, originally Hatha yoga evolved out of a growing belief that transcendence from the body led to divine union (White, 2011). On the other hand, Tantra yoga considered the body a component inseparable from breath, mind, energy, spirit, and the divine. In Tantra yoga liberation from suffering could be overcome through awareness in the body (White, 2011). This paper uses the more commonly held definition of Hatha yoga which is, in its essence, Tantra yoga.

In the late eighteenth century, as yoga began to spread to the west, the modern yoga era began. The contemporary image of a Hatha yogi is quite different than the historical image early in this era. The early Hatha yogis were considered to be marauders. Hatha yogis who identified with one particular spiritual practice were the first major religious group in India to establish a military (Singleton, 2010). They were a threat to the economic and political leadership of India. Eventually these yogis were demilitarized. They became outcasts of Indian society and were characterized by their uncivilized lifestyle. The physical lifestyle of Hatha yogis would be widely noted when the physical culture movement became introduced to India in the nineteenth century (Singleton, 2010).
Most asana practices used in contemporary yoga were developed by Krishmacharya. His students, B.K.S. Iyengar, T.K.V. Desikachar and Pattabhi Jois brought Hatha yoga to the west and are considered by some as the founding fathers of modern yoga. Krishmacharya, in response to a movement introduced by the British known as “muscular Christianity”, gave breath to the revival of Hatha yoga by incorporating a physical regime of asana to yoga philosophy and practices. Muscular Christianity was concerned with the development of the “whole person” and emphasized a balance of mind, body, spirit for wellbeing (Singleton, 2010). It employed the term *mens sana in corpore sana* (a sound mind in a sound body) as its doctrine. Before British colonization introduced the physical culture of Europe to India, Hatha yoga consisted primarily of sitting postures, and abdominal isolation. The asana postures developed by Krishnamachrya were largely influenced by European gymnastics and body building, but incorporated a more holistic physicality by integrating the role of breath.

Yoga originated as a set of systematic guidelines for a spiritual life. It offers a philosophical explanation of the nature of existence. In the opening paragraph of the yoga Sutra Patanjali asserts that conceptualization derives from linguistic knowledge, not contact with the real thing (Stone, 2008). Modern yoga uses asana as a means to understanding the non-duality of mind and body. This understanding becomes a representation of the connections of all beings and as individuals in connection to experiencing life. Bates (1986) contends, “Yoga as a word stands for the process that unfolds from being. The science of yoga is the study and mastery of that process” (p. 18).

**Health is Holistic**

In Adlerian psychology it is commonly understood that health is multifaceted. The life tasks are one example of the assumption that health is a complete whole comprised of many
moving parts. Ill health in one aspect of a person’s life can lead to problems in other aspects of life. Marriage and family therapists understand this concept from a systems perspective. Yoga philosophy takes this concept further by understanding the body both as a system and interconnected with all other systems. Adler (2005) also recognizes the interconnectedness of all things stating, “The human being and all his capabilities and forms of expression are inseparably linked to the existence of others, just as he is linked to cosmic facts and to the demands of this earth” (p. 63). Additionally, the science of neuroplasticity shows how the mind and the environment work as a system to influence the brain (Simpkins, & Simpkins, 2011). Adlerian theory, yoga, and neuroscience all understand that the brain can also influence the mind, body and environment. The body and the interaction of the environment and the brain are not separate.

In a study on mind-body therapies Mehling, Wrubel, Daubenmier, Price, Kerr, Sillow, Gopisetty and Stewart (2011) describe body awareness as the involvement of “…an intentional focus on and awareness of internal body sensations” (p. 1). The medical field is beginning to legitimize body awareness by providing scientific research on the effects that body awareness has on health. The research on body awareness has found that a practice of body awareness decreases symptoms of chronic low back pain, pelvic pain, fibromyalgia, musculoskeletal pain, chronic pain in general, disordered eating, irritable bowel syndrome, sexual abuse trauma, coronary artery disease, congestive heart failure, falls in the elderly, anxiety and depression (Mehling, et al., 2011). Thus it could be postulated that a disconnection from bodily sensations are used as a means to avoid painful emotions.

In the fourteenth century philosopher, Ibn Khaldun, conducted a study which found that the socio-cultural environment of an individual, the network of meaning of illness and healing, combined with the way that the individual conceptualized their illness constructs a scheme of
wellness (Moodley, Sutherland, & Oulanova, 2008). In many traditional healing practices treatment of illnesses address the mind, spirit and environment of the individual (Moodley, et al., 2008). Traditional healing practices seek to understand the broader context of community. This understanding can help the individual to find comfort and make meaning from their experiences of illness.

The concept of holistic health is not a new one. However, in western culture, as the advancement of science grows, specialization in particular areas of medicine separate health into distinct categories. As the biomedical paradigm begins to shift to an integrated health care system, there has been a rise in scientific research studies to further understand the notion of embodied cognition (Häfner, 2013). Research has shown that bodily signals are transformed into experiences before they feed into the cognitive system. Bodily experiences may influence cognition without a conscious awareness (Häfner, 2013). The five senses which one uses to gather information externally are also being used to gather information internally (Singleton, 2010).

Yoga is unique in that it offers a conceptualization for body awareness. This conceptualization also acts as a philosophy for behavior and in this way parallels Adlerian psychology. One yogic model for conceptualizing the holistic nature of embodiment is called pancamaya. The pancamaya is presented in the Taittirya Upanisad which is one of the Vedic texts from the pre-classical era of yoga (Bossart, 2007). Panca means “five” and maya means “pervading”. Pancamaya is a model which illustrates five dimensions of the human system. The five dimensions are; Breath (pranamaya), Intellect (manomaya), Personality (vijnanamaya), Emotion (anandamaya), and Physical body (anamaya) (Bossart, 2007).
The pancamaya outlines the intersections of mind and body and their interaction with one another. Each dimension of the pancamaya is present in all other dimensions in the model. The dimensions are interdependent and interpenetrating (Douglass, 2011). One example illustrating this is the effect of anger on the depth and pace of breath which then leads to increased heart rate and blood pressure. As a result, the individual may communicate more aggressively and focus more on their negative perceptions.

The polyvagal theory was developed as a means to understand neurobiology and views all emotions and interpersonal interactions as a bio-behavioral process (Simpkins & Simpkins, 2011). According to this theory breathing is connected to cognitive and emotional patterns of the limbic system. The various practices of breath in yoga are a means of intervention for bringing balance to the autonomic nervous system which plays a significant role in managing stress and emotional arousal. An autonomic nervous system that is out of balance due to emotional or physical problems can be brought towards balance through yogic breath techniques (Simpkins & Simpkins, 2011).

The yogic science of breath is referred to as pranayama. Prana (breath) supports the physiology of the body. Prana has different names in different parts of the body. For example, prana in the chest area is called prana vayu. This area is thought of as the seat of mind and emotion (Bossart, 2007). Prana in the throat area is called udana vayu which serves communication. It is believed that prana can become blocked causing dysfunction. In yoga philosophy symptoms are perceived as an attempt to bring balance back to the pancamaya. This parallels the Adlerian theory of symptoms which are an attempt to bring balance back to a dysfunctional system. Yogic theory asserts that through specific techniques of the breath one is able to unblock “stale” prana.
Asana is a posture held by the physical body performed in syncrinization with the breath and a focused mind. The dimensions of pancamaya extend into human experience through asana supported by breath. The posture *samsthi* means “to stand with equal balance” (Stone, 2008). The posture is a physical representation of interconnectedness of the pancamaya. In the practice of yoga asana a focused breath is used to guide movement. It is the attention on breath that brings stillness to the mind, allowing the asana to be fully performed. The refinement of this process is a form of meditation.

Meditation helps focus the mind on the integration of the body and the breath, *annamaya* and *pranamaya*, two of the five dimensions of the pancamaya. Meditation is a combination of absorption and self-regulation (Simpkins & Simpkins, 2011). The mind is activated, yet relaxed. The practice of staying relaxed, yet alert, has potential benefits for handling challenging life situations. Many areas of the brain are activated when focused breath is combined with the moving of postures (Simpkins & Simpkins, 2011). Yoga teacher and licensed psychotherapist, Stone (2008), describes one way in which yoga practice impacts the mind, “Practicing yoga postures with precision of attention cuts through polarities in our thinking because the mind gets so focused on immediate experience that the experience opens into a wider dimension of interconnection” (p. 100). An asana can only be executed when breath is synchronized with the movement. Without attention to the breath, the posture is an exercise but not yoga.

The use of vital energy (tapas) as outlined in the niyamas of the yoga sutra’s eight limbs of yoga, are practiced with discipline during asana practice. The ability to move between the spaces of opposites is the practice of *tapa* (Stone, 2008). It is the practice of feeling without attachment or aversion. With the practice of tapas the individual is able to “see things as they are”. This practice helps the individual develop the ability outside of their asana practice to
consider and include all factors at any given moment and conceptualize how they relate to one another. In this sense the practice of yoga extends beyond the individual and into the community.

Yoga is the practice of perceiving and responding to reality in a way that can transform perceptions and responses.

Memories of experience are stored in the pancamaya and act as guiding lines for one’s movement in the world. The dysfunctional interpretations of these memories and experiences often lead to symptoms. Adler asserts, “We are self-determined by the meaning we give to our experiences, and there is probably always something of a mistake involved when we take particular experiences as the basis for our future life. Meanings are not determined by situations, but we determine ourselves by the meaning we give to situations” (Ansbacher & Ansbacher, 1956, p. 208).

The teachings of yoga describe five contributing causes of suffering, known as the klesas. Stone (2008) defines the klesas as:

1. One who is not in the present moment and therefore cannot see the reality in which they currently reside (avidā),

2. Attachment (raga),

3. Aversion (dvesa),

4. Stories of “I”, “me”, “mine” (asmita), and

5. A fear of letting go of the stories of “I”, “me” and “mine” (abhinvesa) (p. 4-5).

Symptoms create holding patterns in the pancamaya. These holding patterns are sometimes referred to as duhkha. Duhkha is formed when the psychological or the physical body is unable to let go of repetitive patterns which cause suffering. Yoga is thought of as the practice of acceptance of impermanence (Stone, 2008). Symptoms which manifest in attempts to bring
balance in the pancamaya will lose their purpose and cause suffering if they become patterns. The practice of tapas helps create flexibility through non-attachment, allowing the individual to let go of symptoms.

Similar to Adler’s concept of mistaken beliefs, a person uses the stories they create about themselves as a guide for how to interact in life (Bates, 1986). Symptoms manifest when an individual is unable to be objective towards the construct of their stories and, therefore, are unable to recognize the fullness of the present moment. As stated by Stone (2008), the yoga sutra states, “atha yogamusanam” meaning “the present moment is the teaching of yoga”. By this description, yoga becomes a teaching of psychology. The yoga sutra describes the causes of suffering as halahala, “the poisonous herb of conditioned existence” (Stone, 2008). Yoga acknowledges suffering as an ordinary component of the human condition. All humans suffer at some point in life. Like Adlerian theory, yoga asserts the belief that the individual has the power to heal.

Social Interest

In Adlerian theory, social interest is the key component of good health. Yoga also extends beyond the individual into personal relationships and ethical action. In alignment with Adlerian theory, Stone (2008) describes yoga as “…a practice of horizontal transcendence (you and me in relation to each other) rather than vertical transcendence (my practice for my own freedom)” (p. 47). Adler refers to this concept as “horizontal and vertical striving” (Ansbacher & Ansbacher, 1956, p. 112). The yoga sutra refers to viveka, the ability to distinguish between horizontal striving and vertical striving. The practice of yoga develops viveka. In yogic terms, vertical striving would be considered a form of delusion. Horizontal striving would be considered a form of awareness. Acting with intent during yoga asana is pivotal to the process of
self-awareness and extends into acting with peaceful intent in life in general. Indian art has been
known to depict compassion as a sharp sword cutting through delusion (Stone, 2008). Compassionate action rather than reactivity is promoted through the practice of yogic meditation and stillness of the mind (Mehling, et al., 2011).

Adlerian psychology expands on a theory of social embeddedness. Adler believed that institutional systems in society, as well as in communal life, are an interlocking force with individual development. Adler states that, “Human psychological life cannot be understood without the simultaneous consideration of these coherences” (Ansbacher & Ansbacher, 1956, p. 127-128). Yoga practice complements this theory through the teachings on non-duality. The individual and the community are intrinsically one. The core of yoga is to serve all beings. The “union” of yoga represents the inherent intimacy of all things. Yoga asana practice is the process of becoming aware of this intimacy by becoming intimate with the body. Self-awareness involves an understanding of how the individual relates with their environment. Awareness involves an understanding of interconnectedness and a genuine investment in the well-being of all that is connected (Iyengar, 1989).

Stone (2008) asserts that one does not have to be enlightened before they can practice social justice. Rather, “social interest” is an expression of awakening. Adler describes social interest as the ability, “to see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (Ansbacher & Ansbacher, 1956, p. 135). Social interest is an expression of optimal health. Simply put, serving the community is part of a holistic practice because it makes people happy. People feel significant when they are able to help others and live in an environment of equality. Recent studies seek to understand how enriched environments influence the brain. Adult brains have shown to undergo neurogenesis when given an
encouraging environment (Simpkins & Simpkins, 2011). Neurogenesis in adults has been suggested to increase learning and memory. Yoga is sometimes referred to as *sarvabhauma*, a universal culture (Iyengar, 1989). Yoga is for individual growth and also for growth of the community. Stone (2008) points out that in yoga “Ethics and psychology are bound together as psychological, social and environmental action” (p. 61).

In a study on the integration of traditional healing methods with traditional psychotherapy Moodley, et al. (2008) acknowledges that “In traditional healing philosophy, illness does not simply refer to the problems associated with the body and mind, but also the spirit” (p. 156). For many, yoga is a path of spirituality. Research suggests that neural circuitry in the limbic system and temporal lobes are activated during spiritual experiences (Simpkins & Simpkins, 2011). These parts of the brain activate emotion, behavior, memory, sensory input and the storing of new memories.

Mansager (2000) explores spirituality form an Adlerian perspective, summarizing spirituality as “… the individual's conscious movement from a felt-minus to that of a felt- plus, holistically experienced as a unifying factor not rooted in self-boundedness, but in community feeling aimed at full participation in an apperceived perfect community” (p. 385). The path of spirituality through yoga is founded upon the same ethical underpinnings of social interest. Adler (2002) insists

There is a creative power in the psychic life that is identical with the life force itself. This creative power has the capacity to anticipate, which is what it must do, just as looking ahead appears necessary because human beings move. The psychic life means movement and direction with one goal. Because the individual is not isolated, that goal must be
designed by a creative force that springs from the urge to overcome the social problems that bar movement. (p. 67)

BKS Iyengar describes health as a spiritual practice. He goes further by saying that “the breath is spiritual” (Iyengar, 1989). Birth and death are characterized by the presence of breath. The practice of impermanence is expressed through the birth (inhalation) and death (exhalation) of each breath. In Latin, the root of spirituality is spirare, meaning to breathe (Stone, 2008).

The Creative Self

The stories of self which one creates are not fixed. They can be molded and transformed to fit new interpretations. The practice of yoga is a process of becoming aware of the potentials of the creative self (Bates, 1986). This concept empowers each individual to manifest their own personality. Adler (2006) states, "This creative power is a striving power; this creative power can be seen in different views, in the power of evolution, in the power of life, in the power which accomplishes the goal of an ideal completion to overcome the difficulties of life” (p.3). The spiritual path of yoga acknowledges that the power of awakening is within the individual. The individual has the ability to change and transform and guide their path. Yoga supplies practical techniques for connecting with this power.

There are many Adlerian concepts that are communicated in Sanskrit in a single word. The Adlerian concept of goal directedness is expressed in Sanskrit as marga, meaning “path”, “road”, or “sense of direction”. The root of the word, marg, means to “seek” or to “strive”. This is linked to the verb mrj, which means to “pursue a particular direction” (Stone, 2008). Like Adlerian theory, yoga explains behavior as goal directed. Avidya is the “inability to see things as they are” (Stone, 2008). Similar to Adlerian theory, yoga considers the avoidance of the present moment as a way of safeguarding. Adler states that safeguarding tendencies “…are evoked by
the oversensitivity of the neurotic and his fear of disparagement and disgrace….through the safeguarding tendency the individual aims at getting rid of the feeling of inferiority…” (Ansbacher and Ansbacher, 1956, p. 109-110). The word, dukkah refers to “holding patterns which cause suffering”. Both yoga and Adlerian theory subscribe to the concept that fictions or in the Sanskrit, samskaras, may be created to guide the path of the individual. In other words, both systems perceive that many who suffer experience attachment to their fictions because their fictions enable their symptoms and their symptoms give the illusion of comfort. Adler states that, “The fictive activity of the mind is an expression of the fundamental psychical forces; fictions are mental structures. The mind is not merely appropriative, it is also assimilative and constructive. In the course of its growth, it creates its organs of its own accord in virtue of its adaptable constitution…” (Ansbacher & Ansbacher, 1956, p. 77). Asmita is the word for “the stories one creates about the self” (Stone, 2008). One’s reality is a construction of their interpretation. Adlerian therapists understand this concept through Adler’s theory about life style. Adler (2004) argues, “Every style of life that we encounter is a unique artistic achievement that carries its own individual stamp” (p. 79). The stories one creates about the self-guide movement with the ultimate goals of safety, significance and belonging (Curlette & Granville, 2014).

The early childhood years are a pivotal time for developing the understanding of self. Sometimes the methods for achieving these goals are harmful because they are guided by adverse stories. Bates (1986) describes therapy as “...a corrective model designed to approach and solve a behavior that is interpreted as dysfunctional” (p. 2). Therefore yoga is a tool which can be used to clear samskaras, or in other words, to let go of old interpretations of the self, and
providing space for new ones. These new interpretations challenge the constructions of the story of “me”.

Clients may present with resistance to therapeutic change. *Abhinvesa* is the fear of letting go of the stories which one creates about the self (Stone, 2008). Meditation offers clients opportunities to experiment with loosening the grip on the stories of self by the practice of being in the present moment. In meditation the mind will wander and try to escape the present moment. This helps the meditator notice attachments in the mind, an impulse which most often happens outside of consciousness. As the individual notices their breath, they will also notice the mind's tendency to escape the sensation of the breath. Many individuals who experience disconnection from their body also experience an unconscious impulse to escape, ignore, or numb sensations. The body holds impressions, associations, and memories which can arise through physical sensations (Häfner, 2013). One begins to notice that feelings are physical sensations.

The past influences the present and the present influences the future. As one gains greater awareness they are able to better understand the holistic nature of their existence. Yoga helps to bring new interpretations of past and present experience. As the individual is brought into the present moment they are able to see these past experiences without the fictions of the past. Yoga asana practice helps the individual bring stillness to the mind, allowing for the study of the construction of experience from moment to moment (Stone, 2008). The body, which includes the mind, is always in process. The individual is able to move through their symptoms to see what is underneath. Asana is the process of the uniting body, mind and breath.

The ability for the client to change behavior is an essential aspect of the creative self. Adlerian theory asserts that each individual holds a creative power “…which casts into movements all the influences upon him and all his potentialities, a movement toward the
overcoming of an obstacle. This response is not simply a passive reaction but a manifestation of creative activity on the part of the individual” (Ansbacher & Ansbacher, 1956, p. 177). The client has the power to stop their own suffering. The discontinuance of suffering in yogic terms is referred to as nirodha. Nirodha comes into fruition through the end of suffering created by negative patterns and the space created allowing for new patterns (Stone, 2008). Yoga is a source of creative action. It simply acknowledges and responds to the present moment free of the burden of stories of self (Douglass, 2011). The asana offer an invitation to explore sensory stimulation of the present moment offering practice and experimentation for experiencing awareness. This process allows the individual to build confidence in their own creative power.

Performing and moving through asana involves many parts of the nervous system. The manipulation of breath, thoughts, and position of the body all trigger various parts of the brain. It has been shown that neurogenesis is stimulated when the individual willingly chooses to engage in physical activity (Simpkins & Simpkins, 2011). Physical movement in combination with choice promotes the growth of new neurons. Different brain patterns emerge depending on the posture. As one flows in and out of asana many parts of the brain are engaged and working together. For example, Simpkins and Simpkins (2011) state, “…standing upright with feet together activates the anterior lobe and the vermis of the cerebellum, as well as the right side of the visual cortex in the occipital lobe” (p. 28). However, if weight is shifted onto one foot, blood flow increases to the cerebellum on the side of the lifted foot. To close the eyes while standing on both feet activates the prefrontal cortex (Simpkins & Simpkins, 2011). This is significant because the prefrontal cortex and the anterior cingulate gyrus are the ingredients of executive control. The practice of yoga ultimately increases executive control, which promotes neuroplasticity and regulates the limbic system. (Simpkins & Simpkins, 2011). The limbic
system regulates behavior. Neurobiology asserts that life experience, as well as our interpretations that lead to the construction of future life experience, has the potential to restructure neurons in the brain. If asana practice can indeed influence interpretations of life experience then it follows that practicing asana has the potential to restructure neurons. Stone (2008) defines the term “psychology” in the context of yoga “…as the organization of experience, or more specifically, the way the sense organs and mind organize sense data into subjective experience” (p. 66). The practice of yoga can be used as a tool for the creative self to reconstruct interpretation of past experience which no longer serve the individual.

**The Helping Relationship**

In many ways Adlerian therapists and yoga teachers have similar values in terms of their role in the healing process. An Adlerian therapist acts as a guide, but the client is the expert. Adler states, “A basic principle for the therapist is never to allow the patient to force upon him a superior role such as that of teacher, father, or savior, without contradicting and enlightening the patient.” (Ansbacher & Ansbacher, 1956, p. 339). Yoga teachers are sometimes associated with the word guru. “Guru” translates as “gravity”. The root gu, stands for darkness and ru, stands for its removal. Stone (2008) notes “The guru, although sometimes embodied in an external person or entity, is actually [one’s] own center of gravity” (p. 36). The teacher of yoga guides and models so that the process is safe and long lasting, but understands that the student is the expert concerning their personal process of embodiment. The relationship between teacher and student is important in the practice of yoga. The yoga teacher must be humble and honored to support the journey of self-awareness in the student. Also, the teacher must participate in their own ongoing self-awareness. Patanjali’s (1989) prescription is to overcome ignorance through a
complete reversal of perception (as cited in Stone, 2008). This prescription is for both teacher and student.

The Adlerian therapist must be aware of their biases and engage in ongoing education. The therapist does not have the answers, they simply hold the mirror so that the client can find their own answers. Yogic philosophy holds that each individual holds the same amount of potential. The yoga teacher encourages inner potential when the practice becomes difficult for the student. This dynamic of encouragement through difficult times is coextended through the dynamics between therapist and client in the therapy room. Ansbacher and Ansbacher (1956) state, “Activating social interest may be taken as Adler’s definition of encouragement, since he equates courage with activity plus social interest” (p. 341). Integration of the practice of yoga into Adlerian therapy manifests yoga therapy. This is because the theoretical foundations of yoga similarly exist in Adlerian therapy. In order for yoga therapy to be effective the therapist must develop competency as a yoga teacher and the yoga teacher must develop competency as an Adlerian therapist. There has to be a common language and understanding of health in order to communicate and collaborate care (Bar, 2013).

Adler was one of the first psychotherapists of his time to consider the impact of power differences on the individual’s mental well-being. When working with individuals with mental illness it is important to consider biological and societal factors which influence suffering. Yoga philosophy can be misinterpreted as a way to isolate an individual’s experience of suffering from their environment. Yoga is not a cure, but rather a tool to help the individual find a sense of peace and power within the midst of suffering. Simpkins and Simpkins (2011) have found that “Attitudes can be encouraged and even adopted physically before they are adopted mentally” (p. 90). The asanas serve as an entryway into a person’s inner life from a different avenue (Emerson
As noted earlier in this paper, the model of the pancamaya illustrates that engaging one aspect of the individual will ultimately engage other aspects (Mehling et al., 2011). This theory is consistent with Alder’s view of holism. Adlerian theory views the individual as an open system, consisting of simultaneously operating parts that make up one unit which is the individual (Ansbacher & Ansbacher, 1956, p. 223).

As in Adlerian therapy, yoga therapy must be individualized to meet the needs of the client. The yoga therapist sees the client in a holistic manner in order to attend to their needs and promote healing. The body type of the client, the types of thoughts and emotions they have, as well as their spiritual beliefs, are all important considerations for the practice of yoga therapy (Bates, 1986). Stone (2008) agrees that, “Each unique lifestyle requires different sensitivities from the yoga therapist” (p. 26). The rapport between therapist and client remains the most important therapeutic tool. Therapists understand that the client’s problem cannot always be directly confronted in the first therapy session. Trust and safety must first be strengthened. The teacher observes and acts as a guide so that there is a gradual strengthening and cleansing so the student can feel successful (Iyengar, 1989). Similarly in the therapeutic process, timing can have a significant impact on the client’s awareness and motivation. The therapist must meet the client where they are, but also know when to challenge the client. If the timing is not right the therapist may be met with resistance or even termination of services. Some clients will be ready much earlier to be pushed while others need to spend a longer time strengthening trust and stability outside of the therapy office before certain problems can be addressed. Likewise, asana sequencing should be catered to the specific client. Sitting poses, standing poses, laying poses as well as more physically active poses can be used to facilitate body awareness. The spaces in between postures should be explored to the same extent as the postures themselves.
There are three parts to asana practice; moving into the pose, sustaining the pose, and coming out of the pose. Over time, the asanas become comfortable, but for this process to occur they require a sense of calm, attention, flexibility, strength and courage. When the client is in a difficult pose, discomfort may arise (Stone, 2008). The yoga therapist reminds the client of their options so that they can use their breath to respond differently than they habitually do when faced with strong sensations. This may mean breathing through the pose or it may mean coming out of the pose. These techniques prepare the client to confront difficult content which lies beneath the symptoms. The postures combined with breathing techniques are meditations. Again, meditation is a practice of being in the present moment and it is in the present moment where change can occur.

Yoga therapists have the unique opportunity to engage multiple aspects of the individual. In talk therapy clients are asked to talk about their thoughts, feelings or wants, when at times they do not yet have the tools to access thoughts, feelings and wants. The practice of yoga facilitates not only a connection to our brain, where we identify our thoughts, feelings, and wants, but also a connection to our bodies. Adler (1956) asserts “Trust only movement. Life happens at the level of events, not of words. Trust movement” (as cited in Mosak & Maniacci, 1999, p. 86). Asana helps the client not only generate positive unconscious processes, but also, then allows these positive processes to be available to conscious direction (Simpkins & Simpkins, 2011). Bodily sensations are processed into conscious awareness in the insula. As Emerson and Hopper (2011) point out, this means “…consciousness is fundamentally a product of how we interpret the physical sensations that we experience” (p. xxii). Articulating the internal experience can help the client begin to identify their feelings, thoughts and wants as well as recognize their response to unpleasant feelings and situations (Emerson & Hopper, 2011).
However, theorizing through language can sometimes take the client outside of their experience (Stone, 2008). This can cause distance when trying to connect with uncomfortable memories or emotions. Still, language helps the client make sense of, and take meaning from, their experience. Simply naming sensations as they appear in awareness can help the client to notice their response without becoming reactive (Stone, 2008). The language of the therapist can be used as a tool to connect with clients and foster safety.

Often in therapy, affirmations are used to promote change. In yoga class, the use of sankalpa, intentions, as well as mantra, a repetitive sound or phrase, are used to help center attention. Use of sankalpa as mantra has been shown to send blood flow to the areas of the motor cortex associated with planning, control and execution (Simpkins & Simpkins, 2011). The yoga therapist has the opportunity to bring healing language into the practice. Yoga teachers will ask students to set an intention for their practice. Reminding students throughout the class to come back to their intention acts as an invitation to be aware and present. Adler asserts, “A person would not know what to do with himself were he not oriented towards some goal” (Ansbacher & Ansbacher, 1956, p. 96). Students are offered the opportunity to reevaluate and make conscious choices about their goals.

The education of the yoga therapist is important. There must be evidence that the therapist meets educational standards in order for yoga therapy to be regarded as a credible therapeutic modality (Rothenberg, 2013). Blaski (2013) the director of the Australian Institute of Yoga Therapy suggests educational standards for the training of yoga therapists as published in 2012 by The International Association of Yoga Therapists:
1. Understanding of yoga teachings, yoga philosophy, and their application to yoga therapy, including the conditioning and functioning of the mind in the understanding of health and disease.

2. Knowledge of the allopathic/biomedical and psychological conceptualization of anatomy, physiology, mental health, and related pathology, including basic knowledge of perspectives on health and disease and the contemporary health care environment.

3. An understanding of the importance of body-mind connection and its integration in the practice of yoga therapy.

4. Knowledge and skills related to therapeutic skill and client education at the individual consultation or group level.

5. A deep understanding of the breadth of yoga practices and their application. This includes a well-developed ability to integrate the necessary knowledge with practice to provide effective yoga therapy for clients, including all aspects of intake, assessment and design and instruction of practices and providing ongoing support.

6. An understanding of the principles of professional practice. This includes understanding the regulatory environment, relationships with peers, professional ethics, and the role of ongoing personal development (p. 6).

**The Role of Touch in Yoga Therapy**

The role of touch becomes an important issue to be aware of as a yoga therapist. In traditional yoga practice the teacher will use touch to guide alignment and depth of a posture. While touch is important for psychological growth, the use of touch conflicts with the ethical standards for therapy practice (Parker & Sharma, 2013). For some clients the use of touch may be welcomed and thought of as helpful. For others, touch could be a triggering disturbance.
There must be an open discussion with clients about the use of touch. The teacher must be aware of their personal intentions and motivations for using touch. Yoga therapists, Parker and Sharma (2013) suggest that the following guidelines be considered for yoga therapists who intend to use touch in their practice:

1. Hold self in healthy state - aware of own beliefs about boundaries and touch.
2. Let the students be touched intangibly by love and knowledge. Consider sitting briefly with clients at the beginning of session to create a clear intention.
3. Have a clear discussion with clients about respective feelings and values regarding touch and about the procedures.
4. Always consider whether or not touch is essential.
5. When touch seems essential, approach clearly about what is being done and why.
6. Make your presence known visually, start with a supportive touch to a neutral part of the body before making adjustment.
7. Touch the client during exhalation when he or she is likely to be more relaxed.
8. Be emotionally supportive and physically stabilizing.
9. Clearly imagine the minimal action needed before proceeding.
10. Offer client space to explore what has changed and reinforce their efforts - this enables positive kinesthetic memory of experience (p. 70).

A possible obstacle to introducing yoga as a part of therapeutic practice is the use of touch in assisting proper alignment. Proper alignment of the body is crucial to receiving the health benefits and avoid causing further harm and injury.

**Research on Yoga Therapy**
As the demand for integrative medicine increases, more research is being done on the benefits of yoga in the mental health field. There is now access to scientific evidence that yoga is a beneficial practice. Yoga’s complementary techniques to the psychotherapeutic approach to healing has brought rise to yoga based therapies as a means of intervention in the treatment of mental illness. The research has shown that asana practice reduces cortisol levels. High cortisol can cause lowered immunity and poor cognitive functioning. Stone (2008) adds that yoga practice also helps to bring awareness to the “three capacities” of sense, action, and material elements:

1. Sense capacities: hearing, feeling, seeing, tasting, smelling.


4. Gross material element capacities: space, wind, fire, water, air, earth (p. 182).

The awareness of these capacities then extends into a more traditional setting of therapy, offering aid to therapeutic change. The benefits of deep breathing, mindfulness and exercise have become common knowledge among practicing therapists (Spinazzoa, Rhodes, Emerson, Earl, & Monroe, 2011). The use of deep breathing helps to improve emotional regulation, modulate the sympathetic nervous system, and improve heart rate variability. Mindfulness helps to decrease ruminations, depression, anxiety and stress (Spinazzola, et. al, 2011). It has been shown to help with the treatment of substance abuse and addiction in general (Bates, 1986). Mindfulness increases brain gray matter concentration which involves learning, memory, emotional regulation and self-referential processing (Simpkins and Simpkins, 2011). Lastly, exercise is a primary recommendation to boost serotonin production (Berger, Silver, & Stein,
Exercise has also been shown to restore rhythmicity of biological functions and increases gamma-amino butyric levels (Emerson & Hopper, 2011).

Yoga integrates use of breath, mindfulness meditation and physical movement. During focused attention breathing exercises there is an increase in oxy-hemoglobin levels in the anterior prefrontal cortex (Emerson & Hopper, 2011). There is an increase in alpha activity, a decrease in theta activity as well as an increase in serotonin levels (Telles, Singh, & Balkrishna, 2012). In other words breathing techniques promote relaxation, stimulate the subconscious, and produces chemicals in the brain which help to stabilize mood.

A study comparing physical activity to yoga on the cognitive abilities of children aged 7-9 found that yoga practice had the same immediate cognitive effects as other forms of physical activity. Notably, it was found that the effects of yoga lasted almost twice as long as the effects of other physical activities (Chaya, Nagendra, Selvam, Kurpad, & Srinivasan, 2012). Similar results were found on the cognitive functioning of children with autism when yoga practice was combined with the relaxation response technique (Rosenblatt, Gorantla, Torres, Yarmush, Rao, Park, & Levine, 2011). Yoga has also been shown to help with attention and focus deficiencies of people with attention deficit disorder and other learning disabilities (Mehta, Mehta, Mehta, Shah, Motiwala, Vardhan, Mehta & Mehta, 2001). Further benefits to children who engage in yoga practice are decreased negative behaviors in response to stress. Children have responded well to yoga by reduced behaviors such as yelling, hitting, and throwing (Berger, Silver, & Stein, 2009).

The effects of yoga are likely different in children than in adults due to brain development (Berger, Silver, and Stein, 2009). However yoga’s benefits of enhanced self-esteem, empowerment and mastery are shown in both adults and children (Spinazzoa et al.,
The rhythmic quality of movement may activate the parasympathetic nervous system thereby enhancing one's capacity to feel safe and grounded. Yoga can be used to promote positive body image and dissociation for people with eating disorders as well as counteract dissociative tendencies for survivors of sexual assault (Berger, Silver, & Stein, 2009).

There is a belief that the body stores emotions, sometimes without awareness, in the mind. Mehta et al. (2001), who conducted a study integrating yoga practice in behavioral therapy found that, “Mindful yoga practice helps to identify the connection and also the difference between bodily sensations and thoughts. This differentiation helps to identify how thoughts are felt within the body. An understanding of introspective experience has been shown to help in the management of mental health symptoms” (p.6).

Many illnesses are often co-occurring, resulting in a need for a multi dynamic approach to intervention. Yoga practice has been used to help with the psychological implications of aging (Ebnezar, 2011). There are also physical benefits such as hormonal balance during menopause and a decrease of DNA damage while aging (VITI, 2013). In another example of yoga integration, the practice has proven to help individuals with breast cancer undergoing radiotherapy and chemotherapy. Symptoms of nausea as well as intrusive thoughts of hopelessness were decreased as a result of their yoga practice (Alejandro & Cohen, 2010).

Yoga and Diverse Populations

Yoga’s all-encompassing nature has the ability to help many different kinds of people. Despite the fact that in the west, yoga is primarily practiced by upper class, middle aged white women, studies show that there is benefit from and interest in yoga practices among more diverse populations (Wilson, 2008). Talk therapy often shows to be unsuccessful among minority clients (Moodley et al., 2008). There is a demand for alternative methods of healing.
Recent studies suggest a need for the traditional physiotherapy to integrate traditional healing practices, spirituality, and mind-body practices in order to better serve the populations who are not being reached. Among the underserved populations exists many vulnerabilities to repeated trauma due to historical oppression and the inherited consequences of poverty. Chronic or repeated trauma leads to dysregulation in the body’s arousal system (Emmerson & Hopper, 2011). This is most commonly experienced as a back and forth between being highly sensitive and feeling numb and disconnected. Yoga therapy can assist to build self-regulation and a sense of competency. This can be accomplished through disciplined repetition of a yoga sequence in which one learns to manipulate movement and breath. The movements coupled with conscious breathing encourage inner awareness. Conscious breathing and a developing inner awareness heals the mind-body split. The yoga student learns they can self-regulate their body because they are not separate from their body.

**Trauma Sensitive Yoga**

The multi-dimensional integration of breath work, meditation and rhythmic movement may be particularly helpful for trauma survivors who experience multiple clinical conditions causing long term effects on the immune system. Traumatic stress symptoms are grounded in a physiological response known as “fight, flight and freeze” (Spinazza et al., 2011). The body’s particular survival response triggers a release of chemicals in the brain which determines the acting out of the response (Emerson & Hopper, 2011). If trauma is not processed, individuals can become stuck in holding patterns of a particular survival response. This manifests as if the body is responding without the permission or understanding of the conscious mind. Many trauma survivors have lost a sense of mastery over their own bodies, therefore some form of somatically oriented therapy is vital to develop new patterns of self-regulation. People who have experienced
trauma often feel unsafe in their own body. Yoga therapists need to be aware of the sensitivities of trauma survivors in using mind-body interventions. Trauma is an occurrence of the past, but the body continues to be triggered, responding as if there is an immediate threat. There is often a sense of betrayal by the body, which causes separation of the self. When dissociation occurs, traumatic memories and the pain attached to them may be outside of consciousness. However, the pain is still held somatically. This can cause an adverse effect on the individual. The disconnection inhibits the ability to recognize danger putting the individual at greater risk, causing further, complex trauma. Emerson and Hopper (2011), authors of the book *Overcoming Trauma through Yoga*, claim that, “Learning to tolerate and be curious about dreaded physical sensations gives people a sense of mastery” (p. 431). The innate sense of mastery associated with emotions and sensations offers the safety and courage for the individual to implement new resources, energy, and to take effective action.

Research has revealed that the practice of yoga has resulted in decreased symptoms of posttraumatic stress disorder for survivors of natural disasters, veterans, incarcerated youth and survivors of interpersonal violence (Emerson & Hopper, 2011). Survivors of complex trauma practicing yoga show the same chemical activation in the brain as when treated with anxiety and mood stabilizing pharmaceutical drugs. Severe psychological trauma causes impairment of the neuroendocrine system in the body, with sympathetic activation and suppression of the parasympathetic nervous system. This means that severe psychological trauma can harm the nervous system which effects the function of the intestines, blood cells and muscles such as the heart. There is also an increase in the level of circulating cortisol which has adverse effects on different systems. While some trauma symptoms are more pervasive, the common thread of all traumatic experience involves a threat to physical, emotional or psychological safety of the
individual (Emmerson & Hopper, 2011) Emerson and Hopper (2011) state that, “The core experience of psychological trauma is disempowerment and disconnection from others” (p. 114). Yoga therapy offers the opportunity for social learning and peer support resulting in an increase of what Adler refers to as “community feeling” or “social interest”. Yoga practice takes place in a class setting in which the students move in rhythm with one another. Non judgment of self and of others helps the students to encourage one another.

For individuals who experience posttraumatic stress, the trauma becomes the central force of movement. The individual’s movement becomes centered on anticipated triggers of a survival response. This becomes the center around which they organize themselves. Centers serve as fixed points, creating schemas for movement and goal direction (Ansbacher & Ansbacher, 1956, p. 96). Yoga assists in locating and focusing on different centers, starting with the core, which is the physical center (Emerson & Hopper, 2011). In trauma sensitive yoga the therapist offers the opportunity to notice sensations and reminds clients that they can choose how they would like to respond. Emerson and Hopper (2011) suggest, “Invitational language emphasizes gentle exploration of bodily movements and associated physical sensations, client choice and cultivation of curiosity of one’s body” (p. 436). Choice of posture variation, speed, depth of breath and focused attention promotes agency and power. Experimenting with choice in a yoga practice offers the opportunity to explore consequences in the moment. Each asana is joined with a particular challenge. The role of the yoga therapist is to create a safe container in which clients can tune into their bodies and direct their own experiences.

The clients have choice in relation to the sensations experienced in any particular posture. They may choose to come out of a posture, experiment with different adjustments, or perhaps hold a posture longer. It is important, especially for new clients, that they are not overwhelmed
with choice. The therapist can start by offering a few specific choices modifications of asana and gradually expand the options. Similar to the Adlerian therapist, the yoga therapist acts as a guide. New ideas and perspectives are offered to the client, but the client is the expert in knowing what is truly best for them.

The yoga therapist’s style and the style of the class are important variables in the experience of the client. The therapist must read their clients and tailor the postures and pace to fit their needs. In traditional yoga classes it is not uncommon to hear the teacher encourage the student to “stay a little longer”, “dig a little deeper” or “hold for just one breath”. This is not encouraged in trauma sensitive yoga. Trauma often accompanies a somatic sense of coercion or force. The goal of trauma sensitive yoga is to listen to the body, not push the body. The therapist should not correct, or praise a client’s posture in public. This may lead the client to feel a sense of shame. They may begin to focus on pleasing the therapist rather than listening to their body. Emerson and Hopper (2011) recommend that if props are used to assist asana, the clients should be invited to use them rather than directed to use them because “… a direction to use a prop may send the message that the client’s bodily experience needs to be mediated by external objects in order to be correct” (p. 31). It is most appropriate for the therapist to connect with the client outside of class and let them know what they appreciated. During the practice with clients, it is best to avoid identifying “good” or “bad” posture as it is not useful to name their experience for them. Rather, if the therapist has a suggestion about a posture, it is best to talk with the client outside of class. The therapist can ask if it is comfortable for the client to receive an “assist” and explain why the assist is being given.

There are three types of assists in yoga practice; safety assists, comfort assists, and deepening assists (Emerson & Hopper, 2011). The primary assist used in yoga therapy should be
safety assists. Verbal assists should always be considered first. There may be a reason a client cannot translate a verbal cue into physical action. This should be discussed outside of class. As in any yoga therapy class, the teacher must ask for permission before giving a physical assist. Communication with the client about emotion or discomfort with an assist is helpful in building trust and safety. The therapist should welcome feedback and discussion.

Inviting language is most appropriate in a trauma sensitive yoga class. The therapist may ask, “Can you stay a little longer”, “How does it feel to dig a little deeper”, “Is your body telling you to hold for one more breath”. The pace of the class is another factor to consider when individualizing the class to meet the client’s needs. Falling behind in a yoga class may lead the client to feel inadequate. They may then give up or dissociate. However, if the pace is too fast the client may dissociate and be unaware of the feelings of bodily sensations. The yoga therapist should consider the setting of the studio including the temperature, the lighting, the privacy and cleanliness. Ideally the room is lit by an open window. Lights may be dim, but the therapist should not turn the lights off during savasana, the closing posture of an asana practice. Sudden darkness with eyes closed could cause unexpected triggers. During savasana, the therapist should always voice their movements before they make a change to the environment.

A trauma center developed by the Justice Resource Institute has been a leading force in developing structure and best practice guidelines for yoga therapy. Emerson and Hopper (2011) are yoga therapists at the trauma center who outline four main themes of trauma sensitive practice in their book *Overcoming Trauma through Yoga: Reclaiming your Body*; these include experiencing the present moment, making choices, taking effective action, and creating rhythms (p. 39).

1. The present moment:
The present moment is experienced physically, not intellectually. Experiencing the present moment can be accomplished through the body’s disposition such as awareness of the breath or feeling one’s feet on the ground. For example, a client can be directed to tap the heel of their foot on the floor or wiggle their toes.

2. Choice:

The clients have choice in relation to their sensations. They may choose to come out of a posture, experiment with different adjustments, or perhaps hold a posture a little longer.

3. Effective action:

Clients are aware that triggers may come up in class. They learn to take effective action to respond to the needs of their body. For example, if a client is triggered by a change in the lighting they may choose to ask the teacher to put the lights back how they were, or ask if they can do it themselves or they may choose to step out of the room.

-Creating rhythm:

Emerson and Hopper (2011) explore two types of rhythm; intrapersonal rhythm and interpersonal rhythm. Intrapersonal rhythm is matching one’s own breath with one’s movement. This helps to restore the biorhythms disrupted by trauma such as sleep, food intake, and energy. Interpersonal rhythm is explored through moving and breathing in sync with others. Many trauma survivors experience isolation. Through interpersonal rhythm the client is able to participate in a shared experience of being in synchronization with others.

Another relevant component of rhythm is time. For survivors of trauma, yoga can serve as an opportunity to practice beginnings and endings. For example, the use of a countdown of numbers indicating that an asana will soon be completed is effective in creating a structure in which the client can practice and tolerate discomfort because they learn to trust that it will end.
Yoga is a useful addition to therapy because it is flexible and can be molded to fit the therapeutic model as well as the individual needs of the client. There are, however, best practices to consider. These include, conservative dress, inviting disposition, knowing the exercise before presenting it to a class, engaging in a calm delivery, participation in the classes, familiarity with guiding personal experience, and allowing for time spent debriefing (Emerson & Hopper, 2011).

**Topics for Further Research**

More research is needed to solidify yoga therapy as a safe and cost-effective method of therapeutic healing (Hagins & Khalsa, 2012). Most research on yoga in the west is based on case studies. An individual’s relationship to the practice of yoga is important, but has not lead to definitive answers about the nature of yoga. Evidence-based research is relatively new to the field of yoga, and the studies which have been done have been short term with small sample sizes. Because yoga is such an all-encompassing practice, it is difficult to build scientific evidence describing accurately what actually transpires while engaging in yoga practice. Research on the asana has been the starting point to identify the benefits of yoga within the medical field, but, in order to gain more credibility, further research of asana is needed. According to Bar (2013), "It is crucial to demonstrate that a particular intervention is directly responsible for the observed outcome and to control for all potential nonspecific intervention effects, including factors such as time of day, immediate environments, same instructor and the like” (p. 67). Further research should explore the various types of yoga, paired with different populations, and dosage should be recommended. It should also explore which philosophies should be incorporated for which individuals. (Cook-Cottone, 2013). Some suggest a need for further study of a deeper understanding of the conditions of embodied cognition (Häfner, 2013).

**Conclusion**
A researcher on the conceptualization of yoga therapy, Douglass (2011), reports that “Neurobiologists now view the mind as an inseparable aspect of the body...” (p. 88). A truly holistic approach to healing integrates the body into therapy. As research based evidence grows, the demand for mind-body integration techniques will increase. An important part of healing for many is releasing memories and emotions which have been stored in the body. Yoga therapy promotes the general health benefits of physical movement which include self-esteem and improved mood, and also incorporates mindfulness meditation which helps guide behavior. The integration of yoga practice with Adlerian therapy offers a conceptual framework for therapists to work with a system that aligns with their existing principles of holistic health, social interest, the therapeutic relationship, the creative self and the power of the client.

The spiritual element of contemporary yoga is unique in that it may be incorporated into various religious beliefs and practices. In general, a stronger sense of spirituality often offers opportunities for making meaning out of life. The World Health Organization (2011) defines health as, “a state of complete physical, mental and social wellbeing not merely an absence of disease or infirmity” (as cited in Ebnezar, 2011, p. 95). While it is not a specific part of the definition of health, the World Health Organization also suggests a fourth dimension to the three mentioned above, adding spiritual well-being.

Most importantly, integrating yoga into Adlerian therapy offers a broader range for healing. Research shows that more people are seeking out dual interventions (Moodley et al., 2008). Clients are searching for ways to feel safe in their bodies after they have learned to disassociate as a means of protection. Asana grounds the individual in their body and therefore into their emotions. Yoga therapy offers a safe space to explore emotions that at one time felt unsafe. As stated by Moodley et al. (2008), “Each yoga discipline has its own assumptions about
embodiment, but all use yoga to achieve freedom from the way we habitually interpret the world” (p. 84). With the help of yoga therapy, the client is able to test out and refine their response to emotion.

As the modern yoga movement has begun to incorporate aspects of western culture so have some modern therapeutic models begun to incorporate aspects of eastern culture. The pairing of Adlerian therapy and yoga practice follows in the path of the integrating of healing practices. The underpinnings of Adlerian concepts are not new ideas. Human beings have been trying to make sense of life since the beginning of time. Many of the similarities of Adlerian theory and yoga practice are also relevant to other theories on human behavior. Information about cultures, ideas and philosophies from across the globe are now easily accessed. The mental health field has the opportunity to create a model for healing which incorporates the strengths of different healing modalities from other cultures. The concepts of Adlerian psychology have a unique framework for therapists to integrate yoga into a more complete holistic approach to healing.
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http://www.iayt.org/?page=YogaTherapyDefinitio


