

Reconciling Research Results with the Clinical Practice of Yoga Therapy

By Timothy McCall



Ideally, yoga therapy is delivered on a one-on-one basis or in small-group settings. In a one-on-one setting, the yoga therapist conducts a detailed evaluation of the client, assessing physical, mental, and spiritual wellbeing as well as environmental factors. On the basis of this evaluation the therapist tailors a yoga practice for the student that may include physical postures (*asana*), breathing techniques (*pranayama*), meditation, and so on, as well as dietary and lifestyle advice. Although the chief medical diagnosis informs what is recommended to the client, it does not by itself define it. Further, based on differing levels of fitness, yoga experience, time available to practice, and concurrent medical conditions, among other considerations, the yoga therapist may recommend radically different practices to different patients suffering from the same disease. And as the clients' situations change over time, therapists often modify their practices accordingly.

In the medical research of yoga for specific medical conditions, however, to heighten the rigor and reproducibility of the evidence, researchers prefer using a standardized protocol—a fixed, or “manualized,” sequence of practices for each subject in the study. Without such standardization, it is almost impossible to gain research funding. While yoga teachers and therapists welcome the validation that many such studies have provided for yoga, many feel that research does not fully capture how things actually work day to day with their clients. It is their (so far untested) belief that the standardized protocols used in research studies—designed by people who have never laid eyes on the students who will carry them out—will tend to be systematically less effective than sequences tailored to each student's unique constellation of ever-changing structural, psychological, physiological, and—for many yoga therapists—ayurvedic imbalances. If so, the results of such research might imply that conditions which yoga therapists can indeed treat successfully are not helped by yoga. The explanation could actually be that such canned yoga sequences may be systematically less effective than tailored approaches. Yoga therapists may be told, “There's no evidence that yoga can help that condition,” when their eyes, ears, and gut tell them that what the students are doing is helping, sometimes immensely.

A central goal for the yoga therapist is to provide the student a therapeutic practice that can be done regularly. From a yogic perspective, it is a regular, uninterrupted practice, maintained over a long period that produces the greatest benefit, likely via neuroplastic change. Ten minutes a day is said by yogis to be much more effective than a couple of classes a week. Yet many studies include a set number of classes per week, with no provision for a personal practice. To better capture yoga's potential effectiveness, researchers might develop protocols that encourage short, daily practices. These often occur in the client's home.

In many yoga therapy classes for students with specific medical conditions, the teachers teach the same sequence to all attendees. While group yoga therapy practices are less expensive and offer the possibility of camaraderie among attendees (which in itself may be therapeutic), these conditions do not generally allow for the in-depth evaluation and personalization of the practice routine to fit the individual's situation as can occur in a private consultation with a yoga therapist. While not as personalized as a one-on-one encounter, the teacher is able to see the student attempt the different practices and may offer modifications, deletions, or substitutions to the routines to better serve the student. If they work with the same students in a small-group class over time, as they become more familiar with the students, yoga therapists can further personalize the approach. Such modifications, however, are generally not allowed in research studies. In addition, often it is only when attempting to teach a practice to a student that the therapist learns that the planned intervention is not going to work, and sometimes needs to be scrapped entirely. In research studies, some subjects may end up stuck with what may not be a good routine for them. Whether or not a routine is likely to help a particular student is something that yoga therapists believe they can ascertain using the tools of yoga, such as the intricate study of the breath, postural alignment, and even “the flow of prana” in the body.

Given this difference between how yoga therapy is studied and how yoga therapists actually practice as they tailor their approach to each individual, it could be argued that most research to date does little to help such yoga therapists practice better. But if even the circumscribed forms of yoga studied are found to be effective, the field of yoga therapy gains legitimacy. And someday, perhaps, medical science will come around to comparing prefabricated standardized protocols to individualized approaches developed by seasoned teachers working directly with the clients to test the belief of so many in the field that the latter is indeed better.