

Harvesting the Full Potential of Group Yoga Therapy Classes

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Abstract

Group Yoga therapy is a valuable tool for supporting students with health challenges. This article describes the current use of group settings in Yoga, followed by steps Yoga therapists can adopt to build successful and sustainable group Yoga therapy programs. Curriculum design, participant skills, support materials, and business considerations are included in the discussion. The article also presents an argument for honoring and facilitating both the prescriptive and process aspects of Yoga therapy.

Introduction

Group Yoga therapy represents a powerful and important tool in the future healing of our communities. Given the increasing number of people living with chronic disease, the need for an integrative perspective in an affordable community-based setting has never been greater. Properly designed and facilitated group Yoga therapy classes can provide individuals with renewed optimism and initiate their personal inquiry into how they can support their own healing process. Such inquiry is strengthened when the group setting goes beyond mere Yoga form instruction and focuses on the ongoing healing process that empowers students and restores their dignity.

This article will explore the current use of group settings in Yoga, and provide action-oriented steps Yoga therapists can adopt to build a successful and sustainable group Yoga therapy program. This article also presents an argument for honoring and facilitating both the prescriptive and process aspects of Yoga therapy.

What is Group Yoga Therapy?

For the purposes of this article, group Yoga therapy will be defined as Yoga instruction provided by a Yoga therapist to two or more students sharing a common medical diagnosis (i.e., arthritis, hypertension, fibromyalgia, depression)

or functional health challenge (i.e., back pain, balance difficulties, sleep disturbances). This distinguishes group Yoga therapy from a standard public Yoga class that may have students with various health challenges, but is not promoted nor thematically focused on a health issue.

Group Yoga therapy classes have been offered in India for decades.¹⁻⁴ In the U.S., they are a more recent arrival, with the concept first gaining popularity in the late 1980s with the Mindfulness-Based Stress Reduction programming of Kabat-Zinn,⁵ Ornish's cardiac programming,⁶ and Garfinkel's classes for carpal tunnel syndrome.⁷ More recently, Sherman et al.⁸ demonstrated that over three to six months, Yoga in a class setting appears to be more effective than traditional exercise for improving function and pain in patients with chronic low back pain. All of these programs have published peer-reviewed reports on the efficacy of group Yoga therapy.

The credibility of these programs has led to the development of many types of group Yoga therapy classes at hospitals, medical offices, Yoga studios, community centers, churches, nursing homes, schools, and health clubs. The formats range from one-time workshops to ongoing classes that meet regularly over varying lengths of time. This rapid spread and popularization of group Yoga therapy is exciting, but also presents challenges to the profession. In particular, the field of group Yoga therapy must avoid the pitfalls of falling into the prescriptive bias of Western medical culture.

Balancing Prescriptive and Process-Oriented Therapy

My perspective is based on 25 years of experience as an orthopedic manual physical therapist, training in Phoenix Rising Yoga Therapy and Integrative Yoga Therapy, and seven years experience teaching “Integrating Yoga Therapy into Rehabilitation” as continuing medical education to hundreds of rehabilitation professionals. My perspective can be summarized as that of one who understands and values effective prescriptive therapy, but who daily sees the disastrous effects of failing to balance prescriptive therapy with the process component of healing.

A Prescriptive Approach to Therapy

In a prescriptive approach to therapy, the provider is approached by a student who is seeking the knowledge or skill of the provider to fix or correct a problem. The provider prescribes or delivers the solution, and the defect is hopefully resolved for the student. Limitations of this approach include:

- The caregiver presumes to know what is wrong and what is needed.
- There is no opportunity for the individual to speak, or the caregiver does not listen to the individual.
- The individual does not feel empowered to take responsibility for his or her health.
- Therapy/healthcare takes place in an impersonal setting without community.
- The individual may feel pushed or cornered into choices or actions that do not honor the individual.

This overemphasis on the prescriptive aspect of therapy can be found in both the medical and Yoga communities. In group Yoga classes, this is evident when:

- The teacher does not introduce himself or herself and does not learn or use students’ names in class.
- There is no verbal check-in or opportunity for individuals to relate experiences or communicate in class.
- There is no intake or screening of health conditions.
- Contraindications and modifications for specific health conditions are not provided.
- There is no instruction or provision of materials

for home practice, and discussion of “off the mat” correlates to the class practice.

- Someone is “adjusted” into a posture or admonished to continue a practice despite visible strain or discomfort.

All of these common teaching practices illustrate the absence of the reciprocal healing relationship sought in a Yoga therapeutic encounter.

A bias toward the prescriptive model is also evident in a review of the literature on Yoga therapy. Both popular books and peer-reviewed research have adopted a mechanistic or “parts” prescriptive paradigm mimicking the prescriptive allopathic model. Backache? Do this, this, and this *âsana*. Headache? Oh, that’s this one and that. Cramps? Try these and call me tomorrow. Before long, teachers and students are out seeking the right Yoga prescription for a specific malady.

But aren’t there times when a prescriptive *âsana* or technique can resolve specific complaints? Of course there are, and when appropriate, they should be offered as a portion of the Yoga therapy process. Where we can get trapped is in losing the balance in the paradox of Yoga therapy as both prescriptive and process-oriented. Our dominant societal viewpoint of seeking a pill for a complaint can lead to Yoga therapy classes that attempt to offer a Yoga “pill.” The greatest loss in such a class is that students do not experience their innate healing power, and do not participate in their own process of healing.

A Process Approach to Therapy

The prescriptive pressures can be balanced by adopting a perspective of Yoga therapy as a process of personal practice and inquiry. In that inquiry, the therapist and students become peers, effectively shifting the therapy model to one of co-inquirers. This shift results in a collaborative learning process that moves away from the expert-to-receiver model of Western medicine. Both therapist and student bring their experiences and insights to the process to generate a synergy not previously available in a private inquiry.

In a process-model approach to therapy, the therapist creates a safe space and monitors the appropriateness of activities, but constantly seeks out and responds to students’ feedback and changing needs. It is this type of collaboration that can take a good group Yoga therapy class to a new level of healing. The following practical suggestions will help Yoga therapists sustain a balance of this process within a prescriptive class environment.

Generating a Collaborative Learning Environment

The goals of a group Yoga therapy program are not only to teach the techniques of Yoga, but also to invite students to experience a healing process within a community. In this community, students' voices are heard, experiences are honored, beliefs and actions are transformed, and the lessons learned are sustainable beyond the walls of the group meetings.

To achieve these goals, five aspects of the program must be considered: (1) a safe and comfortable environment that invites inquiry, (2) curriculum design and modification, (3) skills needed by the therapist and students, (4) support materials for the students at home, and (5) a sustainable and profitable business model for the provider.

Safe Environment

Safety is the foundation for any transformative learning experience.⁹ All of the suggestions in this article will be fruitless if the group sessions are not offered in an environment that consistently addresses issues of risk for both the students and the therapist. Specific examples, action steps, and tools for risk management in a group Yoga class are provided in Taylor.¹⁰ In brief, there needs to be proper screening for participation, and the teacher or therapist should have specific content proficiency, first aid and CPR training, knowledge of safety and emergency protocols, and a network of outside professionals for consultation and referral when instructing students with known health challenges.

An example of this need for safety occurred in one of my first group back care Yoga therapy classes. During the asana portion of the first class, one of the students became light-headed and was visibly distressed. I moved quickly to her side, and instructed the class to continue with five more repetitions of the movement they were exploring, then to rest in shavāsana. My medical training had prepared me to ask the student clarifying questions, and I knew how to position her for stability and monitor her vital signs. Her symptoms cleared quickly, her vital signs were stable, and she rested comfortably, observing the remainder of the class. After class, one of the other students stopped to thank me for how I handled the situation and said, "That's the only reason I signed up—I knew I would be safe with you." That incident impressed upon me the importance of safety steps for creating a space where students can feel comfortable engaging in self-inquiry, and become willing to explore new behaviors.

Curriculum Design

The structure of group Yoga therapy classes varies by lineage and experience of the therapist. But regardless of lineage, all therapists can facilitate a more participatory role for students, shifting away from a relatively passive theater-style class, where students follow the directions of the therapist as they all move through the therapist-designed curriculum. The art of this process is finding a balance between the need for structure and security on the one hand, and the flexibility and opportunity to adapt as the groups' needs change. The following is a list of suggestions for maximizing the creative healing opportunity of a group experience. While these suggestions are based on the modern action research theory of collaborative inquiry,¹¹ the underlying worldview is that of a participatory, integral philosophy. This philosophy holds that transformative learning requires a participatory experience and specific skills as outcomes.

Curriculum agenda. Rather than presuming to know what students need to explore, the therapist can give the group a list of related topics/themes in the first class (i.e., stress management, concentration, emotional/spiritual issues and how they impact their health challenges). Ask the students to brainstorm and determine what they, as a group, are most interested in exploring. The opportunity to be heard is empowering for them, and the themes they choose can be surprising and informative for the therapist. Surprisingly, in my own group Yoga therapy class for back pain, the students had very little interest in anatomy or pathology, but wanted a fair amount of time committed to exploring how spirituality, emotions, and relationships affect their pain.

Opportunities for feedback. Giving students opportunities to briefly share their experiences and insights allows for individual expression. It also allows others in the group to learn, and to have their perspectives supported or challenged. Typically, taking a few minutes at the beginning of class for a check-in, and then a few minutes again toward the close of the class, works well. Sharing is limited to brief statements of experience by whomever feels compelled to share or be heard in an environment of supportive listening. There is no discussion of, or commenting on, other students' experiences. Therapists can encourage a variety of media beyond words, including drawings, poems, or music.

Off the mat correlates. Provide specific examples of how the activities in class (*asana*, *prānāyāma*, awareness/focus, etc.) correlate to everyday activities. Assign students several areas in daily life to explore between classes. This will yield fascinating sharing at the opening of the next class.

Include an individual session. There is a tendency among students and therapists to dichotomize programming into either a one-on-one or group process. My own Yoga therapy groups report that the experience of having an individual session complements the group experience. Therapists can price the program to include one private session for each student. This allows the therapist to further individually tailor activities to each student's needs, and deepens the relationship between the therapist and student. Both of these factors are known to increase participation levels at home, and help student achieve goals, in conditions involving chronic pain.¹² The experience can be deepened further if a member of the student's social support network is invited to observe, as this provides better understanding and support at home for the new behaviors being learned.¹²

Set measurable goals. Have students write out measurable goals at the beginning of the program, and allow them to modify their goals midway in a series of classes. This will increase focus and intention, and has been shown to increase follow-up away from class.¹³

Skills Needed

Both the Yoga therapist and students need the following skills to cooperatively engage in a more participatory group Yoga therapy class. It is assumed that the therapist has sufficient subject matter competency and safety training. However, the following skills may exceed those attained in a basic Yoga teacher training program and some Yoga therapist training programs.

Group facilitation skills: the ability of the therapist to manage conversation flow and draw out others in the sharing process.

Appropriate self-disclosure: the ability to share personal experiences, including discomfort or mistakes, in a group setting. By modeling this behavior, the therapist creates a space of safety and openness.

Tolerance for ambiguity: the ability to be comfortable with the unknown of the process. For the therapist, this might include being comfortable when the class wants to learn more about something the therapist lacks experience teaching. For the group, this might include being comfortable not knowing what might come up in any given sharing experience.

Mindfulness and presence: the ability to clear the emotional and intellectual distractions and events of the day, and be present in the group. Facilitating and participating in a group process requires more focus than merely acting out a lesson plan. This includes the ability of the therapist and each participant to identify their own emotional states and

the emotions of others, and respond accordingly.

Confrontation skills: the ability of the therapist and all students to recognize, observe, and respond to their own needs when the inevitable tension arrives in a participatory process. The participatory process empowers a sense of ownership of the process beyond just the therapist. That ownership carries the responsibility of not withdrawing or splitting from the group without first acknowledging discomfort and seeking support. This skill set is described in detail by Hearon and Reason.¹¹

Support Materials

Providing support material and homework is a good example of how a prescriptive approach can be integrated with a process approach to therapy. Students who are given clear information about how to perform the activities of Yoga therapy at home will have a better chance of developing an ongoing process of inquiry after the class is over.¹² Assignments are further enhanced by the specificity of homework. Johnson and Kazantzis¹⁴ noted that, especially in the early classes in a series, therapists should regularly outline when, where, how often, and how long homework should be practiced at home. Further, the assignment of homework should involve in-session practice of the task, augmented with the therapist modeling where appropriate. Possible supportive materials include:

- Home study handouts for students
- Email directions for practice, and email contact for questions or feedback
- Online handouts, pictures, sound files, podcasts, or other resources
- Journals, reflection materials, and a bulletin board (either electronic or physical board at the teaching center) for posting reflections
- Digital recordings of the assigned activities during the class, offered on DVD or CD, or posted online after class

These supportive materials can be built into the pricing structure of the group sessions or can be sold separately.

Business Model

The provision of group Yoga therapy must be sustainable over time, whether it is a private business venture or budgeted within a nonprofit institution. Too many programs are developed and then shelved when there are insufficient resources or money to continue the course. The following suggestions can

directly support the sustainability of group programs, while also building the therapist's practice and local network.

- Learn and use language shared by medical professionals (i.e., "relaxation response," "decreased stress hormones," or "decreased postural sway") to succinctly state what the group programming can offer potential participants. Avoid making sweeping claims about the benefits of Yoga.
- Build your practice by networking with other professions. For example, invite other professionals to participate in, or offer their clients, an experiential pre-workshop or special discounted rate. Build your knowledge base about other therapeutic professions, so that you understand other complementary procedures, counseling processes, and the effects of prescribed medications.
- Bring in subject experts to provide 10-minute presentations (i.e., on stress, anger management, or diabetes control), and invite them to stay to participate in the group therapy class. In this way, they experience firsthand the effects of Yoga therapy and gain an appreciation for the experience you can offer their clients.
- Offer pre-session workshops in a variety of settings for the public to sample. This bypasses the fear of commitment to a longer series and lets participants feel the results in their "bones" rather than having the decision be just a "head" process.
- Get help pricing your time and costs from a financial professional or an experienced colleague to be sure that your efforts will be sustainable.
- Consider collaborating with local schools to explore possibilities for capturing measurable change and data. Healthcare training programs, physical education departments, and psychology programs are good natural choices, and students in these programs will have the training and resources to conduct research. Your involvement with research will build your credibility and remove barriers for both students and potential referral sources.

Conclusion

A large part of the appeal of complementary and alternative medicine is how it empowers consumers to take

charge of their own health. The interactive, participatory group Yoga therapy class format delivers that power to the student while nurturing and supporting the therapist. If the therapist maintains a balance of prescriptive instruction along with the space and flexibility for a creative healing process to emerge, group Yoga therapy will become a prominent part of the larger wellness and healthcare community.

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