

Working Definitions

Yoga is one of India's oldest and most comprehensive soteriological traditions, which has developed a vast arsenal of physical and mental techniques geared to gain control over the nervous system in order to achieve, at will, conscious and supraconscious states of transcendence. In order to appreciate the unique contribution of Yoga to our understanding of the human condition, this age-old tradition is best viewed from the kind of broad perspective of the human potential that characterizes transpersonal psychology and psychosomatic medicine. Yoga therapy is of modern coinage and represents a first effort to integrate traditional yogic concepts and techniques with Western medical and psychological knowledge. Whereas traditional Yoga is primarily concerned with personal transcendence on the part of a "normal" or healthy individual, Yoga therapy aims at the holistic treatment of various kinds of psychological or somatic dysfunctions ranging from back problems to emotional distress. Both approaches, however, share an understanding of the human being as an integrated body-mind system, which can function optimally only when there is a state of dynamic balance.

Yoga Past and Present

The beginnings of Yoga can be seen in India's oldest sacred corpus, the Rig-Veda, which was compiled prior to 2000 B.C.E. In this hymnody, composed in archaic Sanskrit, inspired sages expressed their deepest thoughts and intuitions about human life. Yoga achieved its classical form under Patanjali, the compiler of the Yoga-Sûtra, who is assigned to the period from 200 B.C.E. to 200 C.E. He outlined the eight "limbs" of the yogic path: (1) moral discipline (yama), (2) self-restraint (niyama), posture (âsana), breath control (prânâyâma), sensory inhibition (pratyâhâra), concentration (dhâranâ), meditation (dhyâna), and ecstasy (samâdhi). These are intended to lead the practitioner (called yogin if male and yoginî if female) to total transcendence, or liberation. Yogic teachings are also present in Buddhism and Jainism, though in the West the term yoga is most commonly associated with Hinduism.

In contrast to Patanjali's Classical Yoga, the many schools of Post-Classical Yoga are nondualistic. That is, they pursue their soteriological program on the basis of the recognition that "All is One." Thus their *via negativa* leans toward a more life-positive orientation, which is founded in the understanding that if everything is an interconnected and interdependent Whole, there is no need for escape or denial of body, mind, and world.

This orientation achieved its peak in Hatha-Yoga ("Forceful Yoga"). This type of Yoga specializes in exploring the body's potential for the transformative processes of yogic consciousness technology. Understandably, it is this orientation that holds the greatest appeal for contemporary Western students, especially those concerned with the integration of body and mind.

Hatha-Yoga has always had a close relationship with India's native naturopathic system called Âyur-Veda ("Life Science"), which is profoundly holistic and for this reason has become fashionable in the West in recent years. A similar osmosis has occurred between Hatha-Yoga and the Siddha naturopathic system of South India, which, however, is as yet little known in Western countries.

The psychosomatic approach of Hatha-Yoga includes many physical purification techniques and a large number of postures that exercise the body in various ways. The last-mentioned feature has been mainly responsible for the great popularity of Hatha-Yoga outside India. Today an estimated six million Americans are practicing postures and other Hatha-Yoga techniques on a more or less regular basis to help restore or maintain their fitness and/or health.

In the West, there are several significant contemporary approaches to Hatha-Yoga, which are based on traditional teachings to varying degrees and also utilize the therapeutic potential of Yoga. The most traditional orientation, which goes by the name of Viniyoga, is found in the school of T. Krishnamacharya (1888-1989) and his son T. K. V. Desikachar. It has produced a number of Western Viniyoga teachers, including Gary Kraftsow in Hawaii, who recently authored a significant book on Yoga therapy.

Another well-known system, which has produced over a thousand teachers around the world, is that of B. K. S. Iyengar, a son-in-law and student of T. Krishnamacharya. More than any other teacher, Iyengar has developed Hatha-Yoga for therapeutic purposes and in this context has pioneered the use of props such as wood blocks, benches, bolsters, and straps.

A third widely used approach containing therapeutic elements is Kripalu Yoga, as developed by Yogi Amrit Desai and the Kripalu Center for Yoga and Health in Massachusetts.

A modified form of Kripalu Yoga is taught at Phoenix Rising Therapy under Michael Lee, M.A., also in Massachusetts.

In California, Joseph LePage, Ph.D., is using Yoga therapy specifically for stress reduction under the aegis of Integrative Yoga Therapy.

More recently, Dean Ornish, M.D., a student of Swami Satchidananda of the Integral Yoga Society, has included Yoga therapy for stress management in his program for patients suffering from various types of heart disease. Patients are expected to commit to one hour of Yoga a day for the period of one year, in addition to adhering to a low-fat vegetarian diet, regular exercise, and utilizing group support. Currently the Ornish Program is used at eight hospitals and since its inception in 1985 has involved hundreds of patients.

Medical and Psychological Research on Yoga

In the course of its several thousand years of existence, Yoga has accumulated a huge store of experiential data, some of which is contained in the extensive native literature written in Sanskrit and various vernacular languages. Much of the information, however, is still passed on from teacher to disciple by word of mouth, and therefore to learn the subtleties of yogic technology one is obliged to undergo a traditional pupilage even today.

Ever since classical Greece, Westerners have been intrigued by the extraordinary physical and mental abilities of Yoga practitioners. There are numerous anecdotes about yogins being able to stop their pulse and heart beat, to experience no pain when cut or burned, to suffer no injury when ingesting lethal doses of poison, to be buried underground for several days in an airtight box, and not least to remain transfixed in concentration for hours and even days.

Some of these feats have been tested and fully or partially verified in medical laboratories. One of the better known contemporary yogins capable of extraordinary somatic and psychological responses was the late Swami Rama (1925-1996), founder of the Himalayan International Institute in Pennsylvania. In 1970 he was tested at the Menninger Foundation in Topeka, Kansas, and among other yogic skills demonstrated extensive control over his brain waves. While few Yoga practitioners actually attain this level of mastery, in principle everyone is held to be capable of it. Swami Rama's expertise and humanitarianism attracted many physicians and psychologists, which, in 1989, led to the creation of one of India's best equipped hospitals with 500 beds and a plan for 2,000 more. This hospital, which is meant to be expanded into a medical city, uses Yoga therapy as a complement to conventional medicine.

The earliest medical studies of Yoga were conducted at the Yoga Institute in Santacruz, Bombay. The Institute was founded in 1918 by Shri Yogendra as a research and educational organization and today is

directed by his son Jayadeva Yogendra, Ph.D., who is also the editor of the quarterly magazine *Yoga and Total Health*, now in its forty-second year of publication. Another well-known Indian Yoga research institution is Kaivalyadhama in Lonavla, which was founded in 1924 by Swami Kuvalayananda, who also launched *Yoga-Mimamsa* journal.

Over the years, numerous medical studies have been carried out that typically bear out the modest-to-moderate claims made by Yoga authorities. These range from Yoga's beneficial effect on physical flexibility, muscle tone, and stamina to poor eyesight, obesity, indigestion, back pain, hypertension, various respiratory diseases, sinusitis, arthritis, diabetes (I and II), as well as anxiety, nervousness, attention deficit, and memory loss.

In the 1970s, the immense popularity of Transcendental Meditation (TM) introduced to the West by Maharshi Mahesh Yogi led to many studies of this and other forms of meditation. Again, the benefits of regular meditation for physical and mental health have clearly been demonstrated in experiments. The Yoga Research and Education Center in California is currently creating a data base of medical and scientific studies on Yoga, which, when completed, will be made accessible to Yoga teachers and investigators. Some aspects of Yoga—notably meditation—have been fairly thoroughly (and repeatedly) investigated, while others are in need of systematic study. In particular, illness-specific and longitudinal studies are needed to explore the effects of regular Yoga practice on a person's psychosomatic well-being.

Following are two case histories that illustrate the approach of Yoga therapy.

Two Practical Examples

Morgan, a forty-six-year-old businessman who owned several successful companies, had been referred to me by the trainer of the sports team he was sponsoring and which I was teaching a modified version of Hatha-Yoga. Over the phone he told me that he wanted to learn meditation rather than physical exercises and asked whether I could see him at his home. I told him that my schedule did not allow me to make house calls, especially when long-distance travel was involved, and asked whether he would not be able to come see me instead. I gathered from his cryptic remarks that when he was not in the office, he did not go out much. I insisted that he should come to me for the initial consultation, which he did a few days later.

Morgan was a six-foot-tall lanky figure, slightly stooping, and obviously depressed. I asked him a little bit about his life and medical history, and he admitted to having been on antidepressants on and off for the past several years but currently was not taking anything because he did not like the side effects. He was told by a friend that meditation could prove beneficial. I confirmed this, but at the same time pointed out to him that meditation is never a quick fix and for it to be helpful must become part of an appropriate lifestyle.

I asked him about his diet, which consisted of restaurant food or snacks at home. He never exercised and had his chauffeur drive him everywhere. He stayed up late, slept little and fitfully, and stayed in bed till noon reading the papers and making phone calls. On the positive side, he did not smoke and drank alcohol only with meals.

Morgan seemed reticent to talk about himself, and I had to remind him that although I was not a physician, I needed to know something about him in order to help him. I carefully explored the issue of his depression, and it turned out that he had a long history of failed relationships with women and feared he was becoming impotent. Also, his businesses were more or less running by themselves, and so he had a lot of free time on his hands to brood over his situation, which only made things worse. He had seen a psychiatrist for several months but then grew tired of spilling his guts without ever seeing any change in himself.

I told Morgan quite frankly that before he could benefit from meditation, he would have to do regular physical exercises and breathing techniques to "ground" as well as "energize" himself and thus become able to relax more. He agreed that he had difficulty concentrating and expressed his willingness to try my approach. In turn, I agreed to see him at his home once or twice a week for a while.

On my first visit, I quickly determined Morgan's flexibility, which was poor. I designed a thirty-minute program for him involving spinal twists in the supine position, easy forward, backward, and lateral bends. I had him do the exercises and helped him find his own optimal form for each. In between each exercise I had him rest for several minutes. I asked his permission to touch him during these relaxations and took the opportunity to help him stabilize his bodily energies by placing my right hand on his solar plexus and then on his heart. His energies responded well, which I conveyed to him. I sensed that he needed all the encouragement I could give him.

We ended the session with a fifteen-minute guided relaxation, which involved first tensing the entire body and then relaxing it limb by limb. When he was adequately relaxed, I asked him to breathe more deeply, filling first his abdomen and then his chest (diaphragmatic breathing). He had difficulty with this, and again I assisted by gently placing my right hand on his solar plexus and guiding the movement of his breath.

At the end of the session, I asked him for feedback, and he said that he found the relaxations very good. I encouraged him to practice them every day together with the physical exercises, which he promised he would do.

On my second visit, he sheepishly confessed that he had not kept his promise and had no real excuse for this omission either. I reminded him that he must want to overcome his problems before he could overcome them. Then I very firmly told him that I would not return for further sessions unless he were to practice every day. He seemed surprised at that, but promised to do better. Thereafter he kept his word with only a few exceptions, which I did not hold against him.

Over the next several weeks, Morgan's flexibility and capacity for relaxation slowly but steadily increased, and also his energy level seemed to improve. Now and then I got him to talk a little more about his life, though it was difficult for him to open up. Mainly I endeavored to convey to him that we are meaning-creating beings, and that it is largely up to us what meanings we allow to influence our life. I explained that his particular crisis was an opportunity to find or create new meanings for himself. Now that his businesses no longer demanded all his energy and attention, he was free to explore new possibilities. At the moment, he felt himself in a vacuum, but looked at differently the same vacuum was an open space for new meanings to emerge. He understood in theory but was frustrated by the fact that he had allowed himself to sink into chronic depression, which now required a lot of remedial work. I had recommended that he see a homeopathic physician for additional help, but he never did; I regarded this as part of his self-sabotaging program.

Just when I felt we were making some progress, he had to go on an extended business trip. I found out from our mutual friend that during his travels Morgan had completely dropped his Yoga practice, had another disastrous relationship with a woman, and then had promptly succumbed to his usual emotional gloom. He was too depressed and embarrassed to call me after his return. Old patterns are difficult to change.

Although this case is not a success story, it illustrates well the yogic approach to remedial work. All healing is self-healing, and healers merely assist this process. This is a pivotal message to communicate to clients. Those who are eager to assume responsibility for their own healing inevitably will benefit more deeply and quickly from Yoga.

This was the case with Sally, a fifty-two-year-old woman who had gone through the trials of her husband's bankruptcy followed by an ugly divorce initiated by him. She was suddenly faced with the

realization that, after years of being a housewife, she had to make a new life and career for herself. She came to one of my group sessions twice before she plucked up enough courage to ask me for a private consultation. For years she had been suffering from back problems, which she realized were partly due to prolonged marital strain. Now they were flaring up with a vengeance. I had noticed her discomfort and had her do modified versions of some of the group exercises.

Sally had seen a physician and, apart from chronically contracted muscles in the lower back, there were no structural abnormalities. She had tried a certain style of bodywork but found she was unable to bear the pain of this particular treatment. Yoga, she found, was helping her relieve the discomfort somewhat. She also was aware that she needed to deal with the emotional side of the problem, which was the stored-up anger directed against her husband. Since she understood her difficulties so clearly, I could be very direct with her.

I proposed a two-pronged course of action to Sally. First, she had to let go of the angry "holding pattern," which caused her lower back muscles to be in a chronically contracted state. Second, she had to use the energy freed up by releasing her anger in a creative way. She expressed a great eagerness to do both.

I asked her to lie down on her side and then placed my hand on her lower back to let her feel the "holding pattern." Simultaneously, I explained to her that these contracted muscles were her own unloving feelings and that no one but herself was responsible for them and the pain they were causing her. She cried a little, which was a good beginning. I encouraged her to see her life in the larger context of yogic meanings. This included the idea that by projecting anger toward someone, we not only do damage to them, because, according to Yoga, thoughts are forms of energy, but that this action also has inevitable repercussions for ourselves.

I then surprised her by asking her to daily send positive, blessing thoughts to her ex-husband, audibly saying words of forgiveness. She found this very difficult at first and shed some tears, but with some practice she began to feel the transformative power of this exercise and in the end could do it quite naturally. She understood that body and mind go together and that she needed to take care of both. At the same time, I taught her to visualize all muscle tension being released during exhalation and while lying in the supine position with a cushion under her knees to prevent any strain on her lower back.

As she acquired more of a sense of the energy freed up by means of this exercise, I asked her to visualize that energy filling her body with strength and radiance during inhalation. In addition, I designed an individual exercise program for her, which she could do at home. I also recommended that she take a hot bath prior to exercising so as to loosen her muscles, especially for the stretches, and suggested some vitamin supplements to aid this process. Her physical condition improved surprisingly quickly, mainly because she practiced consistently, intelligently, and with enthusiasm. She also visibly gained in self-confidence, and before long she initiated the necessary steps toward a career in bodywork.

Discussion

As an emerging field, Yoga therapy is still in the process of defining itself both relative to the medical and psychological profession and the Indic Yoga tradition. Throughout its long history, Yoga's proven vitality has always been integrally connected with the traditional initiatory structure and oral transmission of yogic teachings. In the West, a new approach to Yoga is evolving, which tends to downplay these two traditional elements but which has introduced a battery of new concepts and practices stemming from medicine and psychology. While this direction is necessary and inevitable, it also exposes Yoga to reductionism, which must be avoided. Specifically, to the extent that Yoga therapy understands itself as little more than physical therapy or breath therapy it will have failed in preserving the holistic paradigm of original Yoga. The challenge confronting Yoga therapists is to remain true to the holistic (psychosomatic and spiritual) content of traditional Yoga while simultaneously serving clients who are suffering from physical and emotional dysfunctions and who may not be prepared to hear that their problems have a spiritual component. To express it differently, Yoga therapists will have to become

highly skillful in navigating the potentially hazardous waters between therapy and religion—a challenge they share, for instance, with some psychotherapists.

Yoga has been part of the American cultural kaleidoscope for the past hundred years and is undoubtedly here to stay. Yoga teacher training in the United States is becoming ever more professionalized through the efforts of organizations like the International Association of Yoga Therapists in Mill Valley, California, and International Yoga Studies in Phoenix, Arizona. Training specific to Yoga therapy is also increasingly subjected to higher professional standards, which will serve both Yoga therapists and their clients. The first fruits of these various efforts can be seen in the recent interest by health insurance companies in admitting Yoga and Yoga therapy into their programs. The future for Yoga and Yoga therapy looks bright.

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- *Yoga-Mimamsa*. Quarterly journal published by Kaivalyadhama, Lonavla, India. 1924-. Ê Ê

Resources Listed in alphabetical order

- American Viniyoga Institute. Directed by Gary Kraftsow, M.A. Address: 1030 E. Kuiaha Road, Haiku, HI 96708.
- Integrative Yoga Therapy. Directed by Joseph LePage, Ph.D. Address: 5237 Darrow Rd. #6, Hudson, OH 44236.
- International Association of Yoga Therapists. Directed by John Kepner, M.A.. Address: P.O. Box 2513, Prescott, AZ 86302.
- International Yoga Studies. Directed by Sandra Summerfield Kozak, M.S. Address: Northern California..
- Kaivalyadhama. Directed by Swami Digambarji. Address: 117 Valvan, Lonavla 410 403, India.
- Kripalu Yoga Teachers Association. Address: P.O. Box 793, Lenox, MA 01240.
- Phoenix Rising Yoga Therapy. Directed by Michael Lee, M.A. Address: P.O. Box 819, Housatonic, MA 01236.
- Preventive Medicine Research Institute. Directed by Dean Ornish, M.D. Address: 900 Bridgeway, Suite 1, Sausalito, CA 94965.
- Yoga Biomedical Trust. Directed by Robin Monro, Ph.D. Address: P.O. Box 140, Cambridge CB4 3SY, England.
- Yoga Institute. Directed by Jayadeva Yogendra, Ph.D. Address: Santa Cruz (East), Bombay 400 055, India.

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working definition” noun a) A definition that is chosen for an occasion and may not fully conform with established or authoritative definitions. Not knowing of established definitions would be grounds for selecting or devising a working definition. b) A definition Wiktionary. Definition” For other uses, see Definition (disambiguation). A definition is a passage that explains the meaning of a term (a word, phrase or other set of symbols), or a type of thing. The term to be defined is the definiendum. Working definition: Working people have jobs which they are paid to do. | Meaning, pronunciation, translations and examples. The needs and opinions of ordinary working people were ignored. One or two, in blue suits, might have been bank officials. Others were clearly working men. 3. adjective [ADJECTIVE noun]. A working day or week is the amount of time during a normal day or week which you spend doing your job. (Definition of working from the Cambridge Business English Dictionary © Cambridge University Press). Translations of working. in Russian. working definition (plural working definitions). A definition that is chosen for an occasion and may not fully conform with established or authoritative definitions. Not knowing of established definitions would be grounds for selecting or devising a working definition. A definition being developed; a tentative definition that can be tailored to create an authoritative definition. Working definition, the act of a person or thing that works. See more. British Dictionary definitions for working. working. / (ˈwɜːkɪŋ) /. noun. the operation or mode of operation of something. the act or process of moulding something pliable. a convulsive or jerking motion, as from excitement.