

Decoding the integrated approach to yoga therapy: Qualitative evidence based conceptual framework

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ABSTRACT

Aim: The aim of this study was to define, decode, and append to the conceptual frame-work of the integrated approach to yoga therapy (IAYT).

Materials and Methods: Four stakeholders who followed two in-patients with depression over a period of 2 weeks in the residential center “Arogyadhama” (of Swami Vivekananda Yoga Anusandana Samsthana, Bangalore, India) were interviewed before the start of the IAYT treatment and prior to discharge of the patient. The patients were also interviewed pre and post and were observed once during their session. The data from the audio recordings from eight in-depth interviews were transcribed manually and qualitative analysis was conducted.

Results: The conceptual frame-work of IAYT depicts that patient related factors (“co-operation of patient,” “patients awareness of his/her condition”), therapist related factors (“ability to guide,” the “assistance to the patients,” “explanation of the exercises”) and treatment related factors (“combination of psychiatric or *Ayurvedic* medication with yoga,” “counseling during the IAYT treatment,” duration of treatment), play an integrated role in reaching the “aim of IAYT” and experiencing “improvements and changes.”

Conclusion: The IAYT is a holistic program and the ability of the patient to cooperate with and integrate the available factors (therapist related and treatment related) could enable best results.

Key words: Conceptual; evidence-based; integrated approach to yoga therapy; qualitative.


INTRODUCTION

The integrated approach to yoga therapy (IAYT) model developed by Swami Vivekananda Yoga Anusandhana Samasthana (S-VYASA)^[1] is based on the principle that “the root of all psychosocial illnesses is in the mind; which causes an internal imbalance due to long standing stressful and demanding situations of life.”^[1] Intense surges of uncontrolled excessive speed of responses to these demanding situations at an emotional level (*Manomaya Kosa*), conflicts between value systems (*Vijnanamaya Kosha*), and strong likes and dislikes at the psychological level (*Manomaya Kosa*) are responsible

for imbalances at gross levels (*Pranamaya and Annamaya Kosas*). IAYT slows down the loop of uncontrolled speed of thoughts (stress) through several techniques that use the principle of “successive stimulations followed by progressive relaxation and the rest” to correct the imbalances, promote “mastery over the mind” and harmonize the disturbances at each of the five levels (*Pancha Kosa*).^[1,2]

Based on the above *Pancha Kosa* concept, the IAYT model incorporates varied yogic practices at each level to help patients with different disorders deal with their problems.^[3] The *Annamaya Kosa* disorders include: (1) Asana: A stable and comfortable posture, which gives deep relaxation to internal organs by massaging them thoroughly; all organs of the body start functioning in a harmonious manner and the mind becomes tranquil (2) Diet: Simple vegetarian wholesome food that calms down the mind (Sattvic diet) is recommended as it helps to maintain internal harmony in the body as well as mind (3) Loosening exercises: Reduces joint stiffness, strengthens the muscles of the body and increases physical stamina.

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The *Pranayama Kosa* practices include: (1) Breathing exercises and cleansing breath: Increases awareness about breathing, clears the lungs, corrects breathing pattern, and increases lung capacity; (2) Pranayama: Slows down breathing rate and restores autonomic balance thereby calming the mind. The *Manomaya Kosa* practices include: (1) Cyclic meditation: Practices with repeated stimulations and relaxations; (2) Om meditation and mind sound resonance technique (MSRT) for creating awareness and slowing down the mind and (3) Devotional sessions: For emotional culture through “Bhakti Yoga” and The *Vijnanamaya Kosa* Practices include: (1) Lectures and yogic counseling using yogic concepts of fearlessness for stress management. All the above practices are incorporated with the aim to help a person achieve the final state of self-knowledge, the *Anandamaya Kosa* (Bliss), a state of blissful silence with awareness, perfect poise and freedom of choice where the mind is not troubled by stressful thoughts and fears.^[3]

Thus, the IAYT can be understood as a holistic model, which corrects the imbalances at physical, mental and emotional levels. All components of the IAYT are mutually exclusive of each other in theory; for the IAYT model to have its desired effect, all the components need to be integrated and provided to have a desired effect on each of the five levels of existence. No component singularly can claim to be the IAYT, nor could possibly have the same effects as the whole model. IAYT has been shown to have complimentary benefits in the treatment of mind body diseases such as bronchial asthma,^[4] mental deficiency,^[5] arthritis,^[6] cancer,^[7] and stress during pregnancy.^[8]

To further understand the practical application of the IAYT model, to explore the dynamics and to add to the conceptual frame-work, the authors of this paper used the qualitative methodology and followed-up two patients with depression and their treating team who used the IAYT model at S-VYASA.

MATERIALS AND METHODS

This paper is part of a larger study conducted at the S-VYASA to understand the dynamics of the IAYT for patients with depression. The study was cleared by the Institute Ethics Committee at S-VYASA, Bangalore.

Sample

For this paper, two in-patients with depression were followed over a period of 2 weeks in the residential center “Arogyadhama” (of S-VYASA Bangalore, India). Though the center admits subjects willing to undergo IAYT for 9 different ailments, the IAYT schedule is the same for all patients-with modifications only in the Asana practice according to the diagnosed ailment. Hence for the purpose

of homogeneity of the sample, patients and their treating team from only one department (Psychiatry) were chosen.

The two patients were under the supervision of a treating team of 4 members (a professional consultant psychiatrist (P), a psychologist (PC), a yoga therapist experienced in handling depression cases Yoga therapist (YT) and a senior consultant in *Ayurveda* Physician (AP). All treating team members and patients gave their consent to participate in the study. The treating team was interviewed whenever a patient got admitted and at the time of their discharge. The patients were observed during one of their sessions in the 2 weeks period of stay and were interviewed before the start and at the end of their IAYT treatment period. The socio demographic data of the patients and treating team of the study was compiled [Table 1].

In-depth interview

The study used the in-depth interview method of data collection, wherein each interview took between 45 min and 1 h. The primary author (also the primary researcher) interviewed the patients and treating team about their knowledge about yoga, the reasons for opting for this method of treatment and their expectations, efficacy and experiences of the IAYT sessions. This interview was conducted with the help of an interview guide which was developed based on the objectives of the study, literature review and discussion with experts (co-investigators of this study). It followed a semi-structured format, using open-ended questions in a face-to-face conversational style. Answers to open questions originated new questions; hence, questions were generated until data saturation was reached. The data saturation point is that stage in the interview when the questions asked stop eliciting any additional information.

The interview guide’s questions were modified for each new session according to the information given in the previous meeting and also based on prominent answers. The interview guide was flexible facilitating the researcher to modify the questions according to the interviewed previous answers; some direction was given when the

Table 1: Sociodemographic sheet of the treating team and participants

Treating team (n=4)		Participants (n=2)	
Variable	N (%)/ mean (SD) [#]	Variable	N (%)/ mean (SD) [#]
Age (years) [#]	33 (11.51)	Age (years) [#]	42 (11.31)
Gender		Gender	
Male	2 (50)	Male	1 (50)
Female	2 (50)	Female	1 (50)
Education (years) [#]	18 (2)	Education (years) [#]	16 (1.41)
Experience of yoga		Experience of yoga	
Yes	1 (25)	Yes	2 (100)

SD = Standard deviation

focus of the interview was lost, and probes were used when necessary. Questions opened up discussions on the personal definition of depression and yoga, experience with yoga, personal information and history of the interviewed person in general. In the interviews, patients were asked on possible knowledge and insight on their symptoms of depression, also on the reasons why they chose yoga as a treatment and on their expectations for the treatment. The biological and cognitive model of depression was considered as the theoretical framework for development of the interview guide.

Intermediate observation

An intermediate observations checklist was developed by the researcher based on literature review, previous observations made during yoga practical sessions, from personal experience and with the support of experts. These observations aimed to explore the performance, understanding and adherence of the patient to the yoga treatment. Observations were made during a general pranayama class and during a special technique session [Table 2] in the section for mental disorders.

The researcher interviewed each of the four members of the treating team and two patients immediately after they started the IAYT treatment for each of the patients. Details of the IAYT treatment practiced are given in Table 2. Intermediate observations on the patient's performance and adjustment to the practices was made after 1 week of admission to the center; post-in-depth interview with treating team and patients was conducted after completing 2 weeks of their residential program. The interviews were audio recorded and followed the interview guide. Saturation of data was reached only with some of the stakeholders (PC and YT) and patients in specific themes after case 2. However, due to the completion of the project timeline, the sample size was frozen at two patients and four stakeholders for this study.

Data analysis

The data from the audio recordings from eight in-depth interviews were transcribed manually. The transcripts were reviewed several times and the information was organized, classified and interpreted qualitatively. The selection of the important themes was based on: (1) repetition of the themes (as they were considered important by the treating team), and (2) new themes, which could add light on the experience and concept of IAYT model for depression.

The information from the intermediate observations that referred to the performance and/or adherence of practices – of the patient, and guidance of the practices – from the yoga instructor-was also transcribed, organized and clubbed in (1) Observations made on

Table 2: IAYT practices program schedule

Time	Program	Description
05:00	Om meditation	Om (AUM) chanting is considered to be the call to God; visualization and internalization of this mantra is made during the meditation.
05:30	Special technique for depression	Combinations and instruction in dynamic yoga with Breathing exercises Sithilikarana Vyayama (Loosening Exercises) <i>Asanas</i> Relaxation techniques Instant relaxation technique: Body tightening, relaxation Quick relaxation technique: Body and breath observation with A-kara chanting Deep relaxation technique: Body observation with A-U-M-kara chanting and visualization
06:30	Kriyas (once a week outdoors)	Desensitizing and purification techniques Vamana/Vastra/Danda Dhouti Uddiyana/Agnisara, Nauli Laghu Sankha Prakasalana Viparita karani kriya with asvinimudra (in session only) Jala Neti Sutra Neti Kapalabhati Trataka
07:00	Maitri Milan	Gita chanting and main lecture of the day in yogic principles from the Bhagavad-Gita and other sacred scriptures
08:00	Breakfast	Sattvic principles in the preparation of food, to gain vitality, strength and stamina, health and cheerfulness
11:00	Parameters	Vital signs measurement: BP, Pulse Rate, Bhramari chanting, attendance to sessions, weight, FAQ's. To section in-charge
12:00	Pranayama	Vubhagiya Pranayama (Sectional breathing with mudras) Nadi suddhi Cooling breathing: Sitali, Sitkari, Sadanta Bhramari
13:15	Lunch	Sattvic food
14:00	Lecture	Talks on yogic philosophy, and positive inputs for lifestyle
15:00	Advanced technique	Mind Sound Resonance Technique: Mind control and relaxation with visualization and A-U-M-kara chanting Cyclic meditation: Awareness on body movement combined with <i>Asanas</i> and relaxation techniques Pranic Energizing Technique: Prana and body awareness with visualization and relaxation
16:00	Special technique	Same as 05:30
17:00	Malt	Break for snack, walking or resting
18:30	Bhajans	Bhakti Yoga to develop acceptance and humbleness. Bhajans or emotional culture through sacred chanting in devotional sessions
20:00	Dinner	Sattvic food
21:00	Happy Assembly (once every 15 days)	Personal development with public performance and games

BP = Blood pressure; IAYT = Integrated approach to yoga therapy

patients and (2) observations made about the instructor student (the yoga class teacher, not part of the interviewed treating team).

RESULTS

A detailed description of the each of the cases (patients) and their problems has been deliberately masked in this paper in keeping with the ethical guidelines of confidentiality (during publication). Further the aim of this paper was to put forth a conceptual framework of IAYT, and not to report a case study.

A number of themes emerged from the in-depth interviews with the stakeholders and patients. These themes emerged at five data points: (1) Pre-yoga session in-depth interview with stakeholders, (2) post-yoga session in-depth interview with stakeholders, (3) pre-yoga session in-depth interview with patients, (4) post-yoga session in-depth interview with patients and, (5) during intermediate observation.

Pre-yoga session in-depth interview with stakeholders

The themes that emerged during the pre-in depth interview with stakeholders were: (1) Aim of IAYT, (2) conditions that accelerate the effect of IAYT, (3) combination of psychiatric or *Ayurvedic* medication with yoga, and (4) importance of counseling during the IAYT treatment. In the following paragraphs, the above mentioned themes are substantiated with quotes of the patients/treating team.

Aim of integrated approach to yoga therapy

The aim of IAYT was to “help the patients” reach each of their “layers of existence” (*Panch Kosas*), through the therapy process. The unique feature of the IAYT was the need to integrate the principles of yoga therapy in the counseling sessions during the treatment process, to enable patients to understand the process and goal of the IAYT. The counseling is offered by the PC (psychoeducation, supportive therapy) and YT (yogic counseling).

“We don’t train a subject only physically or ...mentally; (we train them in an integrated way): Physically, mentally, intellectually, and spiritually... To move from the basic level step by step to the ultimate state of ananda, the blissful stage... will bring changes in them; and to enhance the anandamaya kosa level we are making them play...yogic games, happy assemble, to bring out the ananda within them (The Pancha Kosas) these are the basic things we explain (through counseling session) to them and when they understand, they can start functioning better...”

– Stakeholder-YT

Conditions that accelerate the efficacy of the integrated approach to yoga therapy

The duration of treatment, cooperation of the patient and the patient’s awareness of his/her own situation are considered important aspects in accelerating the effect of IAYT. The treating team believed that patients required a minimum of 15 day’s in-patient stay to experience changes in their symptoms and attitudes.

- Duration of treatment
“In the IAYT it is not like they are taking a pill... The body and mind... we are bringing them into harmony. It takes time to learn things... We need at least 2 weeks to see the changes.”
– (Stakeholder-YT)
“I have seen when they stay here for a longer time, I have seen a lot of improvements in their clinical symptoms...”
– (Stakeholder-AP)
- Cooperation of the patient
“We need the cooperation from their side... If they are ready to open up ... (it is easy to train them)... (Even in) very difficult cases...we train them through counseling sessions and maitri milan.”
– (Stakeholder-YT)
- Patient’s awareness of his/her own condition
“(The depressed persons) they may not know that they are depressed.”
– (Stakeholder-P)
“They’ll say that they are feeling better after 2 or 3 weeks because they practice yoga right away, (and if) they have insight into their depression they will feel even better...”
– (Stakeholder-PC)

Integrated approach to yoga therapy and add-on treatments like antidepressants and Ayurvedic methods

Another special feature of the IAYT is that it provides room for the amalgamation of the practice of physical and mental yoga with western medical pharmaceuticals (antidepressants) or traditional Indian medicine (*Ayurveda*) in accordance to the demands or needs of the patients.

“(IAYT) is a holistic approach, so that definitely, put together, will work for (the patients). The medication will help.”

– (Stakeholder-PC)

“(Antidepressants and yoga therapy) they are in a parallel level, they... complement each other to have a positive effect.”

– (P)

“Yoga plays a very important role...to relax the mind, and Ayurveda takes care of the doshic imbalances, so this combination is very good in managing any kind of mental disorder.”

– (Stakeholder-AP)

Importance of counseling during the integrated approach to yoga therapy treatment

The counseling process is considered an integral part of the IAYT. It is used by the PC to enable the patient to gain insight of his/her condition and to motivate him/her to continue with the treatment. Further, the YT complemented the PC's sessions by counseling the patients on the psychology of yoga and its practices to reach higher levels of existence (ananda).

"We intend to guide the person to move from the basic level (physical) step by step to the ultimate state of ananda (subtle blissfulness). Therefore, we operate in the prana level, the mind level, and the intellectual level..., and bring about the changes. We will explain these basic concepts in yoga therapy and when they understand, they start functioning better; for that also we need to give the patients counseling sessions."

– (Stakeholder-YT)

Post-yoga session in-depth interview with stakeholders

The main theme during the post-yoga session in-depth interview with the stakeholders focused on the improvements and changes observed by them in the patients as a result of undergoing IAYT training for 2 weeks. The stakeholders observed some improvement and changes in the symptoms, attitudes and mood (enthusiasm, optimism, dynamism, socialization, and calmness) of the patients.

"I see lots of (changes)... they are more cheerful at the time of discharge. Medicine helped her slightly, but the change is mainly because (of) the yoga practiced, and the counseling"

– (Stakeholder-PC)

Pre-yoga session in-depth interview with patients

The themes that emerged from the pre in-depth interviews with the patients were: (1) Personal definition of yoga, (2) previous experience with yoga, (3) reasons for yoga being helpful for patient's condition, and (4) expectations from current treatment.

Personal definition of yoga

The patients had a clear idea on what yoga meant and what it can do for them:

"Yoga brings up inner energy... that is why I came here to learn those things. I want to be myself; I want to come out of my fear now."

– (Patient 1)

"Yoga is a holistic approach, which makes the human being physically fit, mentally stable, socially adjusted. Yoga makes the man to enjoy the harmony in the things, so, makes the man to live a happy life."

– (Patient 2)

Previous experiences with yoga

Both patients had some previous experiences with yoga. Patient one had practiced *Hatha yoga* and continued her practice at home for the next 2 years. She openly expressed that the main benefits of yoga for her were feeling very healthy and loss of weight. Patient two had practiced yoga long ago. In spite of the short-term of practice, he had a positive experience.

Reasons why yoga might be helpful for the patient's condition

Patients were optimistic that yoga would help them feel energetic, happy and also help them concentrate and take decisions better.

"I feel that I will come out of this situation. I want to be energetic and feel myself. So, I can practice again. So, I want to be more constant again, I want to be happy. So, when the energetic comes inside me, (then) I can practice again, walking and all, (that way) I can keep myself busy also."

– (Patient 1)

"My concentration problem has to be regained, I need decision making capacity; I want to be a good team player, to make me at most time happy."

– (Patient 2)

Expectations from the current yoga treatment

Patients were aware and optimistic about the possible positive effects of regular practice of yoga;

"As I got well in 1998 (after yoga), same thing I want to get back. I want to lose my weight; I want to come out of depression and to be energetic."

– (Patient 1)

"I want to come out full from this, health and that; so I am going to go for an alternative thing. So, I want to get rid of this thing."

– (Patient 2)

Post-yoga session in-depth interview with patients

The themes that emerged from the post-in-depth interview with the patients were: (1) Experience of IAYT, (2) improvements and changes and (3) outcome of IAYT.

- **IAYT Experience**

Both patients expressed that they had a positive experience from the IAYT treatment at the home center.

"... very good actually, I came out of my depression and I am feeling good."

–(Patient 1)

"Sometimes I would feel sleepy before entering the class, but my mood was quite alright during the practices"; I would feel fresh after the class."

– (Patient 2)

- Experience with Asana practice

Patients felt that Asanas helped to become physical fit and relaxed.

"Asanas ... somehow I felt that this Asanas are also very good. Physically I am feeling light, happy."

– (Patient 1)

"I felt freshness and more relaxed."

– (Patient 2)

Complications with the practice of Asanas according to the patients were associated with their weight:

"I couldn't do (Asanas) because of my weight and my back pain. But I just had 1 week there so I can't explain because 1 week is too short period for me."

– (Patient 1)

"Those programmers (referring to the practice of Asanas) ... which involve more of bending (I can't do) because of my tummy as well, it is difficult to bend. Some balancing activities, standing, (that) means, bigger (effort) because of my excessive weight..."

– (Patient 2)

- Experience with pranayama practice

The benefits with Pranayamas were experienced by both the patients.

"(It) helped me a lot actually. I am feeling a little energetic and I am keeping myself calm (while doing them)."

– (Patient 1)

"I went to four pranayama (sessions). The instructor was taking us slowly, steadily, so, after each and every pranayama (inhalation/exhalation cycle). It had a soothing effect."

– (Patient 2)

- Experience with meditation practice

The benefits of Om meditation [Table 2] were parallel to those in pranayama for both patients:

"Meditation helped me a lot more than these Asanas (in) getting a lot of peace of mind... not getting any (disturbing) thoughts."

(Patient 1)

"I went only for 2 classes...; it helps me to get the concentration power (I liked) "cyclic meditation" [Table 2]... initially it was theoretically explained, I learned the concepts. And performing these each and every day...; I felt relaxation; initially that is the effect only."

– (Patient 2)

- Experience with relaxation practice

For both the patients the benefits from the relaxation techniques were related to sleep and capacity to rest:

"MSRT [Table 2] with chanting A-U-M, those are very good actually (they) are very relaxing; I slept so many times ... while doing ...M-kara, U-kara and these things..."

– (Patient 1)

"I went to sleep (during the relaxation technique). It helped me to sleep."

– (Patient 2)

- Experience with Kriyas sessions

The benefits with the Kriyas for the patients were related to cleansing of their breathe and bowel movements.

"It was good actually! The first kriya I did very well ... breathing better."

"The first Kriya is pouring the nose watering coming from "this thing". The second Kriya is using the catheter (I was not) able to do the "catheter". My stomach was clear, after finishing the Kriyas."

- Experience with Bhajans sessions

The patients felt benefited from the devotional chanting hour. Though patient two came from a different cultural background he was pleased to have had an experience in which everyone was together for the same devotional aim:

"I felt every time very happy, I was happy there."

"Whereas for bhajans I am having my own faith of God, ok? So, the language of here what they use is Sanskrit my mother tongue is Tamil, (if it were in) my own way, my faith, language means it will be more useful (In general), this experience means is (for me) social harmony (because) it gives the opportunity to the people to get together and treat the God without talking of other topic."

- Physical discomforts during the IAYT practices in general

While patient one reported experiencing drowsiness due to the medications, as a physical discomfort during IAYT practice, Patient two reported inability in practicing bending Asanas.

"When you feel drowsier, go and sleep-Just take rest; I was told. So, 1 or 2 sessions I missed like that only and I slept there after... I was happy. I got very good sleep at nighttime"

– (Patient 1)

"Bending forward exercises."

– (Patient 2)

- Emotional discomforts during the IAYT practices in general

Initially, both patients did not want to stay at the home center. However, after day 3, their attitude toward yoga seemed to change and they started feeling positive toward the whole treatment.

“(Happiness from practices would last) for some time, but slowly after 3 days; the first 2 days I didn’t want to stay there, I wanted to go back actually. However, from 3rd day when I started making friends with others, and I started enjoying the prayers and the pranayama, then I felt very happy. Then, I slowly came out of my loneliness and my depression.”

– (Patient 1)

Improvements and changes

- Physical changes noticed with the yoga practice
“The Asanas for back ache helped me a lot; my back pain (is) almost gone”

– (Patient 1)

- Emotional changes noticed with the yoga practice
The patient expressed that the IAYT helped her to build up her inner strength. She said it was not possible to explain exactly the “good feeling” she had experienced from the practices:
“I used to cry for all small things usually now I am not that much (With the practice of the IAYT) I got inner strength and the mental peace also (While been there), I felt happy, energetic; now I am just happy. I cannot explain what is that (she laughs).”

– (Patient 1)

Outcomes of integrated approach to yoga therapy

- Fulfillment on health expectations with IAYT
The outcomes of the practices for the condition of the patient were effective. In spite of this, both agreed that they would need more time to complete her goals.

“I joined to come out of my loneliness and depression, and to feel healthy also. But 1 week is not sufficient for me. My experience is that I want to continue another 1 week or 10 days.”

– (Patient 1)

“It enhanced my health. I want to be happy in my mind, my dullness should go out. Somehow it had helped me until now I have not even completed 1 week. I can also relate that it is a gradual steady process.”

- General insights after the treatment
Patient 1 expressed that time is an important factor to reach a deeper insight level with the practice of the IAYT. However, she concurred that her emotional attitude had changed since she started again practicing yoga:
“I told you 1 week is not sufficient for me. I think that I have to come and join again, and I have to take more classes. I am sure I may come and join again. The only thing is that, mentally, I am not worrying nowadays. I am feeling much better. However, 1 week is not sufficient for me. I think I have to come and join again”

– (Patient 1)

- Essential message assimilated during IAYT treatment
The short time of her stay only let her realize that yoga is beneficial for one’s health:

“Essential message that I got there is that “practicing yoga is very good”, that is all. Whatever the practicing methods, whatever they have taught while we do the practices, it really helps”

– (Patient 1)

- Capacity on practicing alone in the future
Patient 1 was did not feel capable about going on with the practice alone, whereas Patient two was confident of practicing yoga alone at home.

“No... I need more instructions also. I need to come and join again”

– (Patient 1)

“I want to practice in the evenings, nearly 1½ h; I think that through the life I am going to practice”

– (Patient 2)

Themes emerged during intermediate observation

The results of the intermediate observations of the patients reiterated the importance of “discipline” and extended duration of practice. Observing the student-instructors revealed that the “ability to guide,” the “assistance to patients” and the “explanation of the exercises” were 3 important factors/themes in the enabling patients to understand and internalize the IAYT.

Ability to guide

The instructor gave clear explanations of the practices at the beginning of the session. He used clear and correct English words and phrases. Correct tone of voice and volume was also used. The instructor continuously asked the participants if they had understood his indications.

Assistance to the patients

The instructor took care of the participants in general by changing their position in the hall, in case she saw that they were not comfortable. She corrected the spine alignment of the participant of the study. However, she did not correct the alignment of the head and arms of participants during relaxation time when they were lying on the floor.

Explanation of exercises

The instructor explained the meaning and benefits of some practices and its timings. She also explained the contraindications and gave alternative practices for the exercises given at that moment. She gave proper guidance for the relaxation techniques with visualizations. There were no explanations of mantras.

DISCUSSION

It can be noticed from the qualitative analysis that the success (outcome) of IAYT as a holistic treatment depends on a number of factors, which are inter-twined and also independently important in the implementation of the IAYT. For example: The patient's expectations from the treatment are based on his/her understanding of yoga, his/her previous experience with yoga and awareness of his/her condition; this in turn affects his/her co-operation to the treatment. Patient's co-operation to IAYT is also influenced by the therapist's ability to guide, assist and explain the IAYT practices. The data depicts that if the therapist is able to motivate the patient to co-operate with IAYT process long enough with the help of counseling and medication, desired aim and outcome of IAYT can be achieved.

The results of the qualitative analysis thus put forth the conceptual framework of IAYT; which depicts that patient related factors (expectation/co-operation of patient, patients awareness of his/her condition, understanding/previous experience of yoga), therapist related factors ("ability to guide," the "assistance to the patients," "explanation of the exercises") and treatment related factors ("combination of psychiatric or *Ayurvedic* medication with yoga," "counseling during the IAYT treatment," "duration of treatment"), play an integrated role in reaching the "aim of IAYT" and experiencing "improvements and changes" [Figure 1].

The authors believe that the strength of the IAYT is its ability to integrate and advocate the importance of patient, therapist, and treatment related factors in helping the patient experience improvement in his/her condition. This is a challenging task as each therapist (treating team member coming from different professional backgrounds) could have a different theoretical orientation, diagnosis and intervention program for the patient. However, in spite of these professional differences, the mutual understanding and appreciation of the differing perspectives is key to the integration that is of paramount importance to achieve the aim of the IAYT.

In principle, in most schools of yoga in the world, yoga is equivalent to "Asana, pranayama and/or meditation practice." Hence, the success of their program is mostly ascribed to patient or/and therapist related factors. Very few schools of yoga aim to provide a holistic approach (such as the IAYT), which focuses not just on the patient or therapist, but also on the treatment factors that play an integral role in the effectiveness of the program. Further, the IAYT approach is considered as a way of life where Asanas and pranayama comprise only a minuscule part of the entire program [Table 2].

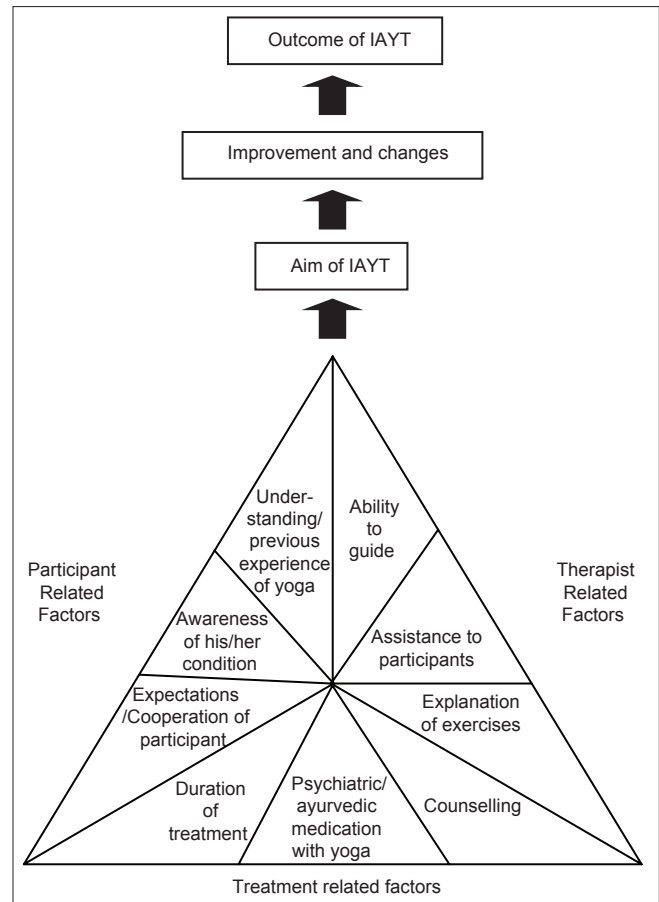


Figure 1: Conceptual frame-work of integrated approach to yoga therapy

Certain other features of the IAYT worth discussion are:

- Patient cooperation during the IAYT treatment entails not just practicing the Asanas or pranayama techniques as per the instructions of the therapist correctly, but also attending all lectures and counseling (entire IAYT program). Here, the authors would like to clarify that "co-operation of the patient" entails not just co-operating with the IAYT schedule but also being an "active patient" in each of the activities/programs.
- "Co-operation of the patient" and "being an active patient" also chiefly depends on the insight level ("awareness of the patient about his condition") of the patient. Only if the patient is aware that he is in need of the treatment/the treatment is good for him/her, does he/she co-operate and participate actively in the treatment. In this study, case 1 had insight about her disorder and co-operated better with the treatment process (according to the treating team) as compared to case 2 who did not have insight about his disorder. This component of insight (awareness of the patient about his condition) is important as IAYT requires an active patient who attends various didactic sessions, learns skills (exercises) and develops commitment (to continue diet, meditation etc.)

- Antidepressant medication or *Ayurveda* is considered as an add-on treatment to the IAYT; contrary to certain studies where yoga is considered as an add-on treatment to medications.^[9-12] Interview with the patients also brought out that side-effects of the anti-depressant medications (e.g.: Increased sleep) often disturbed their ability to participate fully in the IAYT schedule. Case 2 especially requested for a shift from anti-depressant medication to *Ayurveda* for the same reason. However, due to the severity of his symptoms, he was advised to continue with both the medications (after adjusting the dosages antidepressants and *Ayurveda* medication), with primary emphasis on IAYT
- Counseling during the IAYT treatment entails motivating the patient to continue with the treatment and enabling insight facilitation about his/her condition. The simultaneous lectures and sessions by the YT further acts as non-formal counseling sessions where the principles of yoga psychology and philosophy are imparted that is how the patient can move from one level of existence (*Pancha Kosha*) to another by following the varied practices of the IAYT. This empowers patients to combine theory with practice for improved results. Further, integration between the treating team and their interventions/sessions could be brought about if all the treating team incorporates the principles of IAYT in their practice/sessions. For this all the treating team involved, may need to go through a basic IAYT course to understand its principles and integrate it into their practice
- The “improvements and changes” observed as an outcome of the IAYT differ from those found in other studies.^[9,12-14] The capacity of the patient to integrate the IAYT as his/her daily practice/way of life (even after discharge); and not mere symptom reduction-is considered as “improvement and changes”. This integration is possible if the patient commits and cooperates for longer duration of treatment (as the effect of yoga is usually observed over a period of time and patients require time to adopt new schedules to their way of life). Thus, the authors believe that the themes of “cooperation of patient (patient related factors) and “duration of treatment” (treatment related factors) are inter-related and can ultimately have a bearing on the effectiveness of the IAYT.

These results of this study need to be discussed in the context; that the sample of the study was of only two patients. Further language difficulties experienced by the patients and treating team in expressing their thoughts need to be taken into account while understanding their testimonies. The data collected from the in-depth interviews in this study thus requires to be taken as a useful preliminary (pilot) step in understanding the conceptual frame-work of IAYT. Further, as IAYT necessarily requires integration of patient, therapist, and treatment related factors, it could be challenging to adopt it in an out-patient setting.

In spite of the above limitations, the proposed conceptual frame-work can be considered as a useful stepping stone in understanding the dynamics of IAYT-for (1) researchers in knowledge/theory building and future research, (2) clinicians/therapists in developing holistic IAYT interventions, (3) yoga advocates in propagating IAYT as a way of life.

CONCLUSION

The IAYT is a working example of an attempt to treat the “whole” patient with the integration of various types of therapy and requires active continuing collaboration between the various therapists and the patient for desired treatment outcomes. This continued collaboration helps the patient to achieve the aim of IAYT and adopt it as a way of life to deal with his/her problem.

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