

Yoga and Mindfulness: Clinical Aspects of an Ancient Mind/Body Practice

Paul Salmon, Elizabeth Lush, Megan Jablonski, and Sandra E. Sephton

Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY 40292

The use of Yoga and other complementary healthcare interventions for both clinical and non-clinical populations has increased substantially in recent years. In this context, we describe the implementation of Hatha Yoga in the Mindfulness-Based Stress Reduction (MBSR) program of Kabat-Zinn and colleagues. This is embedded in a more general consideration of Yoga's place in complementary healthcare. In providing this overview, we comment on the nature and quality of current research on Yoga, summarize current physiological and psychological explanations of its effects, and discuss practical issues related to teacher training and experience.

A. Introduction and Overview

There is a long-standing interest in the health benefits of Yoga in India and other non-Western cultures. Yoga is currently experiencing a marked increase in popularity in the West, primarily in health clubs and wellness centers. One program which has advanced the status of Yoga in clinical settings is the mindfulness-based stress reduction (MBSR) program developed by Kabat-Zinn (1990) and colleagues. This work has stimulated extensive clinical practice and research in acceptance-based psychological interventions in recent years (Germer, 2004; Hayes and Feldman, 2004). Outcome studies reviewed elsewhere (Baer, 2003; Salmon, Sephton, Weissbecker, Hoover, Ulmer, & Studts, 2004) attest to its promise as a clinical intervention. A meta-analysis of health benefits associated with MBSR (Grossman, Niemann, Schmidt, & Walach, 2004) reached a similar conclusion, but noted a relative absence of methodologically rigorous studies, and a lack of detail concerning intervention specifics.

Indeed, much of the writing about mindfulness interventions to date has focused on conceptual definitions and broadly-defined outcome measures, to the relative neglect of the program's content and structure, particularly with respect to Yoga. Kabat-Zinn has written extensively about the nature of the original MBSR program (Kabat-Zinn, 1996, 2003b) and described three key components – sitting meditation, Hatha Yoga, and body scan (a sustained mindfulness practice in which attention is sequentially directed throughout the body) – at great length. However, little has been written elsewhere

about the implementation of these practices – particularly Yoga – in either clinical or research contexts. Concerning clinical research, studies generally provide little detailed information about specific intervention elements in terms of either content or process factors, and instead focus attention primarily on outcome measures.

Yoga as discussed here refers to an integrative physical/spiritual practice which developed in ancient India. We capitalize the word 'Yoga' throughout in recognition of its historical stature as a highly evolved cultural system of beliefs and practices, even though clinical applications tend to 'de-contextualize' it from its cultural and spiritual roots. The word 'Yoga' means 'yoke' or 'union' and connotes the interconnection of mind, body, and spirit. Yoga practice in Western contexts involves sequences of postures, called *asanas*, that incorporate regulated breathing and focused attention. Ongoing practice is reported by practitioners to promote psychological well-being and a variety of physical benefits. Although the focus in Western Yoga practices is usually on the *asanas*, they comprise only the most basic of what are characterized as the 'Eight Limbs of Yoga,' a cumulative series of stages embodying ethical principles of behavior and meditative states compiled by the Indian sage Patanjali in a collection of aphorism known as *sutras* (Desikachar, 1999). There are different paths that Yoga practitioners may follow, the most widely practiced being Hatha Yoga (physical development); Gnyana Yoga (developing the intellect); Bhakti Yoga (spiritual devotion); and Karma Yoga (practical action; Patel, 1993). The form practiced in the MBSR program, and indeed in most Western healthcare contexts, is Hatha Yoga.

The inclusion of Yoga in the MBSR program is interesting and warrants detailed consideration. Aside

from a mindfulness-based program for depression (Williams, Teasdale, Segal, & Kabat-Zinn, 2007), Yoga has received little attention in clinical psychology, despite an extensive research literature documenting its benefits in stress reduction and other contexts (Khalsa, 2007). One obvious reason for this omission is that few psychologists have much experience or training in Yoga and other physical disciplines. A second possible reason for a lack of attention in clinical contexts is that Yoga is associated by many more with fitness and health than as a treatment for illness, despite its historical roots in Indian Ayurvedic medicine.

Yoga has generated considerable empirical research in other contexts, especially Indian medical practice, which we comment on below. Its comparative exclusion from clinical psychology is something of an anomaly, and this article is an attempt to rectify this oversight. In discussing the program which he formulated, Kabat-Zinn (1990) notes that Yoga was originally included for the practical purpose of helping medical patients overcome *disuse atrophy* – deterioration of muscle tissue due to lack of activity – that frequently accompanies illness. In addition, however, and perhaps of even greater importance, Yoga provides an opportunity to practice *mindfulness*. Yoga is introduced in the program once participants have been exposed to the Body Scan, a physically static exercise in which attention is systematically directed toward internal sensations emanating from different regions of the body, beginning with the feet and progressing to the head. The Yoga movement sequences have been formulated with the intention of encouraging mindful awareness: they are done slowly and gently and are not overly physically taxing.

Much of the attention directed at the MBSR program focuses on sitting meditation, a predominantly cognitive practice that has its roots in Buddhist meditation practices. Hatha Yoga, on the other hand, draws on related but somewhat distinct cultural and philosophical traditions that employ physical activity in the context of meditation practice. That the two elements have been juxtaposed in the same program, along with the body scan, is something of an anomaly, reflecting the particular experiences and training of those who originated the program.

B. Clinical Research

In recent years, a substantial body of clinical research has accumulated attesting to the health benefits of Yoga. It is not the purpose of this article to review the extant research literature; a recent comprehensive analysis of published studies by Khalsa (2004), and more selective reviews by Innes and Vincent (2006), Innes, Bourguignon, and Taylor (2005), and Raub (2002) do this admirably. More recently, Yoga is included in an exhaustive review and critique of health-oriented meditation studies involving mantra and mindfulness meditation, Tai Chi, and Qi

Gong (Ospina et al., 2007). Our intention is to highlight recent findings from methodologically rigorous studies, which until recently have been relatively few in number. As is the case with meditation research as recently noted by Walsh and Shapiro (2006) many studies involving Yoga as both a lifestyle and clinical practice have been conducted over the years. Unlike meditation research, however, much of the research on Yoga originated in Indian research institutes, beginning in the early 20th century. Few of these early studies employed research methodologies now taken for granted, but they did serve the important function of signaling a new view of Yoga as a form of health and medical care, rather than an exclusively spiritual practice (Khalsa, 2007).

Currently Yoga is among the 10 most widely practiced forms of complementary healthcare in the U.S. (Barnes, Powell-Griner, McFann, & Nahin, 2004). Yoga practice is linked to demographic variables including gender (female), education level (high), age (post-WWII birth), and lifestyle (urban; Saper, Eisenberg, Davis, Culpepper, & Phillips, 2004). As a result of its growing popularity, Yoga is becoming a focus of increasing clinical research in this country.

Results of well-designed recent randomized trials employing Yoga as a clinical intervention report promising results. For example, Yoga has been shown to improve management of Type II diabetes mellitus (Innes and Vincent, 2006), relieve chronic low back pain (Sherman, Cherkin, Erro, Miglioretti, & Deyo, 2005), improve quality of life in patients with chronic pancreatitis (Sareen, Kumari, Gajebasia, & Gajebasia, 2007), reduce gastrointestinal symptoms in irritable bowel syndrome (Kuttner, Chambers, Hardial, Israel, Jacobson, & Evans, 2006), and improve the physical capabilities of healthy senior adults (Oken et al., 2006). A recent article reviewing the impact of Yoga interventions on risk factors for chronic disease found evidence that Yoga elicits favorable changes in body weight, blood pressure, cholesterol, and blood glucose levels (Yang, 2007). Studies have also shown that Yoga interventions are beneficial to emotional wellness, with improvements demonstrated in stress management (Granath, Ingvarsson, von Thiele, & Lundberg, 2006) and depressive symptoms (Pilkington, Kirkwood, Rampes, & Richardson, 2005). Research studies vary in the degree to which the Yoga practice is described in detail, and it is quite evident from those that provide detailed information that there is considerable variation in how it is implemented.

Two recent research studies employing randomized control designs are especially noteworthy in terms of methodological rigor and detailed descriptions of the Yoga practice. In one study, 38 patients with lymphoma were randomly assigned to a seven week Tibetan-based Yoga program or a wait-list control group (Cohen,

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات