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Introducing Yoga-integrated psychotherapy (YiP): A discussion paper

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Introducing Yoga-integrated psychotherapy (YiP): A discussion paper

Despite a plethora of treatments available for alleviating mental health issues, it has been reported that interventions as they stand are *simply just not good enough* (Kalin, 2019). Increasing figures of suicides are published each year, most recently standing at over 49,000 in the USA. Contested arguments continue in the field of psychotherapy with regards to finding the ‘best’ treatments for mental health issues. Recently, there have been calls for mental health practitioners and researchers to move towards innovation by asking different questions and creating new methods, albeit underpinned by rigorous scientific investigation. One such method currently being adopted with promising outcomes is the integration of mind-body techniques, such as yoga, into mental health treatments. Yoga is an ancient practice which provides a holistic system of healing, and complementary philosophy to western understandings of the human mind. Like psychotherapy, yoga seems to work with unconscious processes which can enable long-term change. Combined with psychotherapeutic discovery, novel treatment models which incorporate both yoga and psychotherapy could therefore be provided. Yoga-integrated psychotherapy (YiP) as a new model of treatment could enhance outcomes for clients presenting with a range of difficulties as it aims to work with these methods as well as transdiagnostic understandings of distress. Additionally, YiP underscores the importance of a humanistic approach, which values the uniqueness of individuals and their subjective understandings of distress. Promising data from a recent pilot study of a yoga-integrated psychotherapy model where participants describe the approach as ‘life changing’, forms the basis of this discussion paper. The question arising is whether a humanistic and yoga-integrated approach to psychotherapy could assist in enhancing client outcomes.

Keywords: yoga; mind-body; psychotherapy integration; spiritual practice; emotion dysregulation

1.0. Introduction

Many of those who work in the field of mental health are familiar with the limitations of diagnostic and classification systems such as the Diagnostic and Statistical Manual (DSM), which adopts a descriptive approach to symptomology and perhaps negates the individual’s unique sense of what it is like to feel distress (Bluhm & Tsou, 2019). This is mirrored in the world of mental health research, where the tendency has been to aim to provide governmental bodies with quantified evidence through RCTs. Thinking is now shifting towards incorporating individual lived experience

into mental health research, in the recognition that evidence as we know it has been insufficient in addressing the climbing cases of individuals suffering with mental health issues (The Lancet Psychiatry, 2020).

It has been suggested that treatments be less diagnosis specific and aim to capture and work with a range of distress. 'Emotion dysregulation' has been posited as a multidimensional construct, spanning various mental health issues (Gratz & Roemer, 2004). Specifically, clients who suffer with emotion dysregulation experience intense and uncontrollable emotions most commonly seen in complex presentations such as the personality disorders; but can manifest in those presenting with anxiety or mood disorders. Models of therapy engaging clients who meet the criteria for this construct could engage a greater variety of clients across diagnostic categories and be more up to date with shifting perceptions in terms of how mental health issues are understood.

Where the evidence-base is lacking, it may be important for clinicians and researchers to adopt a different approach to treating psychological distress. For example, adopting humanistic and phenomenological attitudes to treatment which examine not only *what* we do to alleviate mental health problems, but *how* we go about doing so. Specifically, the argument in this discussion paper will be presented for the integration of yoga into psychotherapeutic practice, harnessing positive interaction and synergy between eastern and western approaches to thinking about and treating mental health difficulties. Furthermore, this argument is intended as a response to recent literature which calls for the need to encourage new ideas and to be innovative by creating new methods (Leichsenring et al., 2018).

1.1. The mind-body approach

The mind-body approach to thinking about and treating mental health issues has steadily gained traction in the last few decades (van der Kolk, 2014). The approach advocates the 'mind' as being present in the human body, with effects of distress being seen at an epigenetic level (McIntosh et al., 2019) as well as affecting neurochemistry and functional connectivity of the human brain (McEwen., 2016). Advances in neuroscience reveal the effects of vagal tone on mental distress (Pinna & Edwards, 2020), explicably linking mind-body processes. If this is the case, then to treat mental health issues as 'malfunction' or lack of synergy in bio-psycho-social processes, would only be addressing part of the problem.

Mind-body interventions such as yoga, mindfulness (Kabat-Zinn, 2003) and breathing techniques (Brown et al., 2013) are now utilised in the treatment of mental health difficulties (O'Shea et al., 2022). Evidence suggests these practices help individuals feel emotionally regulated by positively affecting the autonomic nervous system (Pascoe et al., 2017). Vagal theory describes three internal

states of body and mind namely social engagement, fight-flight, and the freeze state. These states are impacted by vagal tone and can be regulated through the use of mind-body techniques (Sullivan et al., 2018). The aim is to regulate the nervous systems to achieve an integrated *mind-body system*.

1.2. Yoga

The meaning of the Sanskrit term 'yoga' translates as 'to unite'. In ancient times, yoga was seen to be a system for higher-order thinkers in Indian society to achieve 'enlightenment' but is now being adopted all over the globe as a tool to enable individuals achieve positive physical and mental health. In everyday terms, yoga practitioners describe this process as giving rise to a sense of well-being, deeper insight, and relaxation. Literature evidences yoga practice as having a positive effect on self-regulation (Gard et al., 2014) as well as social and emotional well-being and life satisfaction (Hendriks et al., 2017). The most common misapprehension of what yoga is and what it can offer, is that it is simply a form of physical exercise. It is in fact based on 5000 years of tried and tested yoga practice in Eastern cultures, as well as on historic philosophical scriptures detailing the subtle workings of the human mind (Yoga Sutras of Patanjali; Satchidananda, 1990). Yoga has been conceptualised by various schools of thought but can be understood to consist of eight main practices or 'limbs' including physical postures (*asana*); breathing techniques (*pranayama*); deep relaxation (*savasana*); positive thinking and meditation (*dhyana*); combined with a healthy balanced diet. **These practices are underpinned by a value-driven lifestyle that focusses on ethical principles such as non-violence and truthfulness (yama) and positive behavioural engagements that include perseverance in practice, introspection, and acceptance (niyama).** The synthesis of these points provides practitioners with a unique multi-faceted system and framework for achieving a balanced mind and good health.

Yoga's synergising capacity has been found to promote global functioning of the body, and enabling individuals to emotionally self-regulate by controlling the internal stress response (Khalsa, 2007; Moonaz et al., 2018). Practicing yoga enhances mind-body awareness which enables a non-judgemental and mindful approach to one's experience, giving a sense of integration and well-being (Mehling et al., 2011). The essence of yoga is as a spiritual practice **and philosophy, with a practice that enables individuals** to report deeper states of consciousness which can lead to transformative lifestyle changes (Bhide et al, 2023; Hankey & Shetkar, 2016). Yoga's potential for increasing self-reflection and empathy (Conboy et al., 2010) could therefore assist in psychotherapeutic work, by 'speeding up' client recovery and longevity of therapeutic change (Childs-Fegredo et al., 2022).

2. 0. Current evidence – yoga

Research suggests that yoga practice is effective for a wide range of both physical and mental health issues. This includes the management of physical illness such as diabetes (Ramamoorthi et al., 2019; Thind et al., 2017) and chronic pain (Hall et al., 2019). In terms of mental health, studies report decreased symptoms of depression (Cramer et al., 2017), emotion dysregulation (Daly et al., 2015), major depressive disorder (Cramer et al., 2017; Streeter et al., 2018); obsessive compulsive disorder (Shannahoff-Khalsa & Beckett, 1996), post-traumatic stress disorder (Van Der Kolk et al., 2014), panic disorder (Williams-Orlando, 2013), insomnia (S. B. S. Khalsa, 2009) and schizophrenia (Dodell-Feder et al., 2017). The rising numbers of studies showing the beneficial effects of yoga on physical and mental health ensures this list is by no means exhaustive. Yoga practice has been reported as unique in enhancing neurotransmitters (Streeter et al., 2018), decreased blood flow in the amygdala and increased gray matter (Desai et al., 2015). A recent review indicated that overall, promising findings have been shown for yoga with CBT for anxiety and depression, as well as integrating yoga into treatment models for PTSD (O’Shea et al., 2022). Research is also starting to identify improvements on neuro-physiological biomarkers for some psychiatric disorders as a result of yoga practice (Bhargav et al., 2020; González-Moret et al., 2020). In addition, preliminary studies have found a concordance between how mental health disorders are understood from a medical perspective, and how those states of mind are presented in yoga philosophy (Bhargav et al., 2023).

The popular approach to date has been to consider yoga as an adjunct to psychological therapy. Research which considers the integration of yoga into a talking therapy model is lacking and it has been suggested this approach warrants further exploration (O’Shea et al., 2022). To date, a model which incorporates yoga into CBT for anxiety (Y-CBT) reported significant reductions in symptoms of generalised anxiety disorder (M. K. Khalsa et al., 2015). The suggestion of integrating yoga practice into or psychological interventions for mental health problems is timely, where Public health agendas have begun advocating social prescribing for the prevention of physical and mental health difficulties (Leavell et al., 2019).

Given the array of how an individual can practice yoga, research has recognised that not all yoga techniques may be appropriate for individuals suffering with mental health issues. Trauma-sensitive yoga practice has sought to work with this principle (Emerson, 2015) with positive reported outcomes for symptoms of PTSD (Wells et al., 2016). Other literature draws on the principles of the nervous system, and works with postures which are seen to regulate vagal tone (Spindler, 2018). The key here is that yoga practice can be a set of very simple and accessible postures, for clinicians and patients alike. Burnout of health workers is well documented, and the Yoga in Healthcare

Alliance in the U.K. are currently working with the national health service (NHS) to implement a yoga programme for its staff (Mason et al., 2017).

3.0. Current evidence – psychotherapy

Alongside pharmacological interventions, the talking therapies lead the way in providing evidence-based treatments for mental health issues. We know that the process of psychotherapy has been reported as transformative, whereby repressed emotion has been released and corrective experiences lead to fresh new outcomes (Castonguay & Hill, 2012). Numerous psychotherapeutic models are now available, from those based on traditional psychodynamic approaches to standard CBT with additional symptom-specific protocols. CBT is still privileged by virtue of the robust evidence-base demonstrating effectiveness (David et al., 2018) whilst Dialectical Behaviour Therapy (DBT) is promising in terms of reducing suicide (Stoffers et al., 2012). However, no model of psychotherapy can claim more than 70% effectiveness with reviews reporting an overall medium positive effect size (Lambert, 2012). Research has sought to identify common factors such as the therapeutic alliance, empathy and collaboration between the therapist and patient as the mechanisms of action involved in therapeutic change (Nahum et al., 2018).

Despite this evidence, research is inconclusive as to what specifically brings about change in psychotherapy, and despite clinical guidelines, can leave clinicians wondering what to do in terms of what will be most effective. It has been suggested that psychotherapy should aim to treat the person as opposed to the disorder, with an ethos of looking at how change comes about (Hofmann, 2020), thereby aligning with a humanistic value base. An integrative approach to psychotherapy is well-placed to do this, drawing on a variety of principles and techniques tailored to the needs of the client (Norcross, 2016). Harnessing the transformative element of psychotherapy in integrative treatment models could be a way forwards – by providing the conditions necessary for the depth of psychotherapeutic discovery, whilst benefitting from the range of skills and theoretical constructs across therapeutic modalities.

The immense contribution brought to the field by the pioneers of psychotherapy, has arguably been somewhat lost in our clinical era of therapeutic modalities. Interestingly, Jung published his essays 'Yoga and the West' (JUNG & HULL, 1978); and contemporary philosophers in the yoga field have aligned their philosophies with Freud's (Desikachar et al., 2007). The key here is the acceptance of the existence of an 'unconscious mind', which is currently cited in branches of psychology and neuroscience (Eagleman, 2011), as well as within yoga scriptures (Satchidananda, 1990). If we accept this notion, then to bring about lasting change clinicians must be prepared to work at levels of depth which enable patients to reach psychological material that is otherwise

inaccessible or 'unconscious'. The method to achieve this can potentially be offered through insight-orientated models of psychotherapy, and spiritual practices such as yoga (Brems, 2020).

4.0. Putting theory into practice

There appears to be a concordance between the philosophies of yoga and psychotherapy that has something to offer. Current evidence would suggest that both yoga and psychotherapy seek to work with the human mind at a level of depth that western science cannot seem to quite grasp. Research and practice indicate there is something in their application which is worthwhile when it comes to harnessing the depth and rigour of what it takes to fundamentally relieve distress and promote well-being in the long-term.

Literature on 'the science of yoga' now exists, in an attempt to translate what is actually happening in the body and mind when an individual practices yoga (Büssing et al., 2012). Here, the mind-body connection is cited where what is happening in the mind is seen to have an impact on a cellular, molecular, and neurological level.

Other literature cites good arguments regarding how the philosophy of yoga aligns with the underpinning theories of psychotherapy (Caplan et al., 2013; Danylchuk & Danylchuk, 2019) by providing individuals with a holistic model for health and well-being (Desikachar et al., 2005). The argument here is not for the identification of common factors of the two approaches, but for an integration of their rich underlying philosophies and theories from a pluralistic perspective.

4.1. *Yoga-integrated psychotherapy for emotion dysregulation (YiP)*

The YiP model is based on several principles and aims: a) to adopt a yoga-informed approach to alleviate distress and promote physical and mental health b) to practice psychotherapy to alleviate distress and promote mental health c) to apply a mind-body intervention integrated with a talking therapy model to process and make sense of distress d) the positive effects of yoga practice and philosophy to serve as a supportive mechanism when working with unconscious processes in psychotherapy e) to enable clients to move more quickly towards good outcomes, with a framework for a positive lifestyle f) to provide an intervention which can be tailored to individual needs and enable prevention as well as positive outcomes.

Recently, a new model of treatment underpinned by these principles was devised and piloted (Childs-Fegredo et al., 2022). The model aims to align with a mind-body philosophy and seeks to work with the client's unconscious defences. Practising psychotherapy from an integrative stance meant that skills and theory from various models of psychotherapy and yoga were incorporated into the therapy, depending on the needs of the client. The YiP model is underpinned by the humanistic

stance of the scientist-practitioner, whereby the client's needs and the therapeutic relationship are placed at the heart of the dynamic.

As yoga is known to increase a sense of social engagement, empathy and insight, it was thought that clients would be more in touch with their own feelings, more trusting of the therapist, and thereby able to access difficult emotions or memory and thereby facilitating progress. For clients easily triggered into in the nervous systems' 'fight or flight' or 'freeze' states, the beginnings of psychotherapy can be tenuous whilst the therapeutic alliance is formed. By incorporating yoga practice into the therapy with emotionally dysregulated individuals, clients are more relaxed and able to positively engage in therapeutic work. YIP sessions take a pluralistic approach to the integration of yoga practice, philosophy, and the practice of psychotherapy (Childs-Fegredo et al., 2022).

Sessions in the pilot study began by practicing basic postures in accordance with the client's experience of yoga, before undertaking talking therapy. Findings of the study were significant in improving overall wellbeing and having a positive impact on emotion dysregulation. Qualitative follow up interviews revealed that in six sessions of yoga-integrated psychotherapy, three clients described the experience as 'life changing' (Childs-Fegredo et al., 2022). Others reported a reduction in symptoms such as flashbacks, suicidality, and an increase in resilience. One participant transformed their lifestyle by practicing yoga at home on a daily basis. They reported this having a knock-on effect on his eating habits and ability to cope with stressful life events. This was achieved in 6 sessions of YIP, following an assessment session which took a needs-led approach and informed individual treatment. The pilot data from this study is a promising start to an evidence-base for the integration of yoga into psychotherapy.

5.0. Future directions

This paper has argued that the practice of yoga within the framework of a mind-body philosophy may enable psychologically-distressed individuals to better regulate their emotions. Whilst yoga research is tasked with trying to 'prove' its effectiveness, future directions could also consider how to bridge the highlighted gap between innovation and intervention, and that of mental health research. To promote this direction, interdisciplinary and cross-cultural discussions are needed to inform innovative treatments.

The COVID-19 crisis has accelerated the transfer of mental health treatments online in formats that can be accessed and practised at home, and can be followed up with tele-yoga (Jasti, et al., 2020). Yoga practice is a 'take-home' skill which can benefit clients following treatment. The cited pilot study found participants began to practice yoga daily, and adopted lifestyle changes

through the course of treatment. This finding is not unusual as a response to practicing yoga, and could inform new strategies around social prescribing, enabling patients to transform their lifestyles to prevent physical and mental health issues. Further research should continue to engage in how public health agendas and what is prescribed in mental health treatments link together.

6.0. Conclusions

This paper has presented a concept and model for the synthesis and merging of western psychotherapies with the ancient practices of yoga into an accessible and deliverable evidence-based format. 'Yoga-integrated psychotherapy for emotion dysregulation' as an intervention aims to make use of mind-body techniques and that of psychotherapeutic discovery. Pilot data reveals promising findings with participants reporting increased well-being and emotion regulation. Yoga and psychotherapy as an integrated treatment model which incorporates humanistic philosophical assumptions could provide clinicians and patients with a mutually beneficial framework for recovery.

The overarching principle of this paper is aligned with the notion to practice a shift in perspective in terms of *how* we treat mental health issues. How we listen, how we approach, and how we treat. This should work alongside what we do, what we measure, and what the outcomes are. It could be worthwhile to consider being open to navigating the sheer complexity of client treatment and recovery by taking a humanistic and integrated stance and incorporating the individual's unique lived experience. Whilst there is perhaps a long way to go to fully understanding the depths of the human mind and the 'best' interventions to alleviate distress, the hope is that treatments for mental health issues one day be termed, 'good enough'.

Ethics

The cited study was funded by and granted ethical approval by the U.K. based university in which the study was conducted.

This study recognises yoga as a spiritual practice originating in eastern cultures. The author considers it more appropriate to consider the YiP model as being 'yoga-informed'.

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