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# Using Yoga Practice to Empower Psychotherapists' Interpersonal Process

Jennifer Paz

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USING YOGA PRACTICE TO EMPOWER PSYCHOTHERAPISTS' INTERPERSONAL  
PROCESS

A Doctoral Paper  
Presented to the Faculty of the  
Graduate School of Professional Psychology  
Office of Graduate Studies  
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In Partial Fulfillment  
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Doctor of Psychology

By  
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## **Abstract**

Yoga practice promotes *awareness* and *acceptance*, and serves as a body-centered medium for developing deepened *self-understanding*. Among patient populations, a growing body of evidence suggests that the benefits of yoga practice extend to both physical health and psychological well-being. However, the psychological impact of yoga practice on psychotherapists' interpersonal responses, while potentially promising, has received little attention in the literature. This paper provides a historical overview of contemplative practices and discusses the role that yoga can play in developing certain interpersonal characteristics of the psychotherapist that are hypothesized to empower the therapeutic relationship and facilitate constructive behavior change on the part of the client, with a focus on acceptance, empathy, and compassion as core conditions. A model will be presented with emphasis on an epistemology of caring, developed through repeated exposure to the somatic field of experience as engendered through yoga-centered mindfulness practice, and how this practice can help cultivate core characteristics of interpersonal responding that may benefit both the client and practitioner alike.

*Keywords: yoga, successful psychotherapists, therapeutic outcomes, self-care*

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## **Introduction**

Active attending is an important skill for psychotherapists, particularly attending of the kind that promotes context-awareness and interpersonal attunement to the ever-changing therapeutic moment, and that shows a more open, sensitive, and responsive approach to the client. There is a growing interest in the development of exercises and interventions designed to promote improved mindfulness in psychotherapists and clients through use of contemplative practices (Grepmaier, Mitterlehner, Loew, & Nickel, 2007; Grepmaier et al., 2007; Hayes & Plumb, 2007; Hayes & Shenk, 2004; Hayes, Villatte, Levin, & Hildebrandt, 2011; Hayes & Wilson, 2003; Hutcherson, Seppala, & Gross, 2008; Pierson & Hayes, 2007; Wilson & Sandoz, 2008). Accordingly, activities that train mindfulness awareness may be especially useful to the field of clinical psychology to the extent that they help promote interpersonal relatedness and social connectedness in psychotherapists and clients.

The current paper proposes that an epistemology of caring can be cultivated through repeated exposure to the somatic field of experience as engendered through yoga-centered mindfulness practice, and brought to bear on core characteristics of interpersonal-relational processes that may benefit both the client and practitioner alike.

### **Why Yoga?**

Yoga as a cultivated skill has gained in popularity throughout the West over the last few decades. To date, several literature reviews and quantitative studies have been conducted on the benefits of a yoga practice (Bonura, 2007; Kirkwood, Rampes, Tuffrey, Richardson, & Pilkington, 2005; Schure, Christopher & Christopher, 2008; Williams et al., 2005). Goyal et al. (2014), in a study funded by the National Institute of Health,

suggests that yoga may improve mood and sense of psychological well-being, counteract stress, reduce heart rate and blood pressure, increase lung capacity, improve muscle relaxation and body composition, help with symptoms of anxiety, depression, and insomnia, improve overall physical fitness, strength, and flexibility, and positively affect levels of certain brain or blood chemicals. More recently, the holistic concept, the mind-body connection, has been increasingly stressed by medical and psychological professionals to convey the idea that body-centered practices can promote socio-emotional health. Psychotherapists from all theoretical orientations, treating clients ranging from young children to late adulthood, are increasingly incorporating aspects of yogic practices into their treatment model; whether it is teaching a young child volcanic breathing or using deep breathing techniques to help an adult regulate their emotions and become more mindful of the power of the breath.

Several studies support some form of yoga practice to decrease symptoms of depression, anxiety, and chronic pain (Hofmann, Sawyer, Witt, & Oh, 2010; Kirkwood et al., 2005; Li & Goldsmith, 2012; Louie, 2014; Michalson et al., 2012; Pilkington, Kirkwood, Rampes, & Richardson, 2005; Skowronek, Mounsey, & Handler, 2014; Tilbrook et al., 2011; Tul, Unruh, & Dick, 2011; Uebelacker et al., 2010). For example, Carneiro and Rittenberg (2011) stated that, “based on the current literature, it appears that yoga is the most effective non physician-directed active treatment approach to nonspecific low back pain when comparing other complementary and alternative treatments” (p.777). Gupta, Khera, Vempati, Sharma, and Bijalani (2006) found that yogaic relaxation, defined as the practice of asanas (postures), pranayama (breath), and meditation, decreased “objective manifestations of anxiety – a racing heart, palpitations,

tremors, sweating, increased blood pressure, dry mouth, avoidance behavior, signs of restlessness, and heightened responsiveness” (p. 42). Furthermore, in a literature review evaluating the evidence on the effectiveness of yoga for depression, Pearson (2007) concluded that, “yoga will provide benefits for people with depression” (p. 3). According to Hofmann, Sawyer, Witt, and Oh (2010), Mindfulness-Based Therapy (MBT), which includes yoga practices and yogic goals, has been shown in repeated studies to improve anxiety and mood disorders. These findings were the result of analyzing 39 studies with 1140 total participants. The results revealed that every study analyzed demonstrated symptom improvement and the improvement lasted through the follow-up session to the study (Hofmann et al., 2010). Although after completing a systematic review of the previous research related to depression, Kirkwood, Rampes, Tuffrey, Richardson, and Pilkington (2005), concluded that due to the varied methodology and generally poor quality of the previous research studies they could not definitively state that yoga was effective in improving anxiety and anxiety disorders, the results were promising and deserved further research. In the case of chronic pain, randomized studies have shown yoga to be effective for both lower back pain and neck pain (Michalsen et al., 2012; Tilbrook et al., 2011). Moreover, Tul, Unruh and Dick (2011) discovered that even in cases where the yoga did not reduce chronic pain, yoga helped participants learn to effectively interact with the pain, making it less bothersome to the sufferer. As such, yoga has become increasingly prescribed as a therapeutic intervention.

Beyond the noted medical benefits of practice, consistent yoga practice helps promote increased self-awareness, interpersonal connection with the patient, and self-connection with their compassion and empathy, and self-acceptance (Ware, 2008).

Although there is growing support for the use of yoga in reducing problematic physical and psychological symptoms, little research has been conducted exploring the potential impact yoga practice may have on enhancing important psychotherapist characteristics that are necessary to initiate constructive therapeutic change in clients, namely self-reflective awareness, empathy, acceptance and compassion as defined by Carl Rogers (1957). Each therapeutic session the psychotherapist asks their client to contact areas of psychological vulnerability, which have been historically avoided. Valente and Marotta (2005) recognize the importance of self-awareness and the psychotherapist's personal development as related to their professional success. This paper examines the role a yoga practice may play in activating conditions known to benefit client-psychotherapists relations and support the process of psychological change.

### **Characteristics of Successful Psychotherapists**

The goal of a psychotherapist is to help clients deal with their psychological vulnerabilities and distress and help them find ways to overcome the psychological obstacles that stand between them and a life more meaningfully experienced. That is to say, to help facilitate the kind of constructive therapeutic change necessary to engage in effective living. In order to successfully help a client, the psychotherapist must pay particular attention to the therapeutic alliance. A recent study by Falkenström, Granström, and Holmqvist (2014), found that the therapeutic alliance is not just a “by-product” of interpersonal communication and desired behavior change, but can be functionally curative in its own right.

Although desired behavior change may help strengthen the therapeutic alliance, certain interpersonal characteristics shown by a psychotherapist can actually empower

therapeutic outcomes. In her 2013 paper, *The Psychotherapist Effect*, Amy Novotney discussed Wampold's research suggesting that effective psychotherapists have a sophisticated set of interpersonal skills, including verbal fluency, warmth, acceptance, empathy and an ability to identify how a patient is feeling. The working alliance, the relationship between mental health psychotherapist and the client, is a "crucial component for predicting positive therapeutic outcomes" (Taber, Leibert, & Agaskar, 2011, 376). Karson and Fox (2010) propose that in order for therapeutic skills to be successful, one must first acknowledge the special relationship, "not social, not professional," that exists between client and psychotherapist. Once recognized and established, they advance common factors such as empathic engagement, collaboration on the goals of therapy and the connection between the goals of therapy and what is done in therapy as the "building blocks of a successful psychotherapist-client working alliance (p. 268). Swensen (1971) points to self-insight, interpersonal warmth, sensitivity, and tolerance as characteristics of an effective psychotherapist. Carl Rogers (1957, 1995) asserted that empathy, unconditional positive regard (acceptance), and congruence must be perceived by the client as condition for therapeutic change. Compassion is cultivated inside that psychological space.

The following sections target three core characteristics, which are held to be preconditions necessary for facilitating therapeutic change in clients. Although these three components are separately discussed below, they are properly understood contextually and functionally as mutually co-dependent, overlapping aspects of interpersonal process and communication that complement each other. Moreover, these

aspects of interpersonal engagement are maintained by a verbal community and are usually experienced as positively reinforcing by (most) people in the community.

### **Empathy**

Empathy is one of the six conditions that Rogers (1957) believed was necessary and sufficient for effective therapeutic change. Empathy concerns a particular way of attending to and being present with the client. Empathetic engagement involves accurate reflection and shared understanding of another's privately experienced, subjective world, which is acknowledged and even 'prized' by the psychotherapist during the therapeutic encounter. A number of relational elements can bring empathetic attunement to experience, including active attending, reflection of feeling, appropriate posture and gestures, and mirroring of words and tone of voice (Davis, 1990). Stein (1970) proposed that empathy is unique in that it takes place in different stages and is often only realized after it has occurred. She maintained that the first stage unfolds when the psychotherapist attempts to listen and begins to gain an appreciation for the place of another. The second stage develops as the psychotherapist senses an emotional shift and deeper awareness of the experience of the other, resulting in experiential identification with the person. As therapeutic intimacy and personal vulnerability are exposed, a shared experience emerges. Davis (1990) observes that empathy "is a positive, powerful experience sought after by most of us throughout life:" (p. 709). Empathetic experience represents a co-constructed process arising within the context of shared experience; it does not reflect a constant understanding of oneself or another but rather a context-sensitive understanding, thus an appreciation of this very felt-moment as it is disclosing here and now with another.

Empathetic regard reflects an inner rather than outer move to experience devoid of idealized rules and prescriptive codes of social conduct. Fundamentally, empathetic feeling reflects a kind of authentic kinship and intimacy with one's own experience. Accordingly, empathy understood most deeply embodies a certain lived quality of experience, felt first-person immediate, that often brings to awareness a sense of aesthetic concreteness. Ames and Hall (2003) put it this way:

Beyond the cognitive understanding of experience, there is the epistemology of caring. We know things most immediately and profoundly through empathic feeling. This affective form of knowing is the content of our meaningful relationships, and the concreteness of these relations defines [who and] what we really are. (p. 79)

### **Acceptance**

Another interpersonal characteristic shown to positively impact the therapeutic relationship is psychological acceptance. Acceptance conveys the idea of having this moment exactly as it is disclosing—totally and completely, without attempts to control emotionally-charged thoughts and images unfolding in awareness. Acceptance reflects a kind of choiceless engagement with the moment wherein one is open and receptive to the changeability of the moment without attempting to alter its experiential impact. Accordingly, an accepting stance is yielding, expansive, accommodating, unshaped by one's desire to interfere with the natural flow of experience as it ebbs and flows in experience. Acceptance reflects an appreciation for and deference to whatever experience presents, as in to fully allow, embrace, and inhabit this very life-moment. Acceptance does not mean to tolerate or resign oneself to experience but rather to give it permission to be exactly as it is.

Feeling accepted by the psychotherapist has been offered as one of the driving catalysts for change within the therapeutic relationship. Acceptance is basic to the Rogerian notion of unconditional positive regard, in this case meaning no conditions for acceptance, preference neither for nor against any experience shared by the client. Self-reflective awareness appears central to the practice of acceptance and therefore to the practice of unconditional positive regard. Valente and Marotta (2005) state, "...to achieve self-awareness, psychotherapists must practice tuning in to and confronting their own needs, desires, and limitations" (p. 66). Baker observes that, "Self-awareness involves benign self-observation of our own physical and psychological experience to the degree possible without distortion or avoidance" (as cited in Valente & Marotta, 2005, p. 66). To expand, the concept of unconditional positive regard goes on to suggest that the psychotherapist provides a safe, non-critical space in which emotions, thoughts, and behaviors are accepted. It is through this context and the experience of the psychotherapist as non-judgmental and validating that helps set the conditions for psychological change in the client. Hayes & Pankey (in press) define acceptance as the "conscious abandonment of a direct change agenda in the key domains of private events, self, and history, and an openness to experience thoughts and emotions as they are, not as they say they are." How, then, does a psychotherapist help foster a facilitative context for change?

### **Compassion**

Similar to empathy and acceptance yet somewhat distinct, compassion can be defined as "the emotional response when perceiving suffering," coupled with a desire to alleviate it (Seppala, 2013, p. 1). The idea of compassion can be traced to the early

Minoan civilization (Kriegelstein, 2002) and after within Buddhist cultures more than 2,500 years ago. Compassion is a complex and multifaceted response to emotional and physical pain and includes empathy and acceptance. Feldman and Kuyken (2011) defined compassion as “an orientation of mind that recognizes pain and the universality of pain in human experience...” (p. 145). Recent research on both humans and animals led to the term “compassionate instinct,” coined by Dacher Keltner in 2004, suggesting that it is also a natural tendency and spontaneous response. Compassion is correlated with the development of resilience and emotion-focused interactions with others, and helps lessen avoidance-based coping (Leary, Tate, Adams, Allen, & Hancock, 2007). As with most complex social emotions, compassion likely reflects the interplay of respondent and operant processes, where empathetic feeling and caring behaviors converge, given the presence of certain relational-contextual cues. Said differently, compassionate responding implicates the operation of “emotional contagion” (i.e., converging emotions among persons) and “perspective-taking” (i.e., understanding an event from an alternate point of view), within an empathetic relational context. Currently, programs exist for cultivating compassion, such as the *Compassion Cultivation Training* (CCT), offered at Stanford University and the Center for Mindful Self-Compassion. Programs such as these suggest that one’s ability to be compassionate can be shaped to some degree under expert guidance and with additional supports (Jazaieri et al., 2013).

### **Compassion Fatigue**

There is a saying, “If your compassion does not include yourself, it is not complete.” Unfortunately, the same characteristics and qualities that facilitate positive therapeutic outcomes, also lead to burnout and compassion fatigue. Barnett, Baker,

Elman, and Schoener (2007) have argued that self-care is an ethical necessity to prevent impaired professional functioning. Paz and McDermott (2012) provided further insight into the code of ethics for psychologists and their clinical obligation to practice self-care activities. Under Principal A: Beneficence and Nonmaleficence, of the Code, it is indicated that psychologists must endeavor to do “good” and “do no harm.” Additionally, “...psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (APA, 2010). Standard 2.06: Competence, of the Code further states, “When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they should take appropriate measures...” (APA, 2010). Such appropriate measures include supervision, consultation, limiting, suspending, or terminating their duties as psychotherapists (APA, 2010). The ability to express compassion can be understood by one’s ability to endure and maintain psychological connection with the suffering of the other. Psychotherapists practicing from differing theoretical orientations, across demographics have a special duty to be compassionate and make deep contact with their clients’ psychological pain. Self-compassion is core to this process:

Compassion is not the relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity (Chödrön, 2007, p. 66).

Human suffering is a ubiquitous condition. Psychotherapists are not immune to the emotional impact of their clients’ psychological distress. While it may be the case that compassionate attending in certain contexts, such as oncology, hospice, or international disaster settings, may increase one’s psychological fatigue and burnout more quickly, these effects may also accrue over time for anyone exposed to the physical and

psychological suffering of another. As Figley (2002) notes, secondary traumatic stress, naturally occurs and is a “function of bearing witness to the suffering of others” (p. 1435).

It is not enough that psychotherapists receive extensive training in the theoretical foundations, ethical principles, and evidence-based practices supporting professional work. They need to be psychologically awake, present, open, flexible, and available to the suffering of others. This is why awareness, sensitivity, and receptivity are so important in compassion-focused psychological work. While the verbal environment provides the intersubjective context for the intellectual understanding of the suffering of another, mere talk about compassion (or empathy, or acceptance) should not be confused with the lived qualities in psychological present. There is no need to talk about compassion in session, for example, when it is usually quite easy to find it alive here and now in the room within the context of the therapeutic relationship. Carol Davis (1990) notes that, “When empathy occurs, we find ourselves experiencing it, rather than directly causing it to happen. This is the characteristic that makes the act of empathy unteachable” (p. 707). In short, empathy, acceptance, and compassion are emergent in a relational interaction when psychological contact is made with the private world of a suffering self or other.

### **What is Mindfulness?**

Brown and Ryan (2003) suggest that mindfulness reflects an enhanced form of consciousness that promotes the development of deepened levels of context-awareness and responsiveness that differs from everyday forms of conscious experience. The term mindfulness applies to a heterogeneous range of practices, methods, and techniques.

From a research standpoint, confusion exists in specifying what mindfulness means, thus definitional differences in use of the term are found in the psychological literature. The term mindfulness is variably taken to mean (Hayes & Shenk, 2004; Hayes & Wilson, 2003): (1) a self-regulation method, technique, or procedure designed to enhance physical and psychological well-being, (2) a process-of-itself, (3) an outcome incidental to process, or (4) an outcome-of-itself.

From a pragmatic standpoint, mindfulness training helps cultivate self-reflective awareness to the point that ego-self is erased completely from awareness, leaving what might be called contextualized awareness. Mindfulness practice provides a path to “pure awareness” where through self-incongruence subsides as the metaphysical boundary between oneself and the world is dissolved of its apparent difference and separation. Simply put, mindfulness in this sense means to be fully present and aware in the moment without verbal-conceptual interference (Swart, 2014).

### **Historical Origins of Contemplative Disciplines**

#### **Mindfulness-Centered Practice**

Although the historical precursors of mindfulness-centered contemplative disciplines are difficult to isolate, it has been suggested that this genesis is traceable to the Indian subcontinent and linked to a four to five thousand year old teaching called *Centering* (Reps & Senzaki, 1957). The terms mindfulness and meditation are most often used in reference to a number of schools and sects organized around the Dharma teachings of the historical Buddha, Śiddhārtha Gautama (the Śhākyamuni Buddha) who lived in northern India during the sixth-century BCE. Two later developing forms of

mindfulness practice, called *śamatha* (calming) and *vipaśyanā* (observing), have decidedly ancient Indic origins as well.

As a psychological construct, the notion of mindfulness has been described a number of ways. Jon Kabat-Zinn (2010) defines mindfulness as “paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally” (p. 4).

Likewise, Nyanaponika (1972) defines mindfulness as “the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception” (p. 5).

Pragmatically engaged, mindfulness practice begins on the cushion and then proceeds to activities of daily living. Mindfulness practice is best characterized as a kind of choiceless pursuit involving the act of casting oneself as fully as possible into the matrix of ongoing experience, unmediated by verbal process, self-perspective, time orientation, or discriminated objects of desire. In terms of contemporary psychological theorizing the specific mechanism underlying how mindfulness functions have yet to be elucidated.

### **Yoga-Centered Practice**

The historical origins of yoga-centered contemplative disciplines are difficult to trace but seem most likely developed in central Asia with spiritual ties to Jainism, Buddhism, and Hinduism dating back to 3000 years. A seal depicting a man seated in the lotus position was uncovered among artifacts linked to Indus Valley Civilization and subsequent artifacts revealed that yogic ideas as well as practicing yogis were well known and perhaps even worshipped throughout what is now Pakistan, across Iran and to present day Iraq (Worthington, 1982).

The history of yoga is complex, around 1500 B.C. several religious documents, known collectively as the Rig-Vedas were introduced into India during the Aryan Dynasty, and laid the spiritual foundation for the development of religious Hinduism. The Upanishads dating back between 800 and 400 B.C.E. are said to have “set forth” realization via yoga and meditation practices (Das, S., n. d.). Perhaps the most flexible and clearest of the yoga writings (700 B.C.E.) was the Bhagavad Gita, regarded as the “science” of yoga, which illuminated the path of wisdom, path of devotion, and selfless action or karma yoga (Kaley-Isley, Perterson, Fischer, and Peterson, 2010, p. 21). Around 400 B.C.E. the Yoga Sutras were outlined by Patanjali, providing a pivotal exposé on Ashtanga (Rāja) Yoga. Rāja Yoga reflects “the yoga of mental processes, of mind and will power” (Worthington, 1982, p. 55). From there, six distinct yoga systems began to flourish in India, including, Hatha Yoga, Rāja Yoga, Bhakti Yoga, Jñāna Yoga, Kriya Yoga, and Karma Yoga. “Ha” and “tha,” which translate to the sun and the moon, refer to the dialectical oppositions that interplay in nature.

The *asanas* represent the place and fundamental body postures used to cultivate “yogic awakening” (Zentrum Publishing, n. d.). Hatha yoga developed as a way to purify the body prior to meditation via the use of prescribed postural positions and coordinated breathing techniques called *pranayama* (Worthington, 1982, p. 133). The pragmatic emphasis in yoga-centered discipline concerns the development of mindfulness awareness in service of optimizing self-understanding, physical health, and acceptance of life-circumstances. Rāja Yoga bolsters Hatha by adding concentration, involving the eight limbs of yoga: *yama* (the thou shalt nots), *niyama* (the five thou shalts), *asana* (postures), *pranayama* (breath control), *prathyahara* (Introspection), *dharana*

(Concentration), *dhyana* (Meditation), and *samadhi* (Superconsciousness). Bahkti Yoga fosters selfless love, compassion, and humility. Jñāna Yoga is philosophical in both theory and practice and questions the true self. Kriya Yoga combines mantras and meditations to bring about deeper self-awareness. Finally, Karma Yoga is of service, directing all actions towards God.

### **The Evolution of Yoga**

Hatha yoga is the foundation for all yoga styles. The term yoga means to “yoke” or “unite” in Sanskrit. Yoga principles illustrate a way of being, of interconnection with the universe; the integration of all dualisms associated with mind, body, and soul abstracted through thought. Yoga emphasizes experiential pragmatics, a call to action intended to help harmonize one to the surroundings while facilitating inner peace and clarity of thoughts (psychological *congruence*). Yoga as a philosophy, spiritual practice, science, and way of life has evolved over time and promulgated throughout cultures.

As a western practice, yoga gained popularity as a way to promote physical fitness, disease prevention, and psychological health. Many forms of yoga practice currently exist in the United States, including Hatha, Kundalini, Iyengar, Bikram, Ashtanga, Resorative and Vinyassa (to name a few). Classes typically train the practitioner in the combined use of *asanas* with *pranayama*. A 2008 survey conducted by *Yoga Journal* reported an estimated 15.8 million people in the United States practiced yoga. Kaley-Isley, Perterson, Fischer, and Peterson (2010), in a discussion covering complementary and alternative medicine (CAM) practices indicated that 95% of respondents (N = 598) had heard of or tried yoga or meditation (93%). In 2007, the National Health Interview Survey (NHIS) revealed that yoga was the sixth most

commonly used CAM among adults, and that 1.5 million children had engaged in yoga practice the previous year. Over the years, yoga has been studied medically with increasing evidence supporting it as a complementary therapy. Collins reported findings showing the health (e.g., enhanced muscle strength and flexibility, respiratory and cardiovascular fitness) and psychological benefits of yoga practice (as cited in Barbonneau, Vallerand, & Massicotte, 2010). A 2013 review by the National Center for Complementary Medicine (NCCAM) suggests that yoga practice is associated with attenuated symptoms of chronic back pain, migraines, anxiety, depression, insomnia, and improved overall physical functioning. The dual impact of yoga on both physical and psychological health is especially impressive given that it is relatively cost effective compared to standard forms of medical and behavioral intervention available to the consumer.

Cultural acceptance of yoga practice in the West is largely attributed to its beneficial effects on physical and psychological health, although its traditional focus has been on facilitating awareness, sensitivity, and receptivity of inner experience for purposes of optimizing one's relationship with the world. Likewise, Rama, Ballentine, and Ajaya (2010) contend that, "...the actual goal is to become less bound up in the body and to gain some distance from it and perspective on its functioning" (p. 2). This can be difficult to achieve in a rapidly changing, fast-paced world driven by industry, technology and conveniences.

### **Select Yoga Practices**

Many types of yoga are practiced in the west. Hatha yoga is now a more general term, encompassing all forms of physical yoga.

**Hatha Yoga:** Engaging in a traditional Hatha yoga practice, one will find it is gentler and will move at a slower pace and a great place for beginners.

**Ashtanga Yoga:** Ashtanga yoga was established in 1948 but the practice and philosophy are said to have been evident and part of Patanjali's writings in the Yoga Sutras (Maehle, 2007). Today it is often promoted as the "modern day" form of traditional Indian yoga. Ashtanga yoga classes are fast paced and designed to synchronize breath with movement. Ashtanga is different in that the orders of movements are predefined.

**Vinyassa Yoga:** Vinyassa yoga is a generic term and similar to Ashtanga. It is also commonly referred to as *flow* due to the continuous movement matched with breath from one posture to the next. It can be more vigorous and incorporates intense stretching.

**Kundalini Yoga:** Kundalini yoga was founded in 1969 and includes physical postures as well as meditating and chanting. It is aimed at bringing energy throughout the heart and focuses on meditation techniques. In fact, Kundalini yoga breathing and meditation techniques have been taught for treating specific psychiatric symptoms including anxiety (Shannahoff-Kalsa, 2004).

**Iyengar Yoga:** Iyengar yoga's emphasis is on alignment and precision. It often makes use of yoga props and includes the sustaining of postures. B.K.S. Iyengar's yoga has been shown effective for patients recovering from myocardial infarctions (Khattab, K., Khattab, A., Ortak, J., Richardt, G. & Bonnemeir, H., 2007). It is the yoga often used in the context of injury prevention as the concern is with proper form.

**Bikram Yoga:** Bikram yoga is practiced in a heated 104 degrees Fahrenheit/40% humidity room. Classes are held for 90 minutes and consist of the same 26 postures and include two breathing exercises. The heated environment encourages muscle flexibility.

**Hot Yoga:** Hot yoga has been popularized in recent years in which the temperature of the room is significantly elevated. However, the type of yoga depends on the class.

**Restorative Yoga:** Restorative yoga utilizes props to encourage the body to relax over several minutes, resulting in passive stretching. Restorative yoga is often prescribed for patients diagnosed with cancer and post-treatment survivors (Danahauer et al., 2009). It is also commonly used by people recovering from injury.

**Yoga Nidra:** Yoga Nidra, which has also gained popularity of late, is a state of consciousness in which one is neither asleep nor awake. It appears that one is sleeping but “the mind is functioning at a deeper level” (Wambolt, 2010). Yoga nidra is generally practiced from the position of *shavasana*, or Corpse Pose, and has been used to treat PTSD as an adjunctive therapy with active duty soldiers at Walter Reed Army Hospital (Rivers, 2008).

Although several varieties and brands of yoga are currently practiced, it is up to the individual practitioner to determine which form(s) of yoga to engage in. The different styles of yoga will differ in terms of pace, intensity, and degree of spirituality infused into the practice by the particular yoga master (Mackenzie, 2011). Yoga philosophy is integrated across all practices. It is continuous and represents the evolution of the unity between mind and body. “It is a complete system of therapy, which includes developing awareness and control of the physical body, emotions, mind and interpersonal relations,”

(Rama, Ballentine, & Ajaya, 2010, p. 1). Yoga generates moment-to-moment shifts in posture and experience that help unify body and mind.

### **Model: (Dis)ease, Ignorance, and Liberation**

#### **The Problem—Impositional Desire**

One of the greatest problems of humankind is the inherent restlessness of a conceptualizing mind obsessed by impositions, wants, and desires (Venkatesananda, 1993, p. 131). It is in this restlessness—tied to personal history, of memories, feelings, thoughts, and sensations—that comes to dominate our almost every consciousness moment. According to Alfred North Whitehead’s fallacy of misplaced concreteness, this problem is exaggerated as a result of our human tendency to reify what is abstract and to treat these conceptualized products of mind as more real than our transient, shifting moments of experience (as cited in Ames & Hall, 2003).

The root of human “ignorance” and thus suffering finds its everyday origin in binary logic and an erroneous belief in self-existent phenomena, particularly in verbal narratives supporting content-focused self-identity. That is to say, the ideal mode of suffering is one that emphasizes a verbal dialectic concerning what life ought to be (i.e., that which is desired and hoped for) pitted against what life is (i.e., that which is realized here and now), a perspectival shift in awareness from here-now to imperative there-then. As Brook Zyporin (2004) observes, “Desire is a demand for reality to be otherwise, but it exempts itself from this desire for change. It wants *part* of reality to change, but another part of reality--*itself*--to stay the same” (p. 4). Referring to this state of experience, hope and despair attract each other, leading to dialectical polarity, psychological tension, and accompanying (dis)ease.

## **The Solution—Deferential Desire**

The psychological antidote to impositional desire is deferential desire. Properly understood, deferential desire is radical in the sense of being total and complete, experience optimized just as it is, not as one wishes or desires it to be (Ames & Hall, 2003). Experientially known, deferential desire is choiceless, expansive, accommodating, nonjudgmental, and not shaped by one's insistence to define, possess, or control the occasions or outcomes of experience. Deferential desire develops inside acceptance and is brought to life through pure awareness of the conditions and circumstances leading to dissatisfaction, ignorance, and constructive life-change.

**Pure awareness.** Pure awareness is central to the development of deferential desire due to its nondual, nonevaluative, and nonoppositional nature; exquisitely flexible and attuned to the conditions and surroundings configuring this very life-moment. It is pure awareness, the open and complete embrace of experience that the *Yoga Sutras* by Patanjali seeks to cultivate through sustained yoga-centered practice. As one's yoga practice evolves and deepens, conceptual self-knowledge gradually undergoes an epistemological shift in knowing, through which self is no longer experienced as an objectified, bounded entity. At that moment, only a psychological function remains (no-self), relationally constituted moment-to-moment and contextualized throughout as the "lived environment" (Kruger, 2006).

By way of example, the process of optimizing experience in a contextually-sensitive manner reflects a special kind of relationship with a world attuned by comprehensive awareness and acceptance of the flow of qualities. As such, the moment becomes poignant here and now in some affectively meaningful way. Acceptance and

flexibility represent key processes developed through mindful-awareness practices, such as yoga. Batchelor (2000) observes that, “Mindful-awareness of living processes explodes the myth of things (and nothings) to reveal a world that is irreducible to the conceptual and linguistic images we use to describe it” (p. 56).

However, as Brown and Ryan (2003) note, attending to the psychological present is difficult for most people to do initially, and may be especially difficult in the context of psychotherapy given that environment is so densely verbal-conceptual in making. Consequently, we invariably conflate and [mis]take our talk about experience for the experience talked about, and consequently miss the lively expression and affective significance of life moment to moment.

Mindfulness as a process is often viewed as an extension of mindfulness-based meditation (Hayes & Shenk, 2004) though in reality mindful-awareness is not dependent on the method. Accordingly, any act that brings awareness to the present moment is by definition a mindfulness practice. The importance of mindfulness is this: It helps create a context for epistemological reorientation that is inherently aware, open, contextually-sensitive to conditions making each moment what it is. Empathetic responsiveness grows up inside mindfulness practice, developed through repeated exposure to the somatic field of personal experience.

**Epistemology of caring.** From the standpoint of most Central and East Asian traditions, mindfulness awareness and yogic practice centers on epistemology, not ontology. This focus amounts to a shift from everyday ego-consciousness to heightened somatic engagement with oneself in the psychological present, thereby facilitating a cognitive to somatic transition in knowing that both neutralizes the dualistic verbal-

relational roots of knowing and exposes the somatically-induced non-thinking mode of awareness and understanding. This so-called “epistemological reorientation” (Nagatomo, 1992) in knowing brings about nonevaluative contact with events here and now, along with a quality of lived experience that is nondual, nonexclusive, and nontensional mode of relating to self and others. Further, as ego-self is emptied of its preoccupations, narratives, and desires, a heightened sense of empathetic connection with the world is revealed. In a word, deference! It is deep within this nonconceptual space that we become most intimately available and attuned to another’s circumstance. Stephen Batchelor (2000) describes the process in the following way: “As the fixated grip of self-centeredness is eased, so also does an empathetic awareness of the suffering of others emerge” (p. 78). Thus compassion, as developed through mindfulness-awareness practices, reflects a deepening of acceptance and empathetic sense of the self-other relational process. The notion of psychological congruence in this understanding reflects the coming-together of conditions wherein somatic knowing dominates experience, leading to a sense of oneness of personal body and surroundings. The unanticipated finding is that an empty self (no-self) is actually a relational self.

### **Applied Implications of a Personal Yoga Practice**

For its practitioners, yoga offers a pragmatic approach to life. Yoga postures provide a shift in automaticity, holding the body in a certain ways which may oppose the postural forms the body is accustomed to. The postures assumed can be thought of as reflected states of experience, and which may “provoke or accentuate the feelings or thoughts associated with it” (Rama et al., 2010, p. 3). Many yoga poses generate physical discomfort as muscles and tendons that are not often utilized or stretched beyond daily

range of motion. Bodily sensations are illuminated through repeated experience of repositioning of body segments, making them more psychologically available to ongoing process-awareness. Oftentimes there is a tendency to ignore bodily sensations until they are associated with pain or illness; yoga encourages awareness, self-reflection and openness to self-process across an extended range of experience. A consistent practice awakens the practitioner to somatic shifts in awareness, alerting the person to the subtle transitions within oneself that may precede and lead to illness. Yoga *asanas* and *pranayama* not only heightens somatic awareness but also helps generate attentiveness, mental quieting, and somatic attunement.

Figley (2002) suggests compassion and empathy are crucial interpersonal dimensions of therapeutic practice but that these aspects of interpersonal relatedness can come with significant psychological cost (e.g., compassion fatigue and burnout). Compassion fatigue is said to reduce the capacity and interest in bearing the suffering of others, but what about bearing the suffering of oneself? Yoga practice may hold a solution for compassion fatigue and burnout. The thoughts and emotions that often arise with yoga practice can carry negative psychological functions. Some of these may even parallel personal historical themes and narratives that continue to haunt our lives in the present. For example, negative automatic thoughts such as, “I am not good enough,” or “I can’t do it, this is too hard,” so on, only serve to reinforce patterns of psychological inflexibility and support the storyline along which a problematic historical narrative depends. These thoughts may be accentuated in response to work or home stressors and mediate physical and psychological distress. Instead of avoiding these thoughts, or ruminating in them, sustained yoga practice allows one to see negative private

experiences as fleeting. As awareness, receptivity and compassion deepen through sustained yoga practice, the practitioner paradoxically discovers a sense of release in the midst of distress.

Rama et al. (2010) state, "...the rhythm of the breath is one of the most obvious physical indications of a person's emotional and mental state" (p. 25). Yogic *pranayamas* are similar to contemporary behavioral breathing interventions utilized with clients. Yoga can, in a real sense, help retune the act of breathing in that proper breathing is necessary while performing yoga poses. These disruptions in the continuity of the breath often result in distracting thoughts. Instead, yoga practices teach natural breathing process as an organic way to contact psychological events directly in the moment without a need to self-regulate the form of private experience disclosing in the moment (acceptance). Rather, awareness is brought directly to experience, and in doing so experience is allowed to disclose simply as it does. What the practitioner learns is that the inner world does not need to be self-regulated because the transience nature of experience moment-to-moment assures that no experience remains the same for long. In this way, mindfulness awareness arising in yoga practice helps foster self-validation in the form of acceptance and compassion. The importance of collaboration cannot be overlooked when addressing positive therapeutic outcomes. Raub (2002) expressed his idea that yoga practitioners are in fact working collaboratively with the conditions and circumstances underlying life-process, a partnership with oneself rather than conflict with one's own nature. Yoga highlights the reality that no moment once experienced can be exactly repeated. This situation exposes the practitioner moment-to-moment to accompanying somatic experience in constant flux, and thereby provides the opportunity to practice

acceptance to dispositional, habitual patterns of avoidance as various *asanas* are performed.

To summarize, it is within this psychological space that epistemological change transforms negative affectivity associated with somatic experience to empathetic understanding through acceptance of personal bodily experiences by means of deepened yoga-centered practice. The actional realization of oneness (nonduality) with another unifies experience and experiencer as a total-working whole phenomenological field, thus reducing qualitative affective distance between inner and outer conditions while opening awareness to empathetic connection with other sentient beings. This contextual shift from “mineness” to “ourness” seems to capture the affirming texture of intersubjective experience as rooted in the body, not the mind, and owes to the “attuning power present in the somatic act” of mindful-breathing engendered through yoga and other meditation practices (Nagatomo, 1992, p. 154). As the dualistic tendency of consciousness is functionally undermined through mindfulness practice, self-vanishing takes hold, revealing a scope and depth of affective attunement that the body enables, and which makes every experience personally meaningful. Empathetic attunement is therefore understood to be a pre-reflective somatic mode of knowing; that is to say, a way of knowing that transcends the boundary of self-conscious personalization (Nagatomo, 1992). When personal body and lived experience converge in a nontensional, nonoppositional way, psychological *congruence* is experienced. Congruence in this sense refers to “the harmonious integration of self in nature” (Krueger, 2006), where no residual of ego-self remains.

### **Yoga and the Psychological Practitioner**

As psychotherapists living and practicing in a world where suffering is ubiquitous, the question arises: How might one facilitate interpersonal relatedness and social connection between the psychotherapist and clients?

Valente and Marotta (2005) studied the impact of yoga practice on psychotherapists. Results suggest increased professional growth in psychotherapists' internal/self-awareness, balance, and acceptance of self and others. Further, yoga practice enhanced participants' affective attunement, recall of historical emotion-thought patterns and related self-view. Participants further indicated that yoga allowed them to "let go" of ruminating thoughts and to be more "present," affording greater psychological flexibility with their inner experiences and personal difficulties. The increased sense of calm, "centeredness," "quietness," and attunement experienced, created a sense of increased therapeutic competence overall. Participants also reported that visualizing themselves in *asanas* during difficult moments was helpful and that yoga helped cultivate compassion and empathic engagement while fostering a sense of detachment (release) with disengagement (withdrawal) from their client's burdens. For these psychotherapists, yoga allowed them to be less demanding of themselves, promoting an acceptance of their own bodies and thoughts resulting in their ability to be less self-critical and critical of others. Yoga practice lead to enhanced attentiveness and acceptance and helped create greater psychological space for compassion and personal growth.

### **Conclusion**

Humans face many hardships and unforgettable life events, such as war, natural disaster, crime victimization, poverty, injustice, homelessness, neglect, abandonment, abuse, personal loss, chronic and terminal illness, to name a few. Life events of this kind

are heart-breaking and the compelling storylines they generate can lead to life-long suffering.

Carl Rogers (1957) has identified certain interpersonal characteristics of the psychotherapist that are hypothesized to empower the therapeutic relationship and facilitate constructive behavior change on part of the client. These three interrelated dimensions of therapeutic relationship include empathy, acceptance, and congruence, and within which grows compassion. Experientially considered, effective therapy generates a kind of living ambience (context) that grows up inside the therapeutic relationship, an atmosphere characterized by care, respect, and kindness, and which challenges both the client and the psychotherapist to be more open, aware, intimate, and vulnerable in their lives. The idea of being psychologically awake “here and now” with the client requires co-mindful engagement with shifting experience moment-to-moment. Affectively speaking, one of the consequences of allowing oneself to be *psychologically touched* by a client’s personal life-narrative, not just conceptually but empathetically experienced, is the real danger of compassion fatigue (psychological burn out), if not properly attended to.

Psychological literature suggests that many of the requisite characteristics of an effective psychotherapist must be *directly experienced* rather than simply *verbally instructed* (Davis, 1990; Rogers, 1957; Seppala, 2013). Humans live in a densely social verbal environment and much of what takes place in therapy involves verbal-conceptual relating of events. From the standpoint of this paper, true empathetic attunement requires a shift from cognitive knowing of experience to knowing of experience somatically through the lived body. It is here that the affective world is most intimately felt. The

personal body functions as an “epistemological-actional apparatus” of sorts (Nagatomo, 1992, p. 250), the dialectical locus of both openness and resistance, of approach and avoidance. Psychological congruence is experienced most profoundly when the personal body and its lived experience converge fully, abolishing self-boundary of personalization. Complete deference (acceptance) to experience in that moment facilitates psychological attunement (integration) immediately as non-conceptually demarcated knowledge (no inter, no subjective, only embodied). It has been the goal of this paper to illustrate how an epistemology of caring arises within a cognitive to somatic transformation of knowledge by means of mindfulness awareness engendered by yoga-centered practice, and how this practice can help cultivate core characteristics of interpersonal responding that may benefit both the client and practitioner alike.

### **Limitations and Areas for Future Research**

Ultimately, the question of whether psychotherapists engaging in yoga have better therapeutic outcomes is an empirical issue. To date there are no known completed or ongoing studies examining the potential impact of yoga on the therapeutic alliance or its relevance to clinical outcomes. Additionally, limited research related to the application of yoga for burnout prevention involves the use of small sample sizes, so generalizations from group to individual should be regarded cautiously. Currently, whether or not yoga-centered practice leads to beneficial effects beyond sitting meditation or relaxation training or physical exercise are unanswered questions in the literature. These areas of possible inquiry represent gaps in evidence-based knowledge and suggest that additional studies of yoga-centered practices should be undertaken.

Beyond the need for additional empirical research, certain pragmatic issues, including a significant time investment over the long-term, physical limitations, personal impatience, and reluctance to embrace yogic philosophy may dissuade many clinical practitioners from incorporating such committed life-style practice into their lives in an authentic, meaningful way. For those who pursue the path, the humanity and promise of mindfulness based practices, such as yoga (or sitting meditation), will be a welcomed addition to life and clinical work.

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