

Perspective

Reflections on Researching Yoga

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I spend a great deal of time thinking about the most appropriate ways to design studies to evaluate various complementary and alternative (CAM) therapies. Each type of CAM therapy offers unique challenges to the researcher, and Yoga is no exception.

Originally developed with the aim of spiritual enlightenment, Yoga is now more commonly used, at least in the West, for relieving physical and mental suffering, and possibly for enhancing “well-being.” Nonetheless, its lofty roots and holistic orientation require asking the question, “What is Yoga, and what are the essential components of a successful intervention?” Some of my more biomedically-oriented colleagues would say with confidence, “Well, Yoga is exercise. After all, that’s what they teach at the health club.” Some others would mention the idea that Yoga “incorporates the mind and the body,” never quite describing what that actually means.

In terms of research projects, it appears that some Yoga studies focus primarily on āsana, others more on prānāyāma, and still others on meditation, whereas some incorporate all three elements. In thinking about what makes a successful Yoga intervention, we must ask: Does it matter how many and which Yogic practices are included in an intervention? Does it depend on the medical condition or population being studied? Or is the essence of Yoga more about the way the practice is approached, regardless of which specific elements of the eight-limbed path are included? For a Yoga intervention to be successful, must participants apply insights from the Yoga practices to daily life?

These questions are not just of academic interest. They get to the heart of what it means to evaluate a complex intervention such as Yoga for “therapeutic benefit.” Yoga is beginning to receive more attention (and funding) from the National Institutes of Health (NIH), including the National Center for Complementary and Alternative

Medicine. The NIH is the premier source of funding for biomedical researchers in the U.S. The interests of the NIH include evaluating the efficacy of Yoga and understanding the mechanisms of action (in biomedical and/or psychological terms) of Yoga. It behooves the Yoga community to enter the dialogue regarding what is Yoga and what are its possible anticipated benefits.

One must enter this dialogue with eyes open. The NIH, according to its website,¹ “is science in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.” Thus, to receive support from the NIH, Yoga and other CAM therapies must be fit into this framework and described using biomedical and psychological language.

This goal might seem distressing to some in the Yoga community who note that Yoga is thousands of years older (and much more subtle) than the modern scientific method. However, for those who enjoy the challenge of blending two worlds together, the Yoga community can help this process by being willing to dialogue with researchers. Researchers should be encouraged to focus on those conditions, like back pain, where experience in the Yoga community suggests that Yoga novices, with modest practice over a relatively short timeframe, can improve their physical or mental health to a marked degree. Other areas that have attracted the attention of NIH-funded researchers are Yoga to improve quality of life in patients with cancer, HIV, hypertension, and insomnia. It is helpful to note that cancer and HIV are both diseases that seem to encourage individuals to reevaluate their lives and be open to deeper transformation, and hypertension and insomnia are example of conditions that are not always successfully managed by current biomedical treatments. Part of the NIH mission statement also indicates the importance of offering therapies to those with the greatest need. Many in

the Yoga community are doing this kind of outreach work, in schools, prisons, and homeless centers, and with other underserved populations—but may not be documenting this work with research.

Biomedical researchers will need help from the Yoga community to think through the challenging issue of what is the “right amount” of treatment (or training, if home practice is a key part of the Yoga intervention). They will definitely need help from the Yoga community to sensitively investigate the “mechanisms of action” of Yoga. There is also the question of how to measure the full range of benefits from Yoga. We are in need of rigorous outcome measures that will capture these benefits in quantitative form. But, before that time, it might be prudent to do some qualitative, semi-structured interviews to better understand how people are benefiting (or not) from their Yoga practice.

Many additional challenges remain in conducting high quality Yoga research that responds to current research realities, and yet respects the discipline of Yoga in the process. My hope is that this piece will stimulate Yoga therapists to think in a reflective way about creating a research agenda for the Yoga community that reflects an appreciation of Yoga, but that also incorporates a realistic understanding of the current funding climate and needs of biomedical researchers.

Reference

1. National Institutes of Health website. <http://www.nih.gov/about/index.html#mission.htm>. Accessed July 18 2006.

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