

YOGIC DIFFUSION: THE EFFECTS OF YOGIC PRACTICE AND PHILOSOPHY ON
BELIEFS ABOUT COMPLEMENTARY AND ALTERNATIVE MEDICINE

by

JACQUELINE MARIE SIVÉN
B.A. University of Central Florida, 2009

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in the Department of Anthropology
in the College of Sciences
at the University of Central Florida
Orlando, Florida

Spring Term
2011

© 2011 Jacqueline M. Siven

ABSTRACT

This research is a qualitative study that aimed to anthropologically explore the effects of consistent long-term yogic practice on the acceptance and practice of complementary and alternative medicine (CAM) among yoga practitioners at a South Florida yoga center. I wished to determine, through in-depth interviews, whether or not yogic practice affects acceptance of CAM. The main objective was to interview individuals from a single yoga center that have practiced yoga at least once per week for at least one year concerning their beliefs about CAM, yoga, and health. This project will begin to fill the gap in social science, in general, and specifically, the anthropological literature. Scholars of various backgrounds have discussed elements of yogic practice and philosophy that were integral to my understanding of the data. The health benefits of yoga as CAM, the associations between yoga and beliefs about health, and the association between yoga and Indian philosophy and medicine have each been explored. However, anthropological scholarship discussing the effects of consistent, long-term yogic practice on the acceptance of other CAM's or Western biomedicine has not been examined.

To my mother

ACKNOWLEDGMENTS

Within the Yoga Center, I would like to thank the director and all of the yoga practitioners for welcoming me into their community. I extend further thanks to those who agreed to be interviewed; I truly appreciate your kindness and willingness to help. I especially wish to thank my key informant, Anne, for all of her guidance and assistance. I couldn't have done this without you.

Outside of the yoga center, sincerest thanks to my wonderful thesis advisor, Dr. Joanna Mishtal, for her endless guidance, patience, and support. I would have been completely lost without you. Thank you Dr. Howard and Dr. McIntyre for your kindness, direction and for agreeing to be part of my committee.

I would like to thank my husband, Sami, for taking care of me during this process, and allowing me to stay up late to work.

To my mother, I love you; thank you for allowing me to ignore your phone calls when I was really busy. We'll catch up soon.

Finally, thank you to my wonderful friend Heba for offering to cook for me when I was busy and for lending me a kind ear when I needed to de-stress.

TABLE OF CONTENTS

INTRODUCTION	1
Overview of Chapters	3
CHAPTER ONE: BACKGROUND AND LITERATURE REVIEW	4
Anthropological Basis.....	8
Yoga History and Swami Sivananda	9
Transnational Diffusion	11
Medical Pluralism	12
Other Anthropological Theoretical Perspectives	14
Other Disciplinary Perspectives.....	20
Medical Perspectives	20
Demographics of Yoga Practitioners and Motivations for Yoga Practice.....	20
Benefits of Yoga on Health and Medical Conditions	23
Philosophy, Religion, History, and their Role in Yoga’s Relation to Health	26
History, Health, and Spirituality	26
The Inherent Spiritual and Healing Aspects of Yoga	30
Ayurveda and Yoga: The Possible Link between Yoga Practice and other CAM	33
Atmosphere and Environment: Its Role in Yoga Practice and Effect on Yoga Related Spirituality and Health Beliefs.....	36
Research Rationale.....	38

CHAPTER TWO: METHODOLOGY	40
Research Design and Methods.....	40
Interview Methods	42
Research Setting.....	43
Recruitment and Inclusion Criteria.....	44
Recruitment Methods.....	45
Sampling.....	46
Data Management.....	47
Data Analysis	48
Data Limitations and Biases	49
CHAPTER THREE: YOGA PRACTICE AND PERCEPTIONS OF THE BODY AND HEALTH.....	52
Introduction.....	52
Improvements to Body and Health	52
Physical Benefits.....	53
Emotional Benefits, Psychological Benefits, and Overcoming Addiction.....	59
Views of the Body and Perceptions of Health.....	64
Changes in Views of the Body and Health Over Time.....	68
Discussion.....	70

CHAPTER FOUR: MEDICAL PLURALISM AND PATIENT SELF-CARE	71
Introduction.....	71
Disenchantment, Dissatisfaction, and Mistrust.....	72
Disenchantment.....	73
The Effect of Positive Patient Relations	78
Integration and Holistic Care	81
Patient Self-care and Being Your Own Doctor.....	89
Taking Control and Yoga.....	94
Discussion.....	97
CHAPTER FIVE: THE EFFECTS OF COMMUNITY AND SPIRITUALITY ON CAM	
ACCEPTANCE	103
Community/Communitas.....	103
Atmosphere: Gym versus Private Center.....	117
Community, Spirituality and CAM Acceptance.....	122
The Experience of Spirituality	123
Community, Spirituality and CAM Acceptance.....	126
Range of Acceptance	130
The Effects of Closing Your Mind	132
Discussion.....	135

CONCLUSIONS.....	138
Contributions to Anthropology and Other Disciplines	145
Suggestions for Future Research	147
APPENDIX A: IRB APPROVAL LETTER	151
APPENDIX B: INTERVIEW GUIDE	153
REFERENCES	157

INTRODUCTION

Yoga is known to have been practiced in India for thousands of years, with the most famous yogic texts dating “between 200 BC and AD 200” (Strauss 2004:30). Over time, yoga was introduced to the Western world and, as a result, Western culture and Indian yoga practice have each greatly affected the other. Of particular interest to me, is the possible role that yoga may play in the current trend of practicing complementary and alternative medicine (CAM) in the United States.

I first became aware of yoga through popular media. I was exposed to it through media inundations about celebrity use of yoga; as a child I had not been aware of the practice. Later, during my undergraduate education, I went to a few yoga classes myself and found it to be an interesting form of exercise and practiced it occasionally; I was also curious about what I perceived to be its spiritual undertones. My yoga practice consisted of occasional classes taken at the University fitness center. I became aware of the other aspects of yoga when a relative began a consistent yoga practice. Over time, I began to witness changes in her; changes in diet, in everyday practices, and in discussion of spirituality and beliefs about the body and health. More specifically, she began to adopt a vegetarian diet, then over time began to consume a diet consisting primarily of raw foods and juicing. She also decided to remove the television from her home, and began to practice meditation regularly; there was also regular discussion of Buddhist and Hindu belief systems. All of these changes in beliefs and practices seemed to be based in reasoning and beliefs associated with yoga practice, and I wondered if other individuals experienced the same changes. I also reasoned that if any specific practice is continued for long enough, and consistently enough, it is inevitable that it will affect the individual. So, when

making the decision on what topic to focus my thesis I decided that this would prove to be an enlightening research topic. When it came time to decide on a location at which to conduct this study, I decided that the most appropriate location was the yoga center at which this relative practiced during the time in which she began to exhibit the majority of these changes. Through her kindness, and that of the Yoga Center director, the yoga practitioners, and the instructors, I was allowed to conduct this research.

Current anthropological literature does not address the possible effects of yogic practice on the practice of other CAM. In this research, I aim to anthropologically explore this topic by studying the effects of consistent long-term yogic practice on the acceptance and practice of CAM. I seek to determine, through detailed interviews, the following four lines of inquiry: (1) the relationship between consistent, long-term yogic practice and perceptions of one's health and body; (2) the relationship between consistent, long-term yogic practice and the attitudes towards/acceptance of complementary and alternative medicine, and how this affects healthcare seeking behavior; (3) the relationship between the spiritual beliefs of yoga practitioners and the health beliefs/practices of the practitioners; and (4) whether community (or *communitas*) within yoga centers plays a role in the acceptance of CAM.

Yoga may not be the only motivation for accepting other CAM therapies, and other CAM therapy users may not alternately be interested in yoga. However, I am contending that consistent, long term practice of yoga can have a significant effect on an individual's acceptance/practice of CAM therapies. This would be facilitated by interaction with others at the yoga center, possibly as part of a yoga community (which could also be facilitated by spiritual practice/discussion).

Overview of Chapters

In order to gain a more comprehensive understanding of the topic, I decided to analyze a number of questions possibly related to the effects of consistent, long-term yogic practice on the belief and practice of CAM. Chapter One presents the background and literature review of literature related to this research project. Chapter Two reviews this projects research methodology. Chapter Three discusses the relationship between consistent, long-term yogic practice and perceptions of one's health and body. Chapter Four discusses the relationship between consistent, long-term yogic practice and the attitudes towards/acceptance of complementary and alternative medicine, and how this affects healthcare seeking behavior. Chapter Five discusses the relationship between the spiritual beliefs of yoga practitioners and the health beliefs/practices of the practitioners. I was also interested in whether community (or *communitas*) within yoga centers plays a role in the acceptance of CAM, but was unsure of the significance of community or if it even existed at yoga centers. When I found that the experience of community and spirituality were related in their effects on acceptance and/or practice of CAMs I provided the discussion of community with that of spirituality in Chapter Five.

CHAPTER ONE: BACKGROUND AND LITERATURE REVIEW

Yoga is known to have been practiced in India for thousands of years, possibly as far back as 5,000 years (NCCAM 2010c). Yoga, as a whole, is viewed as “a way of life, an integrated system of education for the body, mind, and inner spirit” with “the underlying purpose of all the different aspects of the practice...to reunite the individual self (the *jiva*) with the Absolute or pure consciousness (Brahman)” (Sivananda Yoga Vedanta Center 1998:6; Sivananda Ashram Yoga Farm 2007:13).

“Yoga” can be said to be an overarching category that includes all Asian mind-body practices, whether from India (Hatha yoga, etc.), Tibet (Tsa lung Trulkhor [rTsarlung 'Phrul 'khor]), China (T'ai chi, qi gong) or other Asian origin. In the field of complementary and alternative medicine (CAM), yogic practices can be categorized as both “energy medicine” and “mind-body medicine. [Chaoul and Cohen 2010:144]

In addition, according to the National Center for Complementary and Alternative Medicine (NCCAM):

Yoga is a mind-body practice in complementary and alternative medicine (CAM) with origins in ancient Indian philosophy. The various styles of yoga that people use for health purposes typically combine physical postures, breathing techniques, and meditation or relaxation. There are numerous schools of yoga. Hatha yoga, the most commonly practiced in the United States and Europe, emphasizes postures (*asanas*) and breathing exercises (*pranayama*). Some of the major styles of hatha yoga include Iyengar, Ashtanga, Vini, Kundalini, and Bikram yoga. People use yoga for a variety of conditions and to achieve fitness and relaxation. [NCCAM 2010b]

The different styles of yoga can be categorized within four “paths” of yoga (Sivananda Yoga Vedanta Center 1998). These are Karma Yoga (“the path of selfless action”), Bhakti Yoga (“the path of union with God through devotion,” e.g. devotional yoga), Jnana Yoga (“the Yoga, or path, of Knowledge, the intellectual and philosophical path”), and Raja/Hatha yoga (“the Royal Yoga of meditation, compiled by Patanjali Maharishi, usually referred to as Ashtanga Yoga, the yoga of the eight limbs”—a “system of Yoga for gaining control over the physical body and the prana; system of asanas, pranayama, bandhas, mudras, and kriyas, ending in Samadhi,” respectively) (Sivananda Ashram Yoga Farm 2007:121-123). My research focuses on Sivananda yoga; a form of yogic practice that integrates all four paths of yogic practice. So while some individuals may decide to practice only the physical (hatha) side of Sivananda yoga, comprehensive practice must go beyond the physical. As one of my interviewees reveals, Sivananda yoga also has a spiritual component.

Regardless of yoga’s Asian origins, over time yoga was introduced to the Western world and, as a result, Western culture and Indian yoga practice have each greatly affected one another. Of particular interest to me, is the possible role that yoga may play with the current trend of practicing CAM.

Current anthropological literature on yoga and alternative medicine discusses yoga history and philosophy, change in yoga practice over time, the role of Swami Sivananda in yoga, yoga as a medical system, and the practice of alternative medicine (and yoga) as an attempt by individuals to control their health (as a self-care practice). The anthropological basis of my research presents yoga as a medical system, a self-care strategy (a method of taking control of one’s life), and supports the concept of yoga within a framework of community and neo-

Hinduism (strengthening its ties with CAM practices). Swami Sivananda's teachings have been referenced as neo-Hinduism, and the inherent international influences evident in neo-Hinduism practices can be considered as a further basis for the international interaction of a transnational yoga community (Strauss 2202b:218).

Other anthropological research relevant to my research discusses *communitas* -or the role of community. The idea of *communitas* was introduced by anthropologist Victor Turner. In *communitas* individuals are equal; immune to their traditional social structure that exists outside of the community. This provides an interesting application to my research (e.g. does *communitas* exist within yoga centers and does it play a role in the acceptance of CAM?). There has also been a variety of research providing medical perspectives of yoga. This research results in the confirmation of a variety of medical benefits of yoga practice; these findings include that yoga can normalize and/or decrease health risk factors (like blood pressure, blood glucose), and that yoga can have positive psychological effects, among other things.

Outside of the anthropological and medical discipline discussions of yoga, the supplementary portion of discussion of yoga practice centers around the disciplines of philosophy, religion, and history and explores the role of each in yoga's relationship with beliefs about health. A variety of sources provided a useful basis for the discussion of the history of yoga, key to understanding the role of Westernization, religion, and associated medical practices in the association of yoga to other CAM. These discuss yoga in relation to spirituality and healing. Through review of the literature, I came to the conclusion that the inherent spiritual aspects of yoga may be key in promoting change in beliefs about CAM.

Yoga grew alongside Hinduism, Buddhism, and Ayurveda. Indian concepts of health, spirituality, and the body are much different than Western concepts, and are often equated with what we now call in the West complementary and alternative medicine. The relationship between bodies and health in Western biomedicine versus Eastern¹ medicines (like Ayurveda) is very different. Since concepts about the body and health differ in these philosophies, so will their methods of treatment.

The growth of yoga alongside the spiritual philosophies and healing of India at the time, make yoga inseparable from these influences. Although many practitioners of yoga in the West tend to focus on the exercise benefits of yoga, yoga is part of a holistic healing system alongside healing modalities like Ayurvedic medicine. I believed that these philosophies were part of a possible trend of increased CAM acceptance/practice in consistent, long-term yoga practitioners; something that I hoped to determine in my research.

Despite the relationship between yoga, spirituality and health (discussed in the literature), I believed that the associated spiritual and health beliefs related to yoga may affect practitioners on a varied basis, depending on the place of yogic practice, consistency of practice, and long-term commitment to practice. I also believed that the formation of such a community (spiritual, or not) was dependent on the environment. The construction of the environment is important to the formation of a spiritual atmosphere. Yoga classes conducted at fitness centers are often

¹ The concept of the East as the dichotomous opposite of the West has been argued as inherently flawed by some scholars, however, this East-West dichotomy is important to my data analysis. The majority of my data describes “Eastern” medical practices as a multitude of practices originating from what we understand as the East; all discussed as if based on similar/same concepts of health and spirituality. This duality was also evident in my narratives. For continuities sake, I will continue to discuss my data within this dichotomous framework in order to better understand the narratives. However, I will later further discuss scholarship on the nature of East-West conceptualizations.

taught in multi-purpose rooms, whereas those in private yoga centers frequently have an intentionally constructed environment. Centers will usually have features such as: large open windows presenting views of secluded natural landscapes, murals of religious representations on walls, etc.

My research discusses a topic that has not yet been explored anthropologically. The health benefits of yoga as CAM, the associations between yoga and beliefs about health, and the association between yoga and Indian philosophy and medicine have each been explored, but there is currently no research on the effect yoga may have on the acceptance of other CAM therapies by consistent, long-term practitioners.

There is a possibility that through consistent, long-term practice of yoga, one's beliefs about alternative and complementary medicine methods change. As previously discussed, yoga has a long history related to Indian spirituality and Ayurvedic medicine (both of which are now categorized in the West as alternative belief and medical methods). The inherent association with historically Indian spiritual and health beliefs may cause individuals to become more accepting of other CAM therapies. The possible role of community in this specific relationship has not been fully explored either. In this thesis I will be building upon other scholars' theories and findings concerning yoga, health and spirituality.

Anthropological Basis

Current anthropological literature on yoga and alternative medicine discusses yoga history and philosophy and change (including its inception into a transnational practice), the role of Swami Sivananda in the transnationalism of yoga, yoga as a medical system, and the practice

of alternative medicine as an attempt by individuals to control their health by becoming “their own doctors” (Furin 1997:502). Other anthropological research relevant to my discussion includes *communitas*. The concept of *communitas* will aid in my determination of whether *communitas* exists within yoga centers and whether community within yoga centers plays a role in the acceptance of CAM.

Yoga History and Swami Sivananda

The historical discussion of yoga practice and philosophy, and of the role of Swami Sivananda in modern yoga practice was useful to my research, especially since my research population practices Sivananda yoga. Anthropologist Sarah Strauss discusses the basis of yoga philosophy and the history of modern yoga². Strauss’ discussion also presents the process of the transnational diffusion of modern yoga, Sivananda’s view of the role of community in yoga practice, and references Sivananda’s teachings as “neo-Hinduism,” highlighting the religious or spiritual context of yoga (Strauss 2002b:218).

According to Strauss (2004:33), traditional yoga practice “was a philosophically grounded set of practices designed to facilitate spiritual enlightenment, and it was mostly considered the domain of Hindu men... its purpose the control of the body in service of the release of the spirit.” Strauss also argues that modern yoga practice began with Swami Vikenanda, who originally presented yoga to the West and phrased yoga in terms that Western audiences could understand. Later, Swami Sivananda continued in this manner, ultimately becoming one of the largest influences on modern yoga. Swami Vikenanda disseminated yoga

² Further information on yoga history is provided in texts from other disciplines which will be discussed later.

philosophy through lectures and pamphlets, which Strauss describes as a presentation of yoga “as a spiritual commodity that had an explicit exchange value for people in America and Europe” (Strauss 2004:31). Strauss contends that Vikenanda’s interpretation of yoga, emphasizing health and freedom, is indicative of transnational transformation, and cites health and freedom as indicative of modernity. Strauss also argues that these ideals presented in modern yoga were then transported back to India.

Swami Sivananda was “an Indian guru who popularized yoga through English-language publications beginning in the 1930s” (Strauss 2002b:217). Sivananda’s early disciples were both foreign and Indian, a testament to the future transnationalism of yoga practice. This information was especially useful to my research since the director of the yoga center where I conducted my study is a disciple only once removed from Swami Sivananda, the connection being the director’s guru, Swami Vishnu Devananda. Sivananda addressed all four divisions of yoga in his teachings: Raja, Bhakti, Jnana, and Karma (Strauss 2002a:232). Swami Sivananda preached a message of religious acceptance and international harmony, which is engrained in the resulting transnational yoga. “Experientially based, it offers the individual hope that through the practice of yoga, they might be freed from the constraints of ‘taking sides,’ because yoga suggests the possibility of transcending such essentializing dichotomies as East/West, religion/science, mind/body, culture/nature, and spirituality/materiality” (Strauss 2004:34).

According to Strauss, “Sivananda himself promoted unification through common practice, making it clear that belief was less important for creating community than shared action” (Strauss 2002a:241). “Sivananda worked toward the development of a spiritual community that transcended national and religious boundaries” (Strauss 2002b:237). This

demonstrates the importance of community in yoga practice, as taught by Swami Sivananda. The question is whether interaction in this type of community affects views of other life practices, such as practice or acceptance of alternative medicine. Is the yoga community primarily the transnational community, or does it extend to community within each and every yoga center? Through my research I was able to confirm that consistent, long-term yoga practitioners at this center did experience some sense of community.

Transnational Diffusion

Transnational yoga is described as including the ways in which ideas change when crossing cultural boundaries, and “how the values of ‘health’ and ‘freedom’ have shifted in meaning over time, allowing them to popularize yoga” (Strauss 2004:30). According to Strauss (2002b), Sivananda’s English publications, training in Western medicine and fluency in English, made him more accessible to Western audiences (esp. the U.S. and Britain), though he resided in India. This, combined with the interaction of individuals such as psychologist Carl Jung, and philosopher Mircea Eliade, fed the transnational evolution of yoga. The result was a “transnational network of scholars and lay enthusiasts among the general reading public who were interested in yoga” (Strauss 2002b:232-233). “People who were part of these elite circles traveled widely, building transnational communities with like-minded others wherever they went” (Strauss 2002b:230). “Like Vivekananda, whose Ramakrishna Mission served as the model for the DLS, Sivananda sought to reframe ancient texts as modern handbooks for the common man” (Strauss 2002b:227).

Strauss' description of Sivananda yoga as "neo-Hinduism" is particularly interesting. Traditionally, Hinduism has been linked to Ayurveda (along with yoga), what we call today CAM. Based on the literature, I came to the conclusion that the infusion of neo-Hindu beliefs into yoga practice may strengthen the bond between yoga practice and practice of alternative medicine in general. The system of thought infused in such yoga practice correlates with that of Ayurveda, providing an easy transition to such CAM practice. Further discussion of Ayurveda will be presented later.

Medical Pluralism

Analyses of medically pluralistic practices is a burgeoning field within anthropology and public health and is highly relevant to my research. Medical pluralism is essentially the integration of various healthcare practices. The narratives I collected revealed that the various ways of integrating CAM and biomedicine, as a method of patient self-care, could be ultimately defined as medical pluralism. Consistent, long-term yoga practitioners decided what type of healthcare provider they would use based on their own conceptualizations and perceptions of the credibility or validity of the treatments and providers, and their conceptualization of the nature of their illness. Medical anthropologist Linda Barnes (2005) describes patient motivations for medically pluralistic practices in the following way:

Although a problem can be explained in different ways, people may start out with the hunch that certain systems are equipped to handle specific issues better than others. If that hunch proves false, other options may be introduced. To do so does not necessarily mean discrediting the first choice but, rather, concluding that its reach does not extend to

this particular problem in this particular case, for this particular person, for reasons that other options may help one deduce. In many cases, patients turn simultaneously to multiple treatment strategies. [258]

Though conceptual differences in biomedicine and various CAMs can sometimes prevent integration of healthcare methods, individuals often integrate different forms of medicine based on “different interpretations of clinical reality... occupying distinctive social structural niches and drawing on different culturally constructed explanatory frameworks” resulting in a “kaleidoscopic appraisal of whether something worked and, if it did, in what ways” (Barnes 2005:258-259).

Medical anthropologist Margaret Lock and physician and medical anthropologist Vinh-Kim Nguyen contend that although biomedicine has a significant effect internationally, medical pluralism and the utilization of biomedicine is dependent on local concepts of disease and health, “geographical location, and the reasons for the choices that people make,” which “can only be fully appreciated in light of local histories and current conditions” (Lock and Nguyen 2010:63). They also note the association of biomedicine with “colonial oppression” by many individuals around the world (Lock and Nguyen 2010:62). Individuals and societies historically victimized by colonialism will surely attempt to avoid what they perceive as medical colonialism, therefore affecting their confidence in, trust in, and utilization of biomedicine. The interview narratives also reveal a concern about Western biomedicine based on participant’s perceptions of current conditions, history of biomedicine, and of flaws in the biomedical system. These perceptions were partly responsible for the integration of CAM into the medical practices of those interviewed.

Despite these perceptions, many may not realize the far reaching effects that biomedicine has on the use and practice of CAM. Anthropologist Everet Zhang (2007) asserted the following about the global power of biomedicine:

Today, nonbiomedicines, having been under the influence of biomedicine, are no longer merely porous. They are forced to be fully open to the influence of biomedicine... Medical pluralism now operates not only between medical systems but also within those systems, not only in the consultation room but also in the lab, not only in the advice given by physicians but also in patients' perceptions of that advice... And here, as elsewhere, the vitality of non-biomedicines depends not only on how they survive these encounters but also on how they are transformed upon emerging from them. [Zhang 2007:81-83]

The practice and use of CAM is therefore prone to biomedical influence; if individuals cannot integrate their use of particular CAMs with their possible use of biomedicine, it is possible that CAM method will not survive in that particular region or society.

Other Anthropological Theoretical Perspectives

The idea of community in yoga practice can also be understood in the terms of *communitas* as presented by anthropologist Victor Turner. Although Turner's discussion of *communitas* focuses on its relation to liminality (which was not the focus of this research), it is a useful source in determining the nature of *communitas*. Turner (2002:360- 368) equates *communitas* with an "area of common living," and argues that liminality is a "cultural manifestation of *communitas*." In regards to modern Western society, Turner (2002:370-372) states that *communitas* can be "found at all stages and levels of culture and society" and that it

breaks through social structure, i.e. it is not subject to social or political structure. Also, in Turner's discussion of liminality he notes that those in liminal stages are all at the same social level, they are equal. He then equates this with *communitas*, meaning that in *communitas* individuals are also equal, immune to their traditional social structure that exists outside of the community. This concept provides an interesting application to my research: Do yoga practitioners indeed see each other as equals? If so, then to whom does this equality and *communitas* apply to (yoga students, instructors, yogis, etc.)? Also, where does *communitas* end and structure begin? Such questions are addressed in Chapter Five.

The motivations behind participants' initiation of yoga practice (as well as general practice of CAM) was also an included subject of my research. An article presented by public health researcher Jennifer Furin (1997) discusses the sociocultural factors involved in the use of alternative medicine by gay men with AIDS in West Hollywood, California. Furin found that about 73% of respondents said that they turned to alternative medicine due to dissatisfaction with Western biomedical treatments; AIDS activism, and community activism were also indicators of increased use of alternative medical treatments (Furin 1997:501). Furin (1997:502) describes this use of alternative medicine as enabling the men to "become their own doctors." This article also provides an interesting application to my research.

Other articles I reviewed cite statistical data that illustrates why individuals engage in CAM therapies. One such article discusses a study in Canada in which dissatisfaction with Western biomedicine was decreasing as a motive for CAM use (Sirois 2008). The increasing incentive was knowledge of and overall positive viewpoints of CAM. I thought it would be useful to inquire about the motives for other CAM use (if practiced) within the yoga center

where my research was performed. I believed that if it was supported that consistent long-term practice of yoga correlates with increased acceptance/practice of CAM, it would be interesting to determine if this was also affected by dissatisfaction with the Western biomedical system and/or an individual's desire to be one's own doctor. My interviews included questions focusing on the initial motivations of yogic practice. I believed it possible that the initial practice of yoga was motivated by individuals' desire to take their health into their own hands (increasing involvement and control over self-care) and then the yoga environment served as a gateway to further CAM use. This concept of yoga as self-care correlates with research in the medical field as well.

Nurse and yoga instructor Colette Herrick and anthropologist Allan Ainsworth provide an analysis of yoga as self-care from a medical perspective. The 'mind-body-spirit connection' provided by yoga is being recognized in Western medical settings, as a result of the interest some Westerners pay to "complementary therapies," such as yoga, as a way to manage health (Herrick and Ainsworth 2000:32). These individuals are using yoga as self-care. Yoga, as a self-care practice, demonstrates some linkage to the practice or use of other alternative and complementary therapies. A 1997 study discovered that "42% of respondents had used some type of alternative health care in the previous year, and that 5% had engaged in a yoga practice for health purposes," this later rose to 6.1% of adults practicing yoga according to a 2007 survey (Herrick and Ainsworth 2000:32; Dermatology Nursing Institute 2009). Herrick and Ainsworth (2000:32) also assert that an "estimated 11 million Americans practice yoga on a regular basis." The growing number of Americans practicing yoga may be related to the growing number of individuals practicing some form of alternative medicine.

French philosopher Michel Foucault's theories of self-care and the individual also provided useful information about the possible motivations and effects of yoga practice. "Foucault and Bourdieu from different positions specifically address the relationships between individual and society, agency and power"; recent research focuses on the individual (Samuelsen and Steffan 2004:4). Based on Foucault's and Bourdieu's research on the individual and society, medical anthropological researchers have proposed that individuals should be understood as "subjects rather than objects by demonstrating that individuals act and maneuver in the world, make strategies and reflect in spite of the frames and perhaps limitations set by the structures of societies," which can help medical anthropologists to discuss the "cultural meanings of illness and healing" (Samuelsen and Steffan 2004:4). This suggests that one cannot restrict human behavior and thought to specific, detailed structure; there will be variation within each society or group. This theory will possibly help to explain why some individuals I would come in contact with during my research may not have had any changes in thoughts about CAM though they had consistently practiced yoga over a long term; there will be individuals who maneuver between medicine and yoga in different ways. The point of my research was to investigate the possible connections between CAM practice and yoga, and analyze the data to determine if it supported the idea that such a relationship between CAM and yoga could exist within a framework.

Foucault's theories of "biopower," self-care, and "medicalization" are also useful to my research (Samuelsen and Steffan 2004:7-9). Is it possible that the relationship between yoga and CAM could be described in terms of "biopower" and/or self-care?

The notion of medicalization has been applied by Foucault in his analysis of the relationship between the state and its population, between power and individual subjects. Medicalization describes a process where more and more aspects of human existence, human behaviour and the human body are reframed as medical issues and where the professional power of medicine expands over wider spheres of life. [Samuelsen and Steffan 2004:7]

In Western societies, human behavior has become increasingly medicalized. For example, there has been increased medicalization of formerly natural aspects of reproduction, such as childbirth, via normative hospital deliveries. Foucault, credited with developing this concept, analyzed how medicalization was a part of the larger context of biopower, and

used the term biopower to describe and analyse a modern form of power, where the population and the welfare of the population are getting increasingly organized for the sake of increasing force and productivity. One important aspect of biopower was a technology of power, where the body as an object to be manipulated came into focus. [Samuelsen and Steffan 2004:8]

“His study of power is not formed as an attack on the exercise of power by specific institutions, groups or elites, but rather as a study of the techniques, or the forms of power as enacted in relations between individual agents and incorporated in each individual”(Samuelsen and Steffan 2004:7).

Medicalization and biopower are irrevocably are linked; individuals can influence the effect of medicalization on themselves by the manipulation of biopower. Instead of allowing the state to control their use of medicine and perceptions of the body and health, individuals and

groups can resist state's efforts to control body/health conduct by engaging in more intense efforts at self-care. From the narratives of those interviewed, I believe that those who expressed an intense dissatisfaction with the Western biomedical system, and consequentially increased interaction in CAMs, were making their own statements about biopower. They were utilizing patient self-care and medically pluralistic practices as a way of resisting broader societal and state institutions regarding health and well-being.

Another anthropological theory concerning yoga's relation to health is yoga as "a medical system," in which anthropologist Joseph Alter (1997:310) discusses the ways that "yoga has been institutionalized as a form of modern public health therapy by the BharatiyaYogSansthan (BYS)—Indian Yoga Society—of Delhi." His discussion is set in the context of Northern India illnesses, which are often connected to modern lifestyles. Also of interest is Alter's (1997:314) assertion of how perceptions about the causes of illness have interacted with yoga and perceptions of health in India, and that yoga:

has been 're-tooled' and elaborated to provide guidelines for living a distinctly healthy life-style. This is a life-style concerned primarily with diet, exercise and hygiene—fresh vegetarian foods, deep breathing, invigorating baths, and alimentary regularity: a life-style which is, significantly, conceived of as a holistic, natural remedy for what might loosely be called the sickness of modernity. (Alter 1997:314)

I considered that the idea of the modern lifestyle as a cause of illness in modern peoples may also be shared by the individuals whom I interviewed for this research; evidence of this view was

revealed in my interview narratives. Alter (1999) also provides a discussion of the role of Ayurveda as CAM in the U.S. (this is discussed in the section entitled Ayurveda & Yoga).

In summary, the anthropological basis of my research presents yoga as a medical system, a self-care strategy (a method of taking control of one's life), and supports the concept of yoga within a framework of community and neo-Hinduism (strengthening its ties with CAM practices such as Ayurveda).

Other Disciplinary Perspectives

Medical Perspectives

Demographics of Yoga Practitioners and Motivations for Yoga Practice

There have been numerous analyses of data discussing the rate of yoga use in the United States and the benefits of yoga to health and medical conditions. According to the results of a 2007 survey developed by the NCCAM, 38% of adults (18 and over) and almost 12% of children in the U.S. practiced some form of alternative and complementary medicine (Dermatology Nursing Institute 2009). Only 6.1% of adults and 2.1% of children practiced yoga (Dermatology Nursing Institute 2009) According to public health researchers Birdee et al (2008), yoga users are more likely to be young, college educated, white females. Also, "5.1% of the U.S. population used yoga for health in the last 12 months (n=1593) representing 10.4 million individuals. [and] among yoga users the mean age was 39.5" (Birdee et al.2008:1654). One in five yoga users reported that yoga was recommended for a specific condition by a medical professional. Similar results were found in the discussion of a 1997 study (Herrick and Ainsworth 2000).

A 2007 article presented by public health researchers Nahin et al. investigates the relationship between the use of alternative and complementary medicine “with health behaviors or risk factors known to impact on health status” (Nahin et al. 2007:217). The authors used data from the 2002 National Health Interview Survey in the United States. The demographics of those who participate in CAMs is the same as that discussed in the Birdee et al. article (young, college educated, white females). I speculated that the demographics of the yoga practitioners involved in this research study would reflect that presented in the literature: young, college educated, white females, averaging 39.5 years old. In the article, complementary and alternative medicine was defined as:

acupuncture, Ayurveda, biofeedback, chelation therapy, chiropractic care, energy healing therapy/ Reiki, folk medicine, hypnosis, massage, naturopathy, natural herbs, homeopathic treatment, diet-based therapies (specifically, Vegetarian diet, Macrobiotic diet, Atkins diet, Pritikin diet, Ornish diet and Zone diet), high dose or megavitamin therapy, yoga, tai chi, qi gong, and meditation and other relaxation techniques. (Nahin et al. 2007:217).

Nahin et al. (2007:217) came to the conclusion that “users of CAM tend to pursue generally healthy lifestyles.” Participation in physical activity as well as the existence of multiple medical conditions were some of the factors associated with CAM use. The authors suggest that the relationship between “CAM use and frequent physician visits could also be interpreted to reflect more active involvement in care. This is consistent with the concept that a significant portion of CAM use is for prevention, health promotion, and wellness, rather than solely treatment of illness” (Nahin et al. 2007:217). The authors were not able to determine the actual

sequence of occurrence of such practices; “whether the use of CAM and the incorporation of positive health behaviors and/or the reduction of health risk factors occur simultaneously as a result of some life changing event resulting in adoption of a ‘wellness lifestyle’ or whether one precedes, and perhaps elicits, the other” (Nahin et al. 2007:217). Thus, my research investigated whether yoga practice, community, and spirituality function as a gateway to alternative medical practices.

Motivation for yoga practice and alternative medical practices (in general) are discussed in the literature, but the role of yoga in the practice/acceptance of other practices is not discussed. The survey discussed by Birdee et al. (2008:1653) examined the prevalence of yoga use, “medical reasons for use, perceptions of helpfulness, and disclosure of use to medical professionals.” The survey specifically asked about yoga use within the last 12 months, but did not include questions about the frequency of use. The research found that the:

majority of yoga users reported yoga as important for maintaining their health, while a smaller number used yoga to treat specific conditions. Of those yoga users that practiced yoga for specific medical conditions, most used yoga for mental health and musculoskeletal conditions. Approximately 3 of 4 yoga users felt that yoga helped these two conditions... Our findings suggest that patients with certain medical conditions, such as musculoskeletal, mental health, severe sprains, or asthma, are more likely to use yoga than the general population. (Birdee et al. 2008:1656)

Psychologist Fuschia Sirois (2008) discussed the motivations for yoga practice over time and found that reasons for practicing CAM have changed over time. Individuals were more focused on the positive aspects of CAM, rather than the negative effects of Western medical

systems driving to CAM practices (as in the 1997-8 study), e.g. negative perceptions of biomedicine were not the primary reasons for pursuing CAMs. Since the research was conducted in Canada, it cannot be directly applied to my research, but it can be provided as an example of possible motivations for CAM practice in the United States. Yoga was listed under ‘Other CAM’ in the study.

Benefits of Yoga on Health and Medical Conditions

An interest in yoga by the biomedical healthcare profession has existed for some time. There are numerous studies on the effects of yoga on various aspects of health and disease. In an article published in 1983, British rheumatologist Alison Leak (1983:1572) provides a very general view of her opinion of the benefits of yoga practice, and suggests the use of yoga as “a cheap and safe treatment.”

In 2009, homeopathic medical doctor David Riley discusses the current state of the U.S. health care system and health care reform. Riley suggests increased encouragement of integrative medicine, functional medicine and CAMs as a way of caring for U.S. health care needs. Riley (2009:10) notes the findings of Dean Ornish, which conclude that “comprehensive lifestyle changes (including diet, yoga, and meditation) brought about improvement of severe coronary disease after one year without using lipid-lowering drugs, many of which are expensive and some of which have serious side effects.” There are also other examples of such benefits from yoga and complementary and alternative medicine.

These and other articles suggest that in the future there may be increased encouragement for the use of yoga and other CAM practices from U.S. healthcare providers, and the U.S.

government. If this came to pass, instead of yoga introducing people to alternative and complementary medical practices, many would be introduced to yoga, and possibly other CAM, via the Western biomedical system.

The range of scholarship on the health benefits of yoga is vast. These include findings that yoga can normalize, or “fine tune the autonomic balance” of, health factors, like blood pressure; that there are significantly lower pain scores (in reference to maternal comfort, labor pain, and length of labor) for mothers who had practiced yoga compared to those who had not; that yoga exercise can cause a decrease in blood pressure, a decrease in blood glucose, and positive psychological effects; and that “yoga may be as effective as or better than exercise at improving a variety of health-related outcome measures” (Kaur et al. 2001:272; Robertshawe 2009:81; Ross et al. 2010:3-4; Yang 2007:489-490). One article even extolls the possibilities of yoga as beneficial to the sexual function of women, asserting that after a 12-week study conducted in India, 75% of women expressed improvement in satisfaction in sexual life (Harvard Women’s Health Watch 2010). Despite this volume of data, more detailed studies need to be conducted. Future research should focus on specific yoga practices and the various aspects involved in healthcare seeking behavior in relation to each type of yoga practice, in order to fully understand their effect on health. Public health researcher Kyeongra Yang also calls for long term research. In her 2007 article, Yang reviewed research on the effects of yoga on risk factors of common chronic diseases. She found that there were positive effects on weight, glucose, blood pressure, etc., which is in accordance with the other research studies reviewed for this thesis. She subsequently notes that in order for research to provide the best information, more detailed studies need to be performed, as much of the current research has only been short-term.

The results of research that extoll the benefits of yoga can surely provide motivation for individuals to practice yoga, and college-educated individuals may be better informed about these health benefits than those who are not. I expected the demographics of my research population to simulate those found in the previous research, providing possible reasons for the initial practice of yoga; however, although I found that most of those I interviewed had attended at least some college, this was not commonly mentioned in relation to yoga practice. The point at which participants discussed college was typically at the beginning of the interview during my demographic questions.

There is also a demonstrated relationship between yoga, health, and spirituality. Epidemiologist and religious scholar Jeffrey Levin (2001) discusses various relationships between religion and health. In relation to yoga, he discusses some of the health benefits to yoga practice, including a discussion of scientific research in which yoga practitioners were able to voluntarily lower blood pressure, modulate body temperature, and so on. Such control of bodily processes can surely result in health effects (avoidance of high blood pressure, etc.). This influence can be described as being made possible by a “healing bioenergy, or life force” (Levin 2001:172). This suggests that the spiritual aspects/philosophy of yoga, lead to the ability to improve health status, for example, though the voluntary control of blood pressure. Levin links this discussion to Ayurvedic and Western medical concepts. This link between the health benefits of yoga and spirituality leads us to our next discussion.

The amount of research focusing on yoga as CAM attests to its possible future inclusion in Western biomedical treatments through modified regimes. It is possible that this use of yoga may be so modified as to remove yoga from its historical, spiritual, health framework.

Alternately, it may also be true that the inclusion of yoga may promote the use of other CAM (alongside or in place of biomedical practices). Upon completing the literature review, it became evident to me that consistent, long-term practice of yoga (in specific environments) promoted the acceptance/practice of other CAM. The following discussion will present the history of yoga practice, and its relationship to spirituality, health, and other CAM therapies.

Philosophy, Religion, History, and their Role in Yoga's Relation to Health

History, Health, and Spirituality

Outside of the anthropological and medical disciplines' discussion of yoga, the supplementary portion of discussion of yoga practice centers around the disciplines of philosophy, religion, and history and discusses the role of each in yoga's relationship with beliefs about health. A variety of literary sources provided a useful basis for the review of the history of yoga, key to understanding the role of Westernization, religion, and associated medical practices in the association of yoga to other CAM.

Yoga means “to yoke or join together’ ... [or] ‘union,’ usually referring to the union of the individual self with the Absolute or Universal Self” (Strauss 2004:30). Yoga philosophy can be found in ancient Indian texts, and yoga philosophy is based in the Bhagavad Gita, but classical yoga is based on the “*Yoga Sutras* of Patanjali (dated tentatively to between 200 BC and AD 200)” (Ramaswami 1989:35; Strauss 2004:30). The *Yoga Sutras* were used by Patanjali to systemize yoga philosophy (Ramaswami 1989:35). Swami Vivekananda was the first to bring yoga into the broader Western consciousness. His ability to maintain a dialog with Western culture was followed by that of Swami Sivananda who had many disciples, but of particular note

to me was Swami Vishnu Devananda (since he is the guru of the director of the yoga center where my research was conducted).

Philosopher and comparative religion scholar Peter Connolly provides a wealth of information on yoga philosophy and traditions, I found his discussion of yoga philosophy and modern yoga most useful to my research. Connolly argues that the Indian world view causes Indian peoples view yoga differently than we do in the West. Connolly (2007:205) groups Sivananda Yoga into that of “Modern Postural Yoga (MPY) where the practitioner starts with asana, etc. and maybe progresses to meditation.” This progression from asana to meditation with advancement suggests that with advancement a practitioner gains access to more yogic knowledge. This knowledge may correlate with increased activity or presence in spiritual discussions; this might support the idea of a spiritual community. Understanding the history of yoga philosophy (including how it has evolved in the Western traditions) is vital to understanding the spiritual and medicinal beliefs of modern yoga practitioners in the West.

Another useful discussion of yoga history is provided by Elizabeth De Michelis (2004). De Michelis’ discussion of modern yoga is based on British forms, however, this text provides an extensive discussion of the history of modern yoga, including its religious foundations, and alternative medicine and healing in relation to yoga. De Michelis’ text defines modern yoga as a “religio-cultural trend” that evolved “mainly through the interaction of Western individuals interested in Indian religions and a number of more or less Westernized Indians over the last 150 years...the graft of a Western branch onto the Indian tree of yoga” (De Michelis 2004:2-3). De Michelis also separates different modern yoga practices into typological groups in order to explain their structure and general practices (De Michelis 2004:187-189). The yoga center where

my research was performed belongs to Modern Postural Yoga (a subgroup of the Modern Psychosomatic Yoga) of Vivenanda's Raja yoga, according to De Michelis (De Michelis 2004:188).

When discussing alternative medicine De Michelis (2004:183) asserts that “after elaboration under rapidly secularizing Western conditions, Modern Yoga came to be described more and more as an inward, privatized form of religion. Its association with emerging forms of alternative medicine developed accordingly.” Also, De Michelis describes yoga as part of a trend of the 1970s emergence of the New Age movement, and New Age healing, which focuses on healing illness instead of disease, unlike biomedicine (De Michelis 2004:184-184). This distinction between illness and disease is also discussed in other literature (discussed later). Though much of De Michelis' text focuses on yoga as practiced in Britain, it offers a thorough discussion of modern yoga, its relation to religion and medicine, and a comparison to traditional yoga.

De Michelis (2004:187-189) asserts that “Modern Psychosomatic Yoga (MPsY)” “tend[s] to limit themselves to very basic and polyvalent suggestions concerning the religio-philosophical underpinnings of their practice,” and have only rudimentary doctrinal practices. De Michelis (2004:251-252) also refers to Modern Postural Yoga (in which Sivananda yoga is included) as “healing ritual of secular religion,” a “DIY forms of spiritual practice,” and discusses how Western society has affected Western yoga practice, such that some people practice yoga just for “fitness or recreational” purposes. In order to clarify MPY yoga practice as secular religion, De Michelis discusses the construction of typical MPY yoga practice into three different states that are compared to Van Gennep's structure of ritual and Turners' elaboration of

as “preliminal state...transition or liminal state...and postliminal state” (De Michelis 2004:252). De Michelis (2004:260) asserts that MPY is flexible in its applications, and it “propagates polyvalent teachings which may similarly be ‘read’ and adopted at various levels.” According to De Michelis:

the lack of pressure to commit to any one teaching or practice, the cultivation of ‘Self’ and of privatized forms of religiosity make MPY highly suitable to the demands of contemporary developed societies. The enhancement of physical fitness and psychosomatic relaxation granted by MPY practice are similarly much in demand (De Michelis 2004:260).

In regards to community, De Michelis (2004:252) notes that “some styles of yoga or sessions will be run with a greater sense of ‘social’ or ‘communal’ event, others will emphasize inwardness and quiet individual work, etc. - but the overall structure remains.”

There have been other arguments that nineteenth and twentieth century (European and American) “relaxationism” has greatly affected yoga theory and practice in the West, including the religious/spiritual aspects involved (Singleton 2005:290). Theologian Mark Singleton asserts that the idea that yoga is about relaxation is relatively new; “the theological and ideological frameworks that underpin them tend to remain permeated by assumptions of New Age religion and indigenous Western esotericism” (Singleton 2005:290). Singleton frames his discussion within the discussion of Modern Yoga provided by De Michelis.

Singleton (2005:291) even discusses relaxation therapy in the following way: “Like yoga in the West today, it contributed to the increased efficiency of the individual worker. This

complicity with systems of production and consumption is part of a more generalised shift away from communality in religious life towards a model of introspective, individualised ‘spirituality’.” This suggests that yoga shifts the individual away from the community or communal thought. Despite this, my contention remained that individuals who practice yoga consistently over long periods of time are more likely to experience a form of spiritual *communitas* and by association become more likely to participate in/accept alternative medical practices. I expected to find that this article’s discussion could provide a determination of why such an experience does not occur for those who practice yoga irregularly. Due to the altered Western perception of yoga as a whole, the only persons who may be exposed to more conventional yoga concepts would be those who consistently practiced yoga over a long period of time, and in specific contexts. Though, as is discussed later, my research demonstrated that there was a spiritual connection between consistent long-term participants, there were varying definitions of what spirituality was; therefore a significant part of their spirituality was based within the individual.

The Inherent Spiritual and Healing Aspects of Yoga

Based upon the literature, I expected to find that the inherent spiritual aspects of yoga, as discussed in the literature, might be key in promoting changes in beliefs about CAM, regardless of whether or not *communitas* played a role in the formation of or a change in beliefs about CAM.

Yoga grew alongside Hinduism, Buddhism, and Ayurveda. Thus Indian concepts of health, spirituality, and the body are much different than Western concepts, and are often equated

with what we now call in the West “complementary and alternative medicine.” Yoga is a practice that not only is referenced in the Upanishads (part of the ancient Hindu religious texts), but followers of one of the three paths taken by Hindus commonly turn to yoga as a way to reach their spiritual goals³ (Prothero and Tweed 1999:15).

British social science researcher Suzanne Hassele-Newcombe (2005:305) conducted a study focusing on yoga practice in Britain, specifically Iyengar yoga, and conducted “a preliminary sociological exploration of the religious and spiritual beliefs of yoga practitioners.” Hassele-Newcombe (2005:308-309) disseminated a questionnaire at an Iyengar yoga convention in Britain. The purpose was to receive feedback from “those with a serious, long-term practice of yoga [who] are likely to be both more affected by, and more self-reflective about, yoga’s role in their lives; they are thus a valuable sample with which to begin research.”

Hassele-Newcombe discovered that though much of yoga in Britain is practiced for physical fitness or physical therapy, and respondents identified various physical and psychological reasons for their practice of yoga, many also signified spiritual reasons. When asked about religion, most practitioners did not identify with any one specific religion; they mostly either chose no religion, or chose multiple religions. Ultimately, she discovered that “long-term practitioners are no more likely to have a ‘spiritual’ interest in their practice than beginners,” but (by comparison with a national survey) found that yoga practitioners were much more likely to identify themselves as spiritual, in comparison with the general population (Hassele-Newcombe 2005:312). Other findings included that “85% of yoga practitioners felt that their yoga practice added a ‘sense of meaning to life’” (Hassele-Newcombe 2005:312).

³ This is if they can really be called goals; many avid yoga practitioners would tell you that yoga is not really about attainment but about being

However, due to the government-funded instruction of yoga as physical fitness in many parts of Britain, “Iyengar yoga as taught in Britain has very little in the way of religious doctrine attached to it” (Hassel-Newcombe 2005:307). Also, “unlike some other modern yoga traditions, Iyengar yoga teachers generally avoid making metaphysical comments. Iyengar teachers are not supposed to tell their students what God to believe in (if any at all)” (Hassel-Newcombe 2005:307). These would greatly affect the result of spirituality of yoga practitioners. Based on responses received for questions regarding spirituality and the demographics of the yoga practitioners, Hassel-Newcombe (2005) comes to the conclusion that many Iyengar yoga practitioners in Britain practice a type of “mystical religion.”

Philosopher Gregory Fields (2001) connects the notion of inherent spirituality in yoga practice, and therefore practitioners, with that of health. Although Fields cites community and communication as key to healing in religious therapeutics, he claims that:

The request for healing may be made of such sources as a medical practitioner, a religious practitioner, a human community, a deity, or a tradition, such as Yoga...identity is an integral determinant of health: Part of what it means to be in health is to have the aspects of oneself functioning in a sufficiently integrated way, so that one can participate in experiences that manifest and sustain one's Self-nature. Against the view of classical Yoga, I submit that identity can be found in relationality. [2001:171]

Many of the religious aspects of yoga discussed by Fields would not necessarily be introduced to an individual who practices yoga in contexts such as gyms and fitness centers. Also, those who view yoga as simple exercise may not experience the other aspects of yoga practice, unless they practice yoga consistently over a long period of time.

Mind-body intervention specialist M. Alejandro Chaoul and psychologist Lorenzo Cohen present yoga practices from the perspective of complementary and alternative medicine, defining yoga as energy medicine and mind-body medicine, and discussing some of the long-term health benefits of mind-body medicine, including its possible integration into “conventional medical care” (Chaoul and Cohen 2010:145). They contend that this is the manner in which yoga is usually referred in scientific CAM literature. They mention that “four main categories that the National Center for Complementary and Alternative Medicine use to define CAM [are]: Mind-body medicine, Biologically based practices, Manipulative and body-based practices, and Energy medicine” (Chaoul and Cohen 2010:167).

There have also been some somewhat recent discussions of yoga’s role in healing. Anju Malhotra and S.L. Malik identify the bulk of stressors in modern human populations as related to their materialism. They offer yoga exercise and philosophy as a way to reduce illness caused by such stress; “Yoga teaches that materialism must be brought under control if our fragile ecosystem is to be saved from irreparable damage” (Malhotra and Malik 1990:313). Malhotra and Malik (1990:313) also note that “it is not merely the absence of sickness that is good health.” This correlates with the assertions presented in Alters’ discussion of Ayurvedic medicine.

Ayurveda and Yoga: The Possible Link between Yoga Practice and other CAM

Perceptions of the body and health in Western medicine versus Eastern medicines, like Ayurveda, is very different, and therefore, so will their methods of treatment. In addition to the difference in how Ayurveda treats illness, there is a difference in the philosophical construction of the underlying principles of the different medicines.

Alter (1999) argues that the concept of health in the West is focused on curing and some idealized state in which healthy is the absence of illness, and that this ideology has even infiltrated our understanding of alternative medicines (such as Ayurveda, Chinese medicine, etc.). Alter (1999:44) aims to examine Ayurvedic medicine “as a mode of radical self-improvement,” instead of a means of curing or “restoring balance.”

According to Alter (1999:46), “in various South Asian medical systems [including Ayurvedic medicine] the body is regarded as composed of fluids, saps, essences, humors, and elements that ebb and flow in a constant process of dynamic interaction.” These various essences interact with each other to form balances and imbalances “though these all fluctuate, people can influence their health by influencing these essences” (Alter 1999:50). In Ayurvedic medicine, health is extremely variable; what is natural for one person may not be for the next. This stands in opposition to the Western medical ideal that health is the absence of illness.

Institutionalized Ayurveda has gained recognition as a modern medical system, but as with all ‘holistic’ medical systems it has been turned into an indigenous form of remedial, allopathic medicine and, on a more transnational plane, into a so-called natural alternative to biomedicine. As a result, its ontological concern with physiological fitness and humoral self-perfection has been misinterpreted, in epistemic terms, as a remedial quest for recovery and as a holistic form of preventive medicine. [Alter 1999:58]

This method of re-interpretation may extend to yoga.

The association between yoga and other CAM therapies in research (see Nahin et al. 2007) suggests an inherent association between yoga and alternative medical practices such as Ayurveda. The close association between yoga and Ayurveda is being discussed in current

research. Dermatologists Narahari et al. (2008:769) review the challenges and possibilities of the use of integrative medicine using the example of “highly successful treatments of lymphedema [lymphatic filariasis] using Ayurvedic and Yoga medicine practices together with modern medicine.” The authors found the integrative use of biomedicine, yoga medicine, and Ayurveda to be successful, and believe that this treatment could possibly be applied to all forms of lymphedema. The article provides another example of the close association with yoga and Ayurveda (an alternative medical method). Both were included in the list of “Indian systems of medicine” (“Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH)”) (Narahari et al. 2008:770).

Yoga and meditation “complement and enhance Ayurvedic practices” and classical yoga is “much more than merely physical exercises aimed at physical fitness” (Ninivaggi 2008:192). Though yoga and Ayurveda have similar concepts and theories, they have different procedures and methodologies (Ninivaggi 2008:194). This does not necessarily conflict with other literature I have cited that yoga and Ayurveda are complementary practices (see *Eastern and Western Approaches to Healing*).

According to theologian Cromwell Crawford’s (1989) discussion of yoga and Ayurvedic (Hindu) medicine as correlating disciplines, where yoga leaves and Ayurveda picks up, and vice versa. They align with each other to create a fit body and soul. “This mutually explains why, traditionally, the student of Yoga is first initiated into the study of Ayurveda. For the rest of the yogi’s life, he or she continues to rely upon Ayurveda to maintain stamina” (Crawford 1989:17).

The growth of yoga alongside the spiritual philosophies and healing in India at the time, make yoga inseparable from these influences. While many practitioners of yoga in the West tend

to focus on the exercise benefits of yoga, but yoga is part of a holistic healing system alongside healing modalities like Ayurveda.

Atmosphere and Environment: Its Role in Yoga Practice and Effect on Yoga Related Spirituality and Health Beliefs

The environment and atmosphere of the facilities used to practice yoga greatly affect yoga practice itself. Anne-Cécile Hoyez, a French social scientist with interests in Health geography and anthropology, presents yoga in terms of globalization and therapeutic landscapes, based on questionnaires disseminated at yoga centers in France and India. The therapeutic landscapes included ashrams⁴ and yoga centers within and outside of the U.S. “All places where yoga is practised are attached to specific lifestyles, often recalling Hindu thought—or at least a hybrid interpretation of it.” (Hoyez 2007:122). “By examining the production of a therapeutic landscape in the source country (India), it is possible to conceptualise its reproduction in different places in Europe and the USA” (Hoyez 2007:113).

Specific elements make up the therapeutic landscape of yoga practice, and representations of such elements are often seen in yoga centers, when the ashram-style environment is often not available. “These elements recall, on the one hand, the divine nature of the world’s construction invoked by most religions, and, on the other hand, are associated with an idea of well-being consistent with yoga practice” (Hoyez 2007:116). Hoyez also discusses the history of the globalization of yoga, and the therapeutic landscape of Rishikesh, and its

⁴ An ashram is “a spiritual retreat and training center, a Hindu monastery”; ashrams also contain Gurus/religious leaders (Sivananda Ashram Yoga Farm 2007:121).

association with Hinduism and yoga. Hoyez also discusses the therapeutic landscapes of a few yoga centers and ashrams.

An analysis of Hoyez's questionnaires, Hoyez (2007:114) determined that "health is the primary reason for adopting yoga. However, spiritual motivations are also superimposed on health concerns, also leading to health related notions (notion of well-being, mental relaxation, etc.)." This provides further basis for my theory that the spirituality inherent in yoga is related to practice or acceptance of CAM.

Hoyez's discussion of therapeutic landscapes was useful in determining the structure of a yoga center as outside of the normal realm of society. When entering a yoga center (or in some cases, the room of a yoga center), you are being transported to a more tranquil realm, as if you were actually in an Ashram. Some centers accomplish this by paintings/pictures on the walls, others by having large open windows facing serene nature. This globalized concept of yoga practice (outside of a fitness center setting) can be useful in loosely applying specific concepts discussed in my research, on broader American trends. Yoga classes conducted in fitness centers are constructed much differently; they lack the ashram-like landscapes. This, coupled with reduced discussion of spiritual philosophy, greatly affects any possible formation of community, and (as a result) effect on beliefs about health.

Sociologist Stephen Wilson discusses the lifestyle and social structure within a yoga ashram, and the health changes that occur among individuals within such a community. Wilson asserts that the various elements of life in a yoga ashram facilitate therapeutic recovery for those who reside there. I believed that the 'letting-go' experiences described in this text are relevant to my discussion of spirituality in yoga, specifically in the yoga community where my research was

conducted. They can be equated with a kind of religious experience. I had already learned of such experiences through prior conversations that I had with a current practitioner who has attended, and still attends this yoga center. Experience of and discussion of spiritual experiences with others at the yoga center, strengthen any community ties that may be present, facilitating discourse between members (which may later include that of CAM).

I began my field research with the belief that the formation of such a community (spiritual, or not) is dependent on the environment. The construction of the environment is also important to the formation of a spiritual atmosphere. Yoga classes conducted at fitness centers are often taught in multi-purpose rooms, whereas those in private yoga centers often have an intentionally constructed environment. Centers will often have features such as: large open windows presenting views of secluded natural landscapes, murals of religious representations on walls, etc.

Research Rationale

My research presents a topic that has not yet been explored anthropologically. The relationship between yoga practice and alternative medicine has not been fully explored. Based on the literature, there was a possibility that through consistent, long-term practice of yoga, one's beliefs about alternative and complementary medicine methods could change. As previously discussed, yoga has a long history with Indian spirituality and medicine, both which are now categorized in the West as alternative belief and medical methods. The inherent association with Ayurvedic medicine, Indian concepts of health, and Indian spiritual beliefs may cause individuals to become more accepting of other CAM therapies. The possible role of community

in this specific relationship had not been fully explored either. In this thesis, I build upon other scholars' theories and findings concerning yoga, health, and spirituality.

CHAPTER TWO: METHODOLOGY

Research Design and Methods

Prior to conducting research, I performed an extensive literature review in regards to the subject of yoga practice, its associated medical benefits, its association with alternative and complementary medicine, and its religious aspects/influence, using the resources made available by the University of Central Florida library system and the Department of Anthropology. After obtaining an IRB approval, I notified the Yoga Center and scheduled a time for my initial visit. I conducted primary data collection through semi-structured, in-depth interviews and participant observation at the Yoga Center. Interviews followed a formal interview guide with open-ended questions. This interviewing method is especially best when one only has the opportunity to interview informants once. “In situations where you won’t get more than one chance to interview someone, semistructured interviewing is best... the interviewer maintains discretion to follow leads, but the interview guide is a set of clear instructions...you should build a guide and follow it if you want reliable, comparable qualitative data” (Bernard 2006:212). Though I had an interview guide, if individuals strayed from a predetermined interview question, I continued the conversation as though this was of no concern; this was to allow a natural flow of conversation. I found that in some of my initial interviews the informants tended to follow a question-answer approach, which severely limits qualitative data, so once I became aware of this I made a concerted effort to avoid this type of interview. If it seemed that the interview was straying toward this end, I would utilize some broader questions from my interview guide in an attempt to loosen the conversation. If at the end of the interview, some questions still had not been answered, I posed them at that time.

Interview candidates were identified using purposive sampling methods. Potential participants were given a verbal description of the project over the phone, email, or in person, depending on their preferred method. They were also provided the opportunity to review the description of the IRB protocol, though some did not desire to read this, and were invited to participate in the study. Sample size was expected to be 25 individuals, however, I interviewed 28 individuals. Nevertheless, two individuals were excluded from my primary data analysis. One individual was excluded because, though she technically fulfilled the requirements from this research, she was visiting from a foreign country for a short time. I initially interviewed her when considering including a cross-cultural analysis of yoga practice in this thesis; I later realized that this was beyond the scope of this project. I also excluded Michael's interview; I came to the conclusion that the perspective provided by Michael is affected by his role at the center (director/possible Guru), which would also be best suited in a broader study. Interviews were audio recorded with the permission of the informant; if permission to record was not granted, notes were taken by hand. Interviews were performed during the months of September and October 2010.

Participant observation was also used to introduce me to the members of the yoga center. This included attending yoga classes, and the Sunday night satsang when possible. This facilitated my communication with active members of the Yoga Center and allowed me to observe the rapport, conversations, and interpersonal interactions before and after a yoga class. This research model is best suited to the type of data I was interested in obtaining. I was not looking for the "what", but for the "why". Multiple quantitative analyses of CAM use and yoga practice have been done, but qualitative anthropological research on the topic in comparatively

sparse. Interviewing and participant observation are integral parts of qualitative anthropological research; qualitative analysis of qualitative data allows:

you [to] focus on and name themes in the texts. You can tell the story, as you see it, of how the themes are related to one another and how characteristics of the speaker or speakers account for the existence of themes and the absence of others. You may deconstruct the text, look for hidden subtexts, and, in general, try to let your audience know—using the power of good rhetoric—deeper meaning or the multiple meanings of the text [Bernard 2006:451]

I believed that an association between yoga and alternative medicine existed, in the sense that long-term yoga practice may affect participation/acceptance of alternative medicine, therefore I was interested to learn why or why not this does or doesn't exist. Quantitative research methods (i.e. surveys, etc.) would not thoroughly and/or adequately provide this sort of information.

Interview Methods

Face-to-face, audio recorded interviews were conducted. If the participant declined to be audio-recorded, I took careful notes during the interview. Interviews were expected to last no longer than one hour, but some reached past one hour and a half. Once the interview was completed the participant was finished with the study.

Confidentiality is of critical importance and several measures were employed to prevent any breach. All participants' names have been replaced by pseudonyms, and real names are accessible only to myself; they are stored in a password-protected computer file.

The consent process took place prior to conducting the interviews. Participants were given as much time as they needed to discuss the study, consent process, and any questions they may have had prior to beginning an interview. All interviews were conducted in English, and study related material was written in English.

Research Setting

The research site was a yoga center in South Florida which provides instruction in Sivananda yoga. It is also an affiliated center of the Sivananda Yoga Vedanta Centers. In March 2010 I received permission from the director of the yoga center to interview yoga practitioners of that location. Interviews with the yoga practitioners took place individually and in locations approved by the yoga practitioner, such as their homes, coffee shops, the yoga center, etc. This yoga center instructs Sivananda yoga and there is anthropological literature (and other literature cited here) that present various aspects of Sivananda yoga practice that are particularly relevant to this study.

This research site was chosen because my key informant has attended this yoga center for several years and has even completed the yoga teacher training course offered at the site. I have visited the site on more than one occasion, attended some yoga classes at the site, and have been introduced to and had previous contact with the director of the yoga center.

The numerous individuals who attend this yoga center every week provided an ample population for my proposed sample of 25 individuals. Individual participants also had ample time to participate in the research, since the interviews were performed during the months of September and October 2010. Interviews and participant observation were primarily performed

on the weekends throughout September and October 2010, though a few interviews were performed on weekdays for the informants' convenience.

In order to protect the privacy interests of the participants, the research was conducted in a safe location suggested by the participant. Every effort was made to maintain confidentiality in location, but on occasion participants insisted on a less private location based on convenience. Participants were asked if they were comfortable with such locations, and interviews were not conducted until a suitable location (one in which the interviewee was comfortable) was performed.

Recruitment and Inclusion Criteria

Inclusion in the study required that the interested participant be a consistent, long-term practitioner of yoga, and be over 18 years of age. Long-term practice of yoga was defined as yoga practice of one year or more. Consistent yoga practice was defined as yoga practice, at home or at the yoga center, at least once a week. The definition of consistent is minimal because it is difficult to determine what exact rate of yoga practice would facilitate change in belief systems, such change surely varies by individual (also, at times, individuals may visit the yoga center many times a week, or once a week, due to occurrences in their daily lives). However, my assumption was that most serious yoga practitioners who respond to this study would most likely practice yoga at least 2-3 times per week. The reason that I imposed these restrictions is best explained in Hassele-Newcombe's research; "those with a serious, long-term practice of yoga are likely to be both more affected by, and more self-reflective about, yoga's role in their lives; they are thus a valuable sample with which to begin research" (Hassele-Newcombe 2005:309). I did

not restrict informants to those who attend specific yoga classes at the center, but was aware that my research might include interviews with individuals currently attending the yoga teachers training course offered at the center. The variety of views/experiences that I expected to encounter were useful in determining the possibility of my proposed associations between yoga and CAM practices.

Since the inclusion criteria were carefully followed, no participants withdrew from this study.

Recruitment Methods

Participants in the research were not compensated. Individuals included in my sample were willing participants who attended classes at a South Florida yoga center, these were yoga practitioners and yoga instructors; many of those interviewed who divulged that they were instructors also attended classes at the yoga center. I recruited participants by posting notices at the yoga center, by asking the instructors of the yoga classes to mention my research at the beginning or end of each yoga class, by briefly mentioning my research and passing out flyers before and after class (with the prior approval of the center director and individual instructor), through contacts provided by my key informant, and through contacts that were provided by other informants. The director also mentioned my research in the monthly e-mail newsletter. The most effective recruitment method was participant observation and informant referral; comparatively, the flyers and monthly newsletter notification received very little response.

My class attendance and participant observation was limited to weekend classes, so interviewing weekday practitioners may have affected the research results. When attending classes, I avoided mentioning my research more than twice; when mentioning it upon my second

attendance to an specific class individuals seemed to feel uncomfortable, those who did not want to provide an interview may have begun to feel pressured. To remedy this, after mentioning my research in the same class twice, I attended that class as needed in case anyone wanted to provide an interview, many interviews were conducted just before or after a class; I did not mention research again unless prompted by an individual's interest.

This situation attests to the necessity of some level of participant observation in all cultural anthropological fieldwork. It is simply easier for people to schedule interviews at the time which their interests are piqued or when the interviewer is readily accessible. Once initial contact is broken, it often difficult to schedule an interview because the individuals interest in participating in the research is often hindered by the other tasks and concerns occurring in their daily lives. In traditional field research, one would be given the opportunity to get more acquainted with the group before scheduling interviews, but my time with each class was limited so I performed as much participant observation as possible. This provided the informants with more convenient access to myself, with the opportunity to get used to my presence in the known classes, and it gave me the opportunity to clarify the research and increase responses for interviews.

Sampling

I performed this research based on a minimum sample size of 25 individuals; per established conventions this sample size should be sufficient to expose the full range of themes made evident through qualitative, in-depth interviewing (Ulin 2005).

Individuals included in my sample were willing participants who attended classes at a South Florida yoga center. Per previous published research available on the demographics of yoga participants in the United States, I believed that the majority of the informants will be young, college educated, white females (Birdee et al., Nahin et al.). The term young meaning “among yoga users the mean age was 39.5” (Birdee et al. 1654). However, there are some limitations to this demographic data. “Respondents were initially asked if they used yoga for health. There may be individuals who use yoga for personal or spiritual growth, rather than health, such that actual prevalence of yoga use may be higher” (Birdee et al. 1657). Nevertheless, this is currently the only statistical data available on the demographics of yoga practitioners. Ultimately, the demographics of those I interviewed varied slightly from those identified in Birdee et al. For instance, the practitioners I interviewed (and witnessed during participant observation) were primarily female; 21 of those I interviewed were female and 7 male, suggesting a possible connection with Birdee et al.’s demographics. However, the majority of those I interviewed were in the 50-64 age range (at least 15 individuals); nevertheless this may be affected by local demographics, a factor that could only be clarified in a large scale study that is regionally focused. Lastly, Birdee et al. also asserted that yoga practitioners in the U.S. were primarily Caucasian, I also found this to be true; only a few participants identified themselves as non-Caucasian.

Data Management

Interview narratives and digital audio recordings were stored in a password-protected computer file accessible only to myself. In order to maintain the confidentiality of the

participants and the data, all transcribed interviews and field notes were stored along with the digital recordings on a password-protected computer belonging to myself. I am the only person with access to this computer. Results of this study will be shared with participants via my final Masters thesis (which will also be made available electronically).

Data Analysis

When analyzing and reviewing the data there are a few important terms to know. These terms are referenced in the narratives and thesis text and include: “Western,” “asanas, and “complementary and alternative medicine.” When I refer to the “West” or “Western” I am referring to a culturally defined geographic regions as well as general cultural references to culture and society in what is usually termed as Western countries. Asanas are the “physical Yogic exercise, practiced to improve the control of the mind and body. In *Sanskrit*, this word means posture or position” (Sivananda Yoga Vedanta Center 1998:162). Among those interviewed, this term was usually used to discuss the practice (by some) of the physical postures while avoiding other yoga practices and/or philosophies (like meditation).

“Complementary and alternative medicine” is “a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine...([conventional medicine is] also called Western or allopathic medicine)” (NCCAM 2010a). Throughout this thesis complementary and alternative medicine may be referred to by its full name or by its acronym CAM. This is a commonly used term used in research. Within my interviews I primarily referred to CAM simply as “alternative medicine.” This is due to the fact that the term “alternative medicine” was widely known and used before the addition of

“complementary” to the term to denote that some complement biomedical practices with alternative ones. At the beginning of each interview I listed a variety of CAMs in order to determine the interviewees acquaintance with alternative medicine and to clarify what I meant by alternative medicine. Throughout this thesis I primarily use the term CAM but on occasion I use the term alternative medicine.

I also use pseudonyms throughout this text to protect the privacy of all individuals involved, this includes a pseudonym for the yoga center at which this research was based. Divulgence of the true name of this center would obviously jeopardize those involved in this research, so from here on this yoga center will be referred to as the “Yoga Center.” Finally, this research is based on analyses of narratives from interviews with consistent long-term yoga practitioners. Therefore, whenever I refer to “yoga practitioners,” “consistent yoga practitioners,” or “long-term yoga practitioners,” I am referring to consistent, long-term yoga practitioners, unless noted otherwise.

Data Limitations and Biases

The primary limitation of this research is that it focuses on one specific yogic practice, Sivananda yoga. Though the results of this research can be used in comparative research across yogic practices, the effects that other styles of yogic practice may have on the construction of belief systems should be taken into consideration, a factor that is directly related to my study. In addition, before using this research in cross-cultural yoga related research (even if they are all of the Sivananda yoga practice) researchers should take into consideration the effects of local cultural beliefs on Western biomedicine and perceptions of what we understand as

complementary and alternative medicine, before attempting to determine what affect this yogic practice may have on such beliefs. This research was focused in the United States, so it is directly applicable to U.S. populations in relation to my topic. Another limitation of this research was that the relationship between occupation was not analyzed in reference to CAM acceptance and yoga practice. I had not previously considered that many practitioners who agreed to be interviewed may also be involved in a CAM field, however for those who divulged their employment, this was often the case. In future research it would be best to include questions concerning type of occupation for consistent, long-term yoga practitioners.

When planning this research I considered the possibility that since yoga is viewed as an “alternative” cultural practice in the United States, yoga practitioners may be pre-disposed to an attraction to alternative health practices and religious beliefs. If this were so, I would be biasing the research conclusions by confirming my hypothesis with a very biased sample. When contemplating this possibility, I took into consideration that people do yoga for different reasons, and in the United States there is perception of yoga as a form of gentle exercise for patients recovering from illness. I believed that in the mind of some Western peoples there were two ways of thinking of and experiencing yoga; one being that of an exercise regimen, the other being an alternative practice. These perceptions were confirmed in my research. As such it is possible that those who viewed yoga as an alternative practice may be pre-disposed to acceptance/practice of complementary and alternative medicine. So, to address this possibility, I included the question “How/why did you begin practicing yoga?” in the interview guides, in order to ascertain the motivations for yoga practice. As I later found, some did express an interest in CAMs prior to beginning yoga practice (therefore being predisposed), and some did not.

Nevertheless, as I will later discuss, of those who maintained they had a prior interest in alternative medicine, I found that most experienced an intensification of interests after they began yoga practice. This means that regardless of predisposition, yoga practice can have an effect on beliefs and acceptance of complementary and alternative medicine.

CHAPTER THREE: YOGA PRACTICE AND PERCEPTIONS OF THE BODY AND HEALTH

Introduction

Overall, my research attempted to determine the relationship between consistent, long-term yogic practice and attitudes towards/acceptance of CAMs through in-depth interviews. In this chapter I examine how consistent, long-term yogic practice relates to perceptions of one's health and body. Based on the analysis of the interview narratives I have become aware of improvements in the body/health noted by practitioners, practitioners' perceptions of the body and health, and whether views of the body or health had changed over time in correlation with yoga practice. My findings demonstrate that individuals experienced physical, emotional, and psychological benefits from yoga practice, had similarities in perceptions of the body and health, and that there is a possibility that perceptions of the body and health can be affected by consistent, long-term practice of yoga.

Improvements to Body and Health

The yoga practitioners interviewed expressed that yoga made significant improvements/changes to their body and overall health; for some, this was more significant than others. This is in part because some began yoga with chronic and/or severe illness/injury, therefore some practitioners started from a place of ill health. Ways in which yoga had improved and/or changed their body and health included improvements in physical, emotional, and psychological wellbeing, as well as addiction (e.g. back problems/injuries, drug addiction, depression, etc.). For some, improvements included changes in multiple aspects of health.

Individuals also discussed social and spiritual benefits experienced as a result of their yoga practice, however, this will be discussed in detail in Chapter Five.

Physical Benefits

Those who expressed physical benefits included Nancy, Beatrice, Anne, Ernest, and Carla. Many expressed more general physical benefits of yoga practice which were unrelated to any specific physical illness or injury. The benefits discussed by Beatrice provide an example of physical benefits that are emblematic of the more generally benefits described by participants in this study. Beatrice, a retiree in her 60s, practices yoga three to four times per week. Though she has been practicing yoga for eight to nine years, her practice didn't become regular until about three years ago when she retired. She began practicing yoga with a friend in order to relieve the stress of her former career. Since then, practicing yoga has provided her with more flexibility, strength, and confidence in physical ability from regular yoga. The benefits that Beatrice receives from yoga practice are primarily physical and directly related to her practice of the yoga asanas, which are "physical Yogic exercise, practiced to improve the control of the mind and body. In *Sanskrit*, this word means posture or position" (Sivananda Yoga Vedanta Center 1998:162). Beatrice said that she does not really do the meditations because it is hard for her to concentrate. Among those interviewed, this term was usually used to discuss the practice of the physical postures while avoiding other yoga practices and/or philosophies (like meditation).

Others also experienced significant improvements, but in relation to specific illness/injuries. Nancy, a cancer survivor, hospice worker, and master level Reiki⁵ practitioner, has been practicing yoga for over 30 years. She currently practices yoga four to five times per week. For Nancy, yoga began as an intermittent practice; she began with a book (common with those interviewed), and then began taking occasional classes at the local YMCA. She explained that over the years she has become a more committed practitioner. When discussing possible physical benefits from yoga practice, Nancy mentioned that yoga helps keep her chronic arthritis (present throughout her spine and hips) in check, and that Bikram⁶ yoga, specifically, helps her breathing problems which have been diagnosed as chronic obstructive pulmonary disease (COPD). Due to this, Nancy said that she no longer needs to take medication for her arthritis, and that Bikram yoga has helped reduce the amount of medication she needs to take for her COPD. She attributes this to the nature of performing yogic exercises in the heat and humidity that are characteristic of a Bikram yoga class (she practices Bikram yoga twice a week). Indeed, there has also been research analyzing the possible benefits of yoga practice for those suffering from COPD. In 2009, a pilot study was performed to determine the effects of yogic exercise on shortness of breath for those afflicted with COPD. The study found that those who engaged in yogic exercise during a 12-week program had better results in their six minute walking distance and greater reductions in dyspnea (shortness of breath) distress in comparison to the results of

⁵ Reiki refers to “a Japanese technique for stress reduction and relaxation that also promotes healing. It is administered by a trained practitioner placing their hands on or above the patient and is based on the idea that energy flows through us and can be used to stimulate the healing process. The use of Reiki as an alternative therapy is growing rapidly and is now being used in many hospitals in the United States and Europe to help relieve pain and increase recovery rates” (Baldwin et al. 2008:417).

“Studies have suggested that Reiki, classified by the NCCAM as a biofield energy therapy, reduces anxiety and depression and increases relaxation and comfort” (vanderVaart et al. 2009:1157-1158).

⁶Bikram is a form of hot yoga; hatha yoga practiced at room temperatures of “32 to 40 degrees Celsius” (89.6 to 104 degrees Fahrenheit) for times of “60 to 90 minutes” (Shulman 2005:114-115).

those in the “usual-care control” group (Donesky-Cuenco et al. 2009:225). Patients themselves also reported: “improved breathing techniques and bronchial drainage; improved postures, relaxation, and stress reduction; improved feelings of well-being; enjoyable social interactions; pain relief; and increased awareness of breathing” (Donesky-Cuenco et al. 2009:231). Regardless of the positive effects various yoga practices have had on improving her health, Nancy asserts that she uses both Western and complementary methods for illness. She believes that an integration of systems provides the most holistic approach. This form of medical pluralism became evident multiple times during my research and I will discuss this approach in more detail in Chapter Four.

Multiple individuals discussed the effects of yoga on their back; Candace was one such person. Candace began taking yoga classes at a gym with a friend, since then she has been practicing yoga for over four years, and currently practices three times per week. She began practicing yoga because she was having back issues and some friends suggested trying yoga. According to Candace, yoga has made a “huge” difference in her back. Though it should be noted that Candace has been seeing a chiropractor for many years, it is also important to recognize the significance of her perception of yoga practice as a very important factor in her back health. Though Candace has mixed feelings about CAM in general, it seems that her yoga practice and long term use of chiropractic healthcare is an important factor in maintaining her health.

Yoga practice also affected Ernest’s back issues; Ernest is a Vietnam war veteran, yoga instructor, and practitioner of a form of massage. Ernest has been doing yoga intermittently since the 1960s, and began teaching yoga in 1997. He currently practices yoga every day. For Ernest,

part of his motivation for yoga practice is the physical and spiritual benefits. The main physical benefit expressed by Ernest was related to his back, he noted that he no longer needs chiropractic care for his back due to his yoga practice. Ernest also expressed emotional benefits derived from yoga when he noted that yoga practice helps him stay calmer.

Another yoga practitioner discussed the benefits of yoga practice in relation to her own back problems. Carla, who has been practicing yoga for about six years, said that her current practice began as the result of a back injury. I asked her why she decided to begin yoga practice and she explained as follows:

Why? Because I had a very bad car accident and I couldn't move my legs and my neck for six month... the insurance and all those people, they send me to the chiropractor... the chiropractor was helping me, but just a little bit. I was depressed, and sad, and crying every day... The pain was terrible. Then my daughter-in-law brought me over here [to the Yoga Center] just to see if I could do something. The first day I was crying because there was a lot of pain... It was hard for me... Then I started to do yoga, and I started to feel better and better. (Interview, Carla, October 16, 2010)

She goes on to say that though she initially came to yoga for her back she also received other benefits from practice: "When I fixed my back I start[ed] to feel better and better. I think if you, to keep you[r] body in good health, and you[r] spirit and you[r] mind... it's the best exercise... I get a lot of exercise in my life, but this one is like...really, really works" (Interview, Carla, October 16, 2010). The car accident resulted in seven herniated disks, which from a biomedical perspective, might often call for a spinal surgery. Carla went on to say that due to the accident she was given an injection of medication, which she had a very bad reaction to; this further

influenced her decision to seek out other alternatives. She began using Ayurveda and Reiki, in addition to yoga, as a part of her self-treatment. Nevertheless, Carla said that she still went to a biomedical doctor, because her insurance coverage forced her to pursue care that was covered under the policy.

Carla asserts that her recovery from her back injury is primarily due to these other treatment methods and explains how she managed to self-treat, though she was under the care of a biomedical doctor. She said that the doctor wanted her to get surgery, but she had other plans: “So, the doctor said ‘you have to go to surgery’. So I said ‘okay, give me three months.’ And then, three more months.” She said that the doctor then asked why she wanted to wait; she responded that she wanted to try to do this naturally:

Then when I went back six months later he said ‘You know what, the hernia is shrinking’. I said ‘Okay, that means it’s been working, give me three more months’. And then I was eating...all raw foods, and juices, a lot of juices, and going for Reiki. And finally, when I went there he said to me ‘You know, I don’t know what you are doing, but whatever it is keep on doing [it] because it’s working. There’s no more hernia of the disk’. [Interview, Carla, October 16, 2010]

Though the biomedical doctor had already affirmed that the hernia was healed Carla had to be sure, so she went to someone she trusted. Carla said that she asked her daughter, who works at a radiological facility, to do an MRI to confirm that her injury was healed; and found that it was. She believes that yoga was a major contributor to her recovery.

Carla took a holistic perspective toward her self-treatment, attested to by the fact that she incorporated diet (raw food, juicing, etc.) with the treatment and recovery of her back injury.

Nevertheless, her yoga practice benefited her beyond the physical aspects; she also attributed her yoga practice to beneficial emotional changes. She said that, before yoga, her problems would cause nervousness and irritation to the point where she could not sleep. Now, she does not see a reason to worry over most things; due to yoga she now lives “for today,” and believes that everything happens for a reason.

For some, the physical benefits experienced through yoga practice were not directly related to what one would normally assume to be a physical benefit of exercise (e.g. benefits for muscles, bones, etc.). For example, Anne relates that yoga helped to rid her of her allergies. Anne is in her 50s and has been practicing yoga for over seven years; she began practicing yoga because a friend invited her to a class at the gym and now practices three times per week. After a while, “maybe a year,” she began practicing yoga at various places because the gym no longer offered yoga classes. After she began to notice that her allergies were disappearing, she interpreted this change as a benefit of yoga and decided that she “wanted to get deeper into it” and had an “urge to know more about yoga.” As a result, she began talking to yoga teachers about her interest and they suggested that she try the teacher training course at the Yoga Center; therefore, she took the training course in 2007. According to Anne’s narrative, it can be inferred that the reduction and loss of many of Anne’s allergies around the time she began practicing yoga consistently had a significant effect on her future practice of yoga. Anne had seasonal allergies, nut allergies, and carrot allergies; even handling carrots and nuts could cause visible symptoms of allergic reaction. Her correlation between yoga practice and reduction/loss of allergies was a motivator for future yoga practice. She may have begun to think: if yoga can cure

allergies, what else can it cure, and it must be an excellent way to improve various aspects of health.

Emotional Benefits, Psychological Benefits, and Overcoming Addiction

Other benefits of yoga practice expressed by those interviewed included emotional and psychological benefits, as well as benefits to overcoming addiction. In general, like Ernest, many expressed emotional benefits to practicing yoga, as well as psychological benefits. Kevin, who has been practicing yoga for over nine years, said that he has tried most CAMs. Kevin began practicing yoga due to a back injury and now practices every day. During the interview, Kevin expressed that yoga practice provided physical, psychological, and emotional benefits: “it's more than physical. It helps me mentally. It calms my anxiety, keeps me focused and grounded.” The perception that yoga positively affected anxiety was also conveyed earlier by Carla. For Kevin and Carla yoga has surpassed the physical practice they originally got involved in and expanded to encompass a broader sense of control of health and wellness. It can ultimately provide the therapy needed to provide overall wellness.

Beth has also experienced psychological and emotional benefits from yoga practice. Beth, a yoga instructor, has been practicing yoga for over six years, her most regular practice dates to about three to four years ago. The benefits experienced through yoga practice by Beth are of a more mental health nature. Beth said that she started doing yoga for health benefits and out of curiosity (she had heard good things from people who practiced yoga), but that she did not start to understand the mental benefits until starting her practice at the Yoga Center; now she cannot go a day without yoga.

Aileen, a nurse, has been practicing yoga consistently for over two years and currently practices three to four times per week. Though Aileen views yoga as “physical work” and “stretching,” she also believes that she gains relaxation and stress reduction from her yoga practice. Not only has yoga helped her lose a lot of weight as part of her exercise program, but she said that yoga also helps her to have patience outside of class. Like Beth, yoga practice had a significant effect on maintaining calm and patience in everyday life. For Aileen, yoga is about more than the physical. This became a common theme across interviews: yoga practice was expressed as a way to maintain various emotional and psychological factors, including remaining calm, reducing anxiety, maintaining focus, overcoming addiction or maintaining sobriety, and the like.

Others expressed that yoga provided the emotional support necessary in overcoming addiction and/or maintaining sobriety. Truthfully, I had not predicted that yoga would have had a profound effect on illnesses like addiction, however, according to those interviewed it does. In response to these findings, I performed a literature review post field research; it yielded that there has been some research suggesting that yoga has a positive effect on addiction recovery. Yoga has been termed as a way of strengthening self-soothing (which can be important to recovery), and as a way of accelerating recovery by helping to rebuild the aspects of the individual on which chemical dependency results (Kissen and Kissen-Kohn 2009; Calajoe 1986). Even if I had been aware of such research prior to my fieldwork, it would not have occurred to me that some practitioners may be using yoga as a self-prescribed method of treatment or even that so many would have experienced such effects within my small sample size. Nevertheless, it was so.

Abby is a yoga teacher and has suffered from addiction in the past; she partially attributes her recovery to yoga practice. Abby has been practicing yoga for 13 to 14 years and practices yoga four to five times per week. Abby's addiction was a result of her mental and emotional reactions to her circumstances. She explains the benefits she drew from yoga as follows:

Yoga for me is much more than a physical practice. I first started yoga when I was 16 or 17, and I came across a magazine article about yoga and it had some postures in there and described how you do these postures. And I just started practicing and noticing not only the physical effects, but also that it was helping me to become mentally clear, more emotionally balanced...My practice is what keeps me sane, it has a very special meaning for me because it helped to me to overcome an addiction to heroin in the past; when I was a teenager. So, that was one of my tools... It was a very transformational practice for me because it connected me to a source of strength inside me that I didn't, that I wasn't really aware of before. And helped me to become more nonreactive to the different circumstances that I was faced with, and to be more skillful in my actions.[Interview, Abby, September 19, 2010]

Abby's yoga practice obviously had a significant effect on her life; her connection to yoga is emotional and physical, a practice that will most likely always be a part of her life.

Another yoga practitioner, Cary, also asserted that yoga has had positive effects on his addiction recovery. Cary had been practicing yoga for about one and a half years and was in the teacher training program at the time of the interview. Cary's curiosity for yoga and desire for something as a spiritual and physical companion to his twelve-step program was part of his motivation to begin yoga practice. He said that after years of drug and alcohol abuse, he decided to "grow up" and "live a proper life." He explains further:

I was...searching for something. I'm in a twelve-step program for alcoholics and drug addicts and the spirituality thing interested me... I'm 63 years old and I was in terrible shape. Um, so I was interested in the physical aspect also. I've been fooling around with meditation; I was interested in that. And I happened to pass by this place and saw the big sign saying 'yoga'. So, I came in and talked to the owner; piqued my interest a little more. And then I ended up, within the month, coming back and started to practice it.
[Interview, Cary, October 10, 2010]

Cary claims that due to his yoga practice his "flexibility has greatly improved." Also, he has "stopped smoking after smoking for 50 years. I've changed my diet habits." In reference to his diet habits, it is important to again note that he was then in the teacher training course, part of the course is to practice vegetarianism. Therefore, by default, he would have experienced a change in his diet habits. However, this does not discount the extent to which this has affected his life. The mentioning of his change in diet as part of the discussion of his decision to treat his addiction, change his life, and begin yoga practice infers that he associates these topics to each other. For Cary, growing up and living a "proper life" included changing his diet, treating his addiction through a twelve-step program and practicing yoga; yoga is the link between his addiction treatment and diet change. It is therefore a major force in how his life has changed.

Cary also asserted that he had experienced improvement in his coping skills due to the yoga related breathing techniques and meditation practice; other factors of how yoga has changed his life. Breathing and meditation has had the most emotional benefits for him. It can be suggested that yoga practice has had an effect on Cary's perception of the health and body; any

new practice that is as significant as yoga has become in Cary's life, inevitably affects a person's perceptions.

In regards to other aspects of health, Cary said that though he uses alternative medicine, he is not completely "sold" on it. He said that for a serious illness he would consider both medical doctors and alternative medicine because he does not trust medical doctors entirely. He navigates multiple realms of medicine in order to decide what he thinks is best and/or valid; at this time he does not have complete trust or faith in any one system. This is an addition to Nancy's example of medical pluralism wherein individuals selectively combine different modes of healing based on one's subjective assessment of health needs as well as the benefits of different healthcare systems.

I was also informed that some of the other practitioners at the Yoga Center were also recovered or currently recovering from other forms of addiction. Had I foreseen that yoga would have an effect on such illnesses for practitioners at this center, I would have also included interview questions focusing yoga's influence on addiction. In order to gain a more complete perspective of yoga's role in treating addiction, we need to know more about the interaction between addiction and yoga practice, how various individuals may use yoga in this manner, and we need a more encompassing perspective on the individual experience of the changes that yoga practice creates in them that affects their addiction. For example, in the future, ethnographic research can be performed which specifically focuses on lived experiences of addiction and the effects of yoga practice.

Views of the Body and Perceptions of Health

Analysis of the in-depth interviews conducted enables me to determine that there were similarities in the way that some participants viewed the body and how they perceived health. Perceptions of the health and body included the belief in the interconnectedness between physical health/illness and mental health/illness and the belief that the body can heal itself. For example, Abby believes that our life experiences and our mental and emotional state can, not only directly affect our overall health, but also manifest in disease:

I think that yoga can be a very powerful tool for transformation. I think that one thing that is really integral to yoga practice, it's not just these physical postures. If it were just about the physical postures it would be basically calisthenics or acrobatics. More importantly yoga is about connecting with the breath...I believe that the breath is a direct reflection of one's state of mind. And that we're able to control our minds to some degree through the breath. And I also have a very strong belief...I believe that our attitudes in life, our experiences, whether they're emotional, or mental, physical, whatever, that these memories get stored in the body. And whether that's reflected in our postures or whether that manifests as some sort of disease. So, I feel like the yoga practice can help to release these sort[s] of knots and help us to become more aware of our mental limitations. And help us to change the way we react to things in life. To me it's very, I just feel very grateful for yoga and what it has to offer...I think it can be a really powerful tool in one's healing process; one's process of transformation, and that was confirmed through me with my whole experience and history with addiction. So, I do feel like it changed my life. [Interview, Abby, September 19, 2010]

Abby believes that our health can be affected by our mental and emotional state, possibly resulting in presentation of disease, that our mental and/or emotional state is affected by and can

be controlled by “the breath,” and that yoga helps one connect with and control the breath. Therefore, for Abby, yoga can improve her health and prevent the presentation of disease that may have been instigated by poor mental and/or emotional state. Also, through the interrelatedness of “the breath” and the storing of attitudes and experiences in our bodies, yoga can help us change the way we react to life, transforming how we react to our circumstances. Abby’s perception of yoga as a tool for transformation is influenced by the effect yoga had on her past addiction; this individual experience of transformation through yoga practice would provide a highly relevant perspective in future discourse on addiction. Yoga assisted Abby with dealing with the deep underlying issues that led to her addiction in the first place; therefore she perceives yoga not merely as a palliative health practice but one that gets at the fundamental causes of ill-health.

Abby was not alone in her belief of the interconnectedness between the mind and body in illness; Frank concurs that there is a link between mental illness/health and physical illness/health. Frank’s views of health are also related to notion of body energy. Frank has been practicing yoga for over 30 years. He currently practices Tai-Chi⁷ and Kabbala⁸, as well as practices yoga and goes to the gym “to stay healthy.” When asked about alternative medicine, Frank mentioned that he is “fascinated by the whole subject...anything dealing with health, I wanna know what the shamans do, I want to know what everybody does.” He said that he looks for the similarities in all things. Part of Frank’s perception of health was related to energy. He

⁷ Tai-Chi is “a traditional Chinese martial art that was developed in the 13th century, and combines slow and gentle movements with mental focus” (Uhlir et al. 2010:43).

⁸ “Kabbalah is the name applied to the whole range of Jewish mystical activity” (The American-Israeli Cooperative Enterprise).

mentioned that he knew someone who used qi-gong⁹ to force his bone marrow cancer into remission; he noted that this was healing through “energy-transfer” and that that this was a “big part of Chinese medicine¹⁰”. In our discussion, Frank had the following view of health:

“Everything is energy...Anytime you’ve felt good it’s ‘cause you got more energy. Anytime you get a disease, there’s low energy. And I think the East really looks at it in that view, a lot more than we do here” (Interview, Frank, October 17, 2010).

Further, Frank asserted that the mind and body are integral parts of total health; he said that the mind and body need to be taken care of, that one cannot have a “sick mind” and a “healthy body,” expressing a view that the health of the mind and the body matter equally for total sense of well-being. Another aspect of health for Frank was community: “True health is not an individual experience, it’s a community experience. You want, you wanna help other people in any way that you can” (Interview, Frank, October 17, 2010). For Frank, community and human connectedness is part of one’s health; this conflicts with the dominant biomedical view of health and illness as individual responsibility; health as a result of individual actions and like diet and exercise. Regarding Western healthcare providers, I believe mental health professionals to be most likely concerned with issues of community. The idea that an individual’s health is related to community implies a holistic perspective of health; health as part of the individual and community. This is possibly linked to Frank’s avoidance of Western biomedicine; it is not

⁹ Qi-gong is “a mind-energy-body practice”; also referred to as a form of “energy-medicine” or “mind-body medicine” (Chaoul and Cohen 2010:144).

¹⁰Typically referred to as Traditional Chinese Medicine; refers to a variety of medical practices originating in China (includes acupuncture, qi-gong, herbal medicine, etc.). There has been some scholarly discussion asserting that “traditional Chinese medicine [as we understand it today] has been rapidly commodified and reinvented as a new kind of preventive medicine tailored for cosmopolitan, middle-class lifestyles” (Zhan 2009:166).

common for Western biomedical providers to be concerned about a patient's lack of community in relation to their health.

Beth offered another perspective of yoga's effects on health. First, Beth's view of healing comes from a holistic perspective—her perception that the holistic aspect of healing is lacking in biomedicine is what partially fuels her healthcare decisions. She explicates her perspective in the following way: “I've had enough experience with Western doctors who would rather prescribe you a prescription to treat the symptoms, than to treat the illness. And it's just not something I agree with. I believe the body needs to be treated as a whole” (Interview, Beth, October 2, 2010).

Beth also believes that the body can essentially heal itself. Beth's view is that if you take care of your body, your body will take care of the illness. Beth provided an example of how holistic care and cognizance of the body's healing ability is being used to treat illness in a friend who is using the Western biomedical approach for breast cancer; Beth expresses that she believes her friend would do better if she received treatment at a facility/treatment center similar to that of a local center that focuses on natural and CAM treatments for cancer. According to Beth, when people utilize care at this local center, they are taught how to eat right, taught body cleansing, and there is a focus on detoxification and taking care of the entire body. Beth asserts that she has heard positive results from this center, and someone she knows has successfully had breast cancer treated there. She also has heard “miracle stories” from there. These “miracle stories” are thought to be a direct result of holistic care and natural healing techniques.

Beth's assertion that the body can and will, if given the opportunity, essentially take care of itself is supported by Kevin. During our discussion of CAMs, Kevin said that he felt good about alternative medicine and that he believes that the body basically heals itself, but sometimes

needs a push (hence, CAMs). Specifically, Kevin also expressed that he prefers to use CAMs first for illness, because the chance of having to use any other intervention is low.

Changes in Views of the Body and Health Over Time

After discussing the improvements in health asserted by practitioners as a result of yoga practice, and similarities in views of the body and health, it becomes clear that it is necessary to determine whether these views of the body and health changed over time with consistent, long-term yoga practice (e.g. did the physical, psychological, and emotional changes experienced by the practitioners affect their overall perception for the body and health).

According to Frank, there is a change in an individuals' perception of health over consistent yoga practice. First, Frank believes that people can do yoga and not experience the other aspects of yoga practice (spirituality, community, etc.), but that that is “the least amount of yoga you can do, I think, is hatha yoga, the asanas.” Nevertheless, he asserts that though this is the least amount of yoga practice, one is still stimulating energy and instigating the healing process by practicing yoga and that practice will “make you calmer and give you a greater respect for health.” Frank explains his view as follows:

There again, I cannot imagine somebody being totally involved in just hatha yoga, just the asanas, and after a while not really considered their diet. And want a better diet, and I think there's a natural progression of events... a natural gravitation towards health, I think if you do the asanas. So, I think you can benefit tremendously from there, if you do it on a regular basis. [Interview, Frank, October 17, 2010]

Frank is referring to feeling of wellness and health that comes from healing process instigated by consistent yoga practice. According to Frank, once one begins to feel better, they consider other ways of attaining or retaining health. For Anne (who I discuss in detail later), this was definitely the case. According to Frank, consistent yoga practice results in a “natural gravitation towards health.” If this is true, then it would be important to know what exactly the individual perceives as health. As I will later discuss, perceptions of CAM among practitioners was related to their levels of activity or inactivity in the yoga community. Perceptions of health, on the other hand, are directly related to healthcare seeking, so, by Frank’s assertions one could infer that the activity in the yoga community that affects CAM acceptance may also affect perceptions of health and the body.

Anne also experienced a change in her perceptions of health and the body in response to consistent, long-term yoga practice. When discussing the possible benefits of yoga practice, Anne believes that her yoga practice is responsible for clearing up her allergies, and said that after practicing yoga for a while she noticed that she was feeling better overall. Once this came to her attention, she began to practice fasting and cleansing of her body, and after a couple of years of practicing yoga she tried acupuncture. She has used acupuncture for her shoulder problems in order to avoid surgery, as well as for her left thumb, and urinary tract infections. Anne believes that acupuncture treatment has physical and emotional aspects. Nevertheless, Anne asserts that “it all started from yoga practice.” Regardless of whether it can be proven that yoga practice did indeed cure Anne’s allergies, her association of the disappearance of her allergies with consistent yoga practice affected her views of the body and health. If yoga practice can improve illnesses like allergies, then the body must have a capability to cure itself that is

either invoked or supported by yoga. Health can be affected by the body in ways that she had not previously imagined.

Discussion

Evidence of perceptions of one's health and body in relation to yoga primarily lay in individual perceptions of how yoga practice had affected their injuries or illnesses. Practitioners in this study discussed a variety of improvements in their bodies/health; physical, emotional, and psychological benefits of varying kinds. For all of those interviewed, it is possible that their association of yoga practice with the improvement or an outright recovery from their physical injuries/ailments significantly affected their future practice of yoga. In addition, the discovery of a practice outside of biomedicine that can positively affect all aspects of one's health would inevitably change individuals' perceptions of how health is maintained and regained.

However, there was also evidence of a similarity in views of the body/health and of a change in views in relation to consistent, long-term yoga practice. Perceptions of the health and body included belief of an interconnectedness between physical health/illness and mental health/illness and the belief that the body can heal itself. I also found that it is possible that perceptions of the body and health are affected by long-term, consistent yoga practice. Through consistent practice and exposure, individuals begin to experience "a natural gravitation towards health" and begin to realize that their health can be affected by the body in ways that they had not previously imagined (Interview, Frank, October 17, 2010).

CHAPTER FOUR: MEDICAL PLURALISM AND PATIENT SELF-CARE

Introduction

Most people in the United States today have heard of yoga. Yoga classes are offered at gyms and private centers around the country, there is yoga-related clothing for purchase in various stores, and one often hears of celebrities practicing yoga. Images of yoga in the United States are pervasive; overall people recognize the stress-reducing and health promoting aspects of yoga. As discussed previously, there are a variety of yoga practices available to those in the West; nevertheless the focus of yoga seems for many to be the prevention of poor health; the prevention of poor physical, mental, and/or spiritual health. Since individuals that practice yoga consistently over the long-term are the most likely to experience any of the aforementioned changes, they were the focus of my study. I explored the way that consistent, long-term yoga practitioners may have experienced changes in their beliefs, perception, and/or acceptance of CAMs, and how this affects healthcare seeking behavior. I anticipated the possibility that through consistent, long-term practice of yoga, one's beliefs about alternative and complementary medicine methods change. As previously discussed, yoga has a long history with Indian spirituality and Ayurvedic medicine (both which are now categorized in the West as alternative belief and medical methods). The inherent association with Ayurvedic medicine (and associated Indian spiritual beliefs) may cause individuals to become more accepting of other CAM therapies. My research revealed that the association between consistent, long-term practice of yoga and one's beliefs about CAM was not as direct as I originally expected. I found that there were a variety of ways individuals were integrating CAM and a variety of viewpoints on the matter, nevertheless all of those interviewed were open to the idea of CAM even if they

were not necessarily apt to use it. Generally, people in Western societies are accepting of the dominant biomedical system as the only way to deal with ill health/wellness, I am exploring individuals' perspectives on alternative systems of healing within the context of the dominance of biomedicine. Individuals' openness in this study was determined by questioning individuals on their use of biomedicine, their use of CAMs, how they feel about alternative medicine, and how they decide which provider to choose. For instance, if individuals reported that they never use biomedicine because they did not trust the biomedical system, and that they feel very positive about CAM, then they were determined to be relatively open to CAM. In this study I found that individuals' motivation to begin yoga practice varied. For some the motivation was medicinal, for some it was the influence of the 1960s counter-culture movement (also known as the "hippie" movement), and for others it was simply curiosity. Also, I found a level of disenchantment in regards to Western medicine related to the experiences of the individual with Western healthcare providers.

Disenchantment, Dissatisfaction, and Mistrust

Many of those interviewed expressed some form of disenchantment, dissatisfaction or mistrust of the Western biomedical system. For some, it was a general wariness about the rate at which prescription drugs are prescribed, for other it was an intense mistrust of Western biomedicine, so much so that they decided to restrict the vast majority of their healthcare needs to what some would term as CAM. Further yet, there were some who straddled both realms, deciding to ultimately choose from both, deciding which from each suited their needs and wants the most. Nevertheless, even those taking the middle path between Western biomedicine and

CAM also exhibited some dissatisfaction in the Western biomedical system. These various perspectives were ultimately derived from previous experiences with biomedicine. For those the most dissatisfied, it seemed that previous unsatisfactory experiences with biomedicine were what often drive individuals into other healing systems.

Disenchantment

Emblematic of this perspective is the experience of Beth. Beth's viewpoint stems from personal experience. Beth, who said she cannot go a day without yoga, said she had physical symptoms of an illness that she struggled with for four years. During that time, she stated that Western medical doctors treated the symptoms, but were unable to solve the problem. After four years, she went to see an alternative medical provider, and she claims that she solved the problem within three months. She said that the experience was what turned her off to Western medicine. When I asked her whether she had tried any alternative medicine therapies like acupuncture or Ayurveda, she nodded and exclaimed:

BETH: Oh, yes. [she says for the recorder]

JACKIE: Yes. What exactly drew you to them? Was there any specific reason?

B: I despise Western medicine... I've had enough experience with Western doctors who would rather prescribe you a prescription to treat the symptoms, than to treat the illness. And it's just not something I agree with. I believe the body needs to be treated as a whole. ... When you walk into a Western doctor's office, they go through a list of symptom checklists... and then they try to fit you into a little category of "this is the illness you're dealing with." So, it's kind of like going to a mechanic who switches out parts trying to figure out what's wrong with your car. Like, find out what's wrong with

my car and treat that issue. Don't take care of this, this, this, this and this, trying to find the core issue, and that's what doctors do...

The difference between a Western doctor and a traditional¹¹ doctor is they [Western doctors] really don't look at you as a full person. They look at you as "one more number on my line, let's get this person out so we can clear the room." You spend time in a traditional doctor's office and they want to know your entire, they'll spend as much time as they need with you figuring out what they can do to help you. You're a full person; you're not just a patient that walked in that day.

J: So you think that connection is important?

B: Oh, absolutely. I think the doctor needs to take the time to get to know you.

[Interview, Beth, October 2, 2010]

Beth currently relies on acupuncture for the majority of her health needs, and said that she would see a homeopathic doctor if there were one in the area. However, as noted later, Beth does acknowledge the usefulness of Western medicine in the treatment of emergency situations.

Frank, who also practices Tai-Chi and Kabbalah, felt similarly concerning biomedicine. Though Frank admits that he hasn't used CAM much (due to a lack of treatment), he has used an acupuncturist in the past and does yoga and goes to the gym on a regular basis to stay healthy. Frank is very dissatisfied with the Western medical system. He said: "the pharmaceutical industry is absolutely ruthless, it comes from hell... It owns our medical system. It doesn't affect it, it owns it. There's a difference. I think the AMA [American Medical Association] is, dances to their tune" (Interview, Frank, October 17, 2010). Frank also asserted that as long as Western medicine is focused on money, it can't really change. His discussion of the role of pharmaceuticals in Western biomedicine was echoed by Aileen. Aileen the nurse, generally still

¹¹ Here, when Beth refers to "a traditional doctor" she is referring to a CAM provider.

has faith in Western biomedical doctors. However, she believes that a combination of biomedicine and CAM may be more beneficial. Aileen treated her back problems in this manner: through a combination of CAMs and biomedicine. However, she admits that though some biomedical doctors are ready to be part of this more integrative system, many are not. Nevertheless, Aileen seems to agree with Frank about the negative role of pharmaceuticals in biomedicine, and expands the discussion including possible social contributions to the problem. She believes that the over-prescription of pharmaceuticals is an issue in biomedicine.

Ah, Western medicine... there are a good many medicines... there's a good many x-rays and treatments that are good. I also see a good many of my patients, especially the older ones, that are on twenty-five, thirty different pills, that I'm wondering, do you really need all of those?... Especially since I know that this one was probably added to counteract the side effects of that one. There's a lot of them like that, and the older you get it seems that the more patients have them. [Interview, Aileen, September 26, 2010]

As we continue talking, Aileen asserts that we probably don't need some of the medicine that we have; that medication is prescribed too easily.

Part of it may come from the, oh, the drug salesmen that always push the drugs on them. That may be part of it. Part of it may be, yes you have some patients that when they take antibiotics, or pain medicines or whatever, it irritates the stomach. So, the doctor says "Well we'll just give you something ahead of time, to keep it from irritating your stomach." And, part of it, I think, is um what I call "cover-your-ass medicine"... There's a lot of that. There's a lot of x-rays and medicines that that's where it comes from... Because their afraid of what will happen if a patient says "Oh, well you didn't give me

this, and so I got, I got an ulcer. You caused an ulcer ‘cause I got acid from taking that antibiotic.” [Interview, Aileen, September 26, 2010]

The power of advertising cannot be ignored in this situation. For example, how do patients know medications the doctor could have given them; they must know in order to say “Oh, well you didn’t give me this, and so I got, I got an ulcer.” This coupled with a high rate of lawsuits may be supporting the unnecessary prescription of pharmaceuticals in biomedicine. Aileen notes that everybody (patients) comes in with a list of medicines they think they need to be on, or tests they need to have (influenced by drug commercials and the internet). In the Western logic, this can be termed as general business practice; if you have a product you want people to buy, you advertise it. So, logically, the drug companies will advertise their goods. The difference between this business practice across markets is that medication and healthcare have a different effect on Western people’s lives than DVD players or the purchase of a new car.

Frank presents another significant perspective on biomedicine later in our discussion. When asked about whether his acquaintance with CAM came before, after, or during his introduction to yoga practice, Frank responded thus:

FRANK: Yoga opened me up, at that age, to so many things; it opened me up to psalms in the Bible. I mean, it opened me up to a lot of things, and um, the whole alternative medicine thing...Study the AMA [American Medical Association]... I think it’s a misnomered call; alternative medicine. I think the AMA and modern medicine, as it’s practiced in the country today, that’s alternative medicine. That will make you sick; you wanna get sick, go to the hospital. Ya know, it’s anti-health. It’s political, it’s capitalistic, and it’s just not healthy. And so we say alternative medicine; I chuckle it down. ...You

wanna know about alternative medicine. There's no difference between these practices, these techniques, and spirituality. It's another phase of it; it's part of a greater whole.

JACKIE: So, what we consider alternative medicine in the West, is actually connected to spirituality?

F: Exactly. Absolutely. It's at a metaphysical level. [Interview, Frank, October 17, 2010]

Despite Frank's dissatisfaction with the Western biomedical healthcare system, he doesn't completely discount biomedical treatment. He agrees that it is possible that he would use biomedicine at some point but that it would be a last resort. Frank believes that there are some things that can't be done through alternative medicine, but said he would consider alternative medicine methods before considering a biomedical doctor. He said that the only reason he would go to a biomedical doctor today would be to diagnose a problem, then he'd find a way to "deal with it." Part of Frank's dissatisfaction with biomedicine lies in what he perceives as its lack of a holistic approach. He said that Western medicine is ignorant of the spirit, but what they do know, they know well. Franks does not attempt to invalidate individual Western doctors, he even acknowledges the existence of some biomedical doctors who are willing to work with other techniques. Nevertheless, he is still disenchanted with the biomedical system. "I think a good doctor has an open-mind. Whether he's from the East or the West. And he's gonna look at whatever works; and not just repeat old tradition, over, and over, and over again" (Interview, Frank, October 17, 2010). The question lies in what Frank perceives as them knowing well. It is difficult to know how he validates specific portions of Western biomedicine. From the interview it is obvious that he sees the merit in some biomedical techniques. When individuals referred to this in other interviews, they often spoke about modern surgical techniques. However, each

person had an individual perception of when it was appropriate to pursue these techniques, and many made it clear that they would exhaust their CAM options before agreeing to surgery. This disenchantment with or distrust of the Western medical system, was expressed on some level by most of those I interviewed. Many expressed dissatisfaction with aspects of the system's methods; they felt that the main goal of the system was profit, and that genuine care for patients was all too rare.

The Effect of Positive Patient Relations

Those with less severe perceptions of Western medicine discussed much more positive relationships with Western medical doctors. For example, war veteran Ernest, who relies on the VA clinic for some of his health care needs, revealed that he has tried massage therapy, chiropractic, and homeopathic supplements. He started practicing yoga in the 1960s, which he partially attributes to the hippie/counterculture movement of the time. I asked Ernest why exactly he began yoga practice.

It was a thing you know. I mean the Beatles were going to India, and the Maharishi was doing TM [Transcendental Meditation], and Krishna guys were starting and it was just a hippy thing to do. And, I was living in England in the spring of '70, and I ran into some people who had a school... I don't know if you'd call it a school or an ashram or I don't know. And I stayed with them for a while. And then I ran into a book [*leaves room to get book, then comes back*]...It was just a how-to, loose leaf yoga book that I started using as a handbook...The whole eastern spiritual yoga... was kinda in with the crowd. I mean, Woodstock was opened by, the Maharishi or somebody, you know. And it was just, just

the way we were...it fit right into the culture at the time. [Interview, Ernest, September 26, 2010]

Since then he has begun to practice massage and has been teaching yoga since 1997. When I asked Ernest about how he would make a decision regarding whether to see a Western biomedical doctor, for instance at the VA, or an alternative provider, Ernest replied: “A lot of it would tend to depend on what’s wrong with me. If I break my leg, I’m going to the VA, you know, traditional medicine¹². If I have ...some kind of soft tissue [problem], don’t really think anything is torn but I have a bunch of pain here in my hip or my, I’ll try to use nontraditional methods” (Interview, Ernest, September 26, 2010). Here, Ernest differentiates clearly between what forms of healthcare are the most appropriate of specific injuries. For Ernest, a broken leg is clearly an issue for a biomedical provider, while soft tissue injuries are more appropriate for types of providers. This suggests that Ernest perceives other methods of care (CAMs) are being more competent with these issues, even though biomedicine is still advertised as a system that can help treat soft tissue injuries. Ernest did not have any qualms about utilizing biomedical methods for other situations either; he chose what type of provider he would use based on what type of treatment he perceived to be most effective and the availability of such treatment. However, his more integrative use of biomedicine and CAMs was partially due to his experiences with small town¹³ medicine. Ernest describes that though it does not exist anymore, that was how he experienced medicine. In 1967 Ernest was out late with a friend when

¹²When Ernest refers to “traditional” he is referring to his own perception of what traditional medicine is, in this case it is Western biomedicine.

¹³ The expression “small town” medicine refers to socio-cultural biomedical doctor-patient relationships. Most notably, small town medicine refers to the close relationship between doctor, individual patient, and community. For example, patients could visit the doctor for healthcare services at any time, possibly even at the doctor’s home. It would also not be uncommon to see the doctor at community functions.

he became injured, he recounts that he knocked on the local doctor's door in the middle of the night to get treated for the gash, and he was actually received; he recounts the story as follows: "And that was medicine to me, which is really alternative in these days...I think it was easier for me to accept alternative healing techniques because of knowing my doctors that way. I mean, you know, it's so much less personal than the old family doctor" (Interview, Ernest, September 26, 2010). Ernest's comment that the type of Western medicine he experienced in youth is "really alternative in these days" denotes a significant aspect of what drives some participants in this study to use CAM: a desire for a close personal connection to their healthcare providers and a holistic approach. Here, Ernest is suggesting that this sort of interaction is part of what we now use to identify CAM from Western medicine. Many of those interviewed expressed a belief that Western medicine is monetarily focused, not patient focused, that it neglects patient care for monetary reasons, and that it neglects to look at the whole individual. Despite these emotions, many acknowledged that they do not feel that individual Western doctors are all this way, but that this is what the system orchestrates.

Ernest uses each system selectively based on his own assessment of health needs. However, he was not the only one whose positive experiences with biomedical providers affected his integration of CAM and biomedicine. Candace, who began practicing yoga with a friend at a gym over four years ago for back problems, has seen significant improvement and has also found yoga to be calming and a stress reliever. She has used a chiropractor, and experienced massage (through the chiropractic office). She also claims that though she has never tried acupuncture, she is interested in trying it. Despite this openness toward CAM, she still expressed mixed feeling about it, but said that she does not see any reason to not integrate any other

medical system if they work and are proven to be valid. Alternately, she expressed a very positive relationship with her MD. She cites that her MD is fairly open to other treatments and has openly admitted that “we” do not know everything. This open and close relationship with healthcare providers is key in forming patient respect and trust of healthcare providers. This trust, respect, and positive relationship severely affects the patients perception of the treatment that provider provides. Candace and Ernest felt like their providers were fairly understanding and open to their questions, ideas, and worldview. Closer doctor-patient relationships also facilitate more effective care; if the provider is open to hearing what the patients is actually saying, then a more comprehensive understanding of the patient’s illness experience will be revealed. A lack of this kind of relationship was part of the reason why many have such a severe view of Western medicine. They ultimately feel like the goal of the system is primarily monetary gain rather than a focus on the needs of the individual seeking care. A number of other study participants I interviewed related a similar concern. For example, Anne, who believes her allergies were cured through yoga practice, admitted that she thinks that Western medicine is about “pushing pills” because they want to make money, while Gabrielle (who is her 20s) believes that the Western medical system is a “money making scam,” and Isabel (who is in her 40s and has been practicing yoga for over three years) relegated Western medicine to “corporate money suckers.”

Integration and Holistic Care

Other individuals did not mention any specific positive experiences with biomedical providers, but still decided to integrate various forms of CAM and biomedicine as they saw fit. Cancer survivor and master level Reiki practitioner Nancy mentioned that she started looking

into CAM when she was diagnosed with cancer, and attributes her recovery to an integrated use of Western medicine and CAM. She has outlived her cancer prognosis by about 10 times. Nancy currently uses both Western biomedicine and CAM methods to treat her current chronic illnesses. Nancy uses different forms of yoga to help her cope with her chronic arthritis and COPD; it also helps by reducing the amount of medication that she need to take. She said that thanks to yoga, she no longer needs to take medication for her arthritis. When asked about her openness to CAM, Nancy responds that she has always been open to using other medical systems; you “can’t read yoga books without coming in contact with Ayurveda” (Interview, Nancy, October 19, 2010). She prefers to refer to her healthcare decisions as complementary instead of alternative; she looks for a balance of both systems.

Even some of the individuals who readily use biomedicine exhibited some complaints about the Western medical system. Nancy’s main complaint about the Western medical system was that it is limited; she said “it tends not to be holistic” (Interview, Nancy, October 19, 2010). More allowance of a more holistic approach to healthcare within the Western medical system, including and making room for other methods of healing, may be essential to increasing patient satisfaction within the population. During her interview, Gabrielle, a two year yoga practitioner in her 20s, expressed a similar view. According to Gabrielle, who works in the mental health field, the more comprehensive the treatment is, the better it is. She suggests that treatment for physical, mental, and emotional aspects of illness should be provided holistically. Gabrielle believes that the two systems, Western biomedical and CAM, can interact. It was common for individuals to express a desire for such integration, and the belief that it is possible for both types of medicine to coincide in the larger Western culture.

When I asked Nancy, discussed earlier, if it were possible to integrate more CAM into the Western medical system, she asserted that only consumers can change the system, and that it is already evident in some hospitals. If this is correct, it is very possible that this is indicative of future changes in our medical system in the United States. When I asked Nancy how we would go about making the current healthcare system more holistic she explained:

I think consumer demand... parts of its growth has to do with consumer awareness...As consumers are more educated; there are hospitals in the Northeast that have Reiki practitioners on staff, in New England...Using my own insurance carrier as a model, twenty years ago when I was sick, I couldn't get them to cover acupuncture. They cover acupuncture now. [Interview, Nancy, October 19, 2010]

A desire for and/or openness towards integration of Western biomedicine and what we currently term as CAM was expressed on some level by all those interviewed. It is evident from the interviews that many people are searching for a more holistic method of healing and treatment. Even those who had not tried alternative medicine argued that the system could benefit from integration. There is a mounting trend in research to determine the validity of specific CAMs (Riley 2009; Kaur et al. 2001; Robertshawe 2009; Ross et al. 2010; Yang 2007). This is evidenced by the U.S. National Center for Complementary and Alternative Medicine (NCCAM) under the National Institutes of Health, "the Federal Government's lead agency for scientific research on the diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine," established in 1998 (NCCAM 2009). The establishment of the NCCAM is an indication that the public's desire for other

methods of treatment is being heard. Integration of these other methods of healing could greatly increase the satisfaction of individuals with the Western medical system. One aspect that needs to be taken into consideration, though, is that many of these studies are evaluating the validity of healing methods from the Western medical perspective on efficacy and validity. This perspective is based on a paradigm which requires biological and physiological evidence as the proof of the efficacy of particular treatments. Some would say that analyzing these methods from an innately Western perspective would facilitate better integration into the Western medical system.

However, for some of these health and healing practices being researched, spirituality, the body, health, and illness are irrevocably linked. Separating one part from the other will not provide a complete analysis of the affect that such a system would have on the physical, mental, and spiritual health of the individual. As long as this is taken into consideration in current research, we will become more aware of the total experience and result of illness and healing.

Despite these possible difficulties in research, continued research on these methods will bring different methods of healing to the attention of variety of Western healthcare consumers, providing them with easier access to various healthcare options. Some of the CAM users interviewed believe that consumers can severely affect the low level of CAM in the biomedical healthcare system.

Of course, there is an argument for the consumer-driven paradigm and the role of the state. Should the biomedical healthcare system be consumer driven; though in business logic it makes sense to market pharmaceuticals to consumers through television, magazines, etc. medication and healthcare have a different effect on Western people's lives than DVD players or the purchase of a new car. Is the state responsible for ensuring that our healthcare system is

based on wellness, with little to no influence from drug sales? From what I have learned, I believe that those I have interviewed believe so. They navigate various methods of healthcare to ensure optimal health; something that they believe should already be readily and openly available to the in our Western healthcare system.

Though there seems to be some interrelatedness between patient desire for alternative methods of care and biomedical research on CAMs, the multidimensional factors involved do not guarantee that individual patient desire for more holistic and integrative care will be satiated by patient consumption of CAMs. So be skeptical of arguments that consumers can always have a positive outcome in areas like healthcare or education. Is it possible that the majority of CAMs will remain as separate care systems from that of biomedicine for many years to come?

Definitely, the economic and social factors cannot be ignored. If pharmaceutical companies offer biomedical providers resources that are otherwise rarely available (due to their ability to produce the funds), it is definitely possible that the role of pharmaceutical research and consumption in biomedicine will be far from subdued.

There are some consumers who are interested in current CAM methods but are wary due to a lack of validation or approval by the Western medical system, as exemplified by Candace's interview (discussed earlier). My interview with Gabrielle also provided a more limited severity of duality between Western medicine and CAM. I interviewed Gabrielle outside of a coffee shop one afternoon in October. She was in a good mood and laughed easily. Though Gabrielle admitted to having used some CAM like acupuncture, massage, and holistic doctors, she remained wary of some other CAM methods. However, she did admit that her skepticism towards some CAM is partially based on her education, she expressed that her education taught

her to be very scientific. Gabrielle works in the mental health field and previously attended and graduated from the yoga teacher's training course at the Yoga Center. I asked Gabrielle about her general feelings towards CAM; whether she would describe them as generally positive or not. She replied as follows:

GABRIELLE: I feel neutral with a positive slant.

JACKIE: Okay. Have you always felt this way, or?

G: I would say, since I started yoga I have become more open to it.

J: Okay. And, how about when, once you did teacher's training? Was there a change after that?

G: Oh yeah, because everyone, a lot of people who are; a lot of yogis are like Reiki masters and massage therapists, and so... to me if it's not too over the top. I don't know I, that's just how, you know...

J: So what would you describe as "over the top"?

G: Like, if someone was completely not based in reality, like, at all. And was just like "ahhhhh, I'm gonna put my hand over you and sing a song." And like "ahhhh, you're gonna be healed, cured." I don't know... And also, if there wasn't any research to substantiate whether or not it works... You know, if there was research to say, "okay you know, in cases this has been shown to help," then I would be more apt to try it...

J: How do you feel in general about the Western medical system?

G: I think it's a money making scam, you know, I don't know. I think insurance companies are, I think it's a scam really... If I had some kind of illness I would, I mean I would be worried. I mean, because ...it's like the accepted way to do things. And so, you just assume that the doctors are going to give you the best care, but that's not necessarily true. I mean, I work in the healthcare industry, so I see where there could be cases of malpractice where a doctor just don't know what they're talking about... So, I don't know, you know. It's like, I don't really think anything is perfect, but I guess it's the best we have. [Interview, Gabrielle, October 11, 2010]

Gabrielle is an example of the ways in which individuals are navigating Western medicine and CAM in order to choose what they believe is best for them and what they perceive as more valid. Even though Gabriele described the Western medical system as “a money making scam” and believes that the system is flawed, she also does not accept all forms of CAM. She navigates and utilizes various realms of healthcare choosing what is best for her; she does not rely on a single provider, Western or CAM, to decide for her.

Candace’s ambiguity towards CAM was also linked to a lack of what she determined to be evidence of validity. She stated that she had not seen anything significant or concrete. She also said that she had not had much interaction with CAM due to her general good health, so she really does not have a specific opinion on it. However, she admitted that even if she was ill, she would most likely use an MD first, before considering CAM for an issue because she has not seen anything significant or concrete (specifically, she is referring to biomedical evidence of validity). Though she expresses mixed feelings about CAM, she asserts that she is not closed minded about CAM.

Other individuals described wariness about CAM that was more related to culture in the United States, than the medical system in general. Anne admitted that she would not trust just any alternative medicine provider. She said: “But for... the natural, for those practitioners ...I feel that you have to know them at least through somebody that you can trust. ‘Cause I have, no offense [laughs], but in America there’s all kinds of people trying to make money quick way” (Interview, Anne, October 11, 2010). This is an example of how healthcare consumers chose

their providers.¹⁴ Preference for CAM providers does not mean that one would trust any CAM provider. As in the Western medical system, personal and professional references have a significant effect on whom one chooses as a healthcare provider. Recommendations from friends, family, or current providers are essential. Anne, a European who immigrated to the United States in the 1990's expressed concerns about how U.S. society affects the U.S. healthcare system. She believes U.S. society focuses on a quick way to attaining wealth, which in relation to healthcare, can result in uncaring or incompetent healthcare providers. Conversely, Anne's argument suggests that providers of what we know as CAM who practice in other countries are perhaps perceived and experienced as more likely to be competent and caring.

Despite the disenchantment, dissatisfaction and distrust expressed in the interviews, the participants in this study have not completely given up when it comes to biomedicine. Even Beth, discussed earlier, admitted that she could see the benefits of aspects of the Western medical system. She said that when she becomes pregnant and has to deliver she would go to the hospital, but use a midwife instead of a doctor. She said that she can acknowledge the usefulness of surgery and the use of our hospital system (despite what she identifies as its problems), which is why she would have a child in the hospital. She wants to be at the hospital in the event that something extreme should happen.

Clearly, despite Beth's strong opinion against the Western medical system, she would not completely discount some of its benefits. In general the participants in this study just want to see a change—to see that the system works for them, cares about them, and is open to their wants

¹⁴However, it can also be said that the regulations set forth or excluded in regards to healthcare also has an effect on how individuals view healthcare providers. For example, if regulations enforced lower doctor visit rates, more equal access to healthcare, and integration of various forms of healing, patients' views of the biomedical healthcare system could be dramatically different. This is later discussed in more detail.

and needs. In this instance, if the desire for change expressed in these interviews were to be implemented, it would seem that the function of much of our system would be relegated to emergency care, while other methods would be utilized for health maintenance, and other aspects of wellness.

Patient Self-care and Being Your Own Doctor

Patients perception that the biomedical system of individual medical doctors do not understand them or care about them directly relates to anthropologist Arthur Kleinman's discussion of the importance of provider attention to the patients and community "local moral world" (Kleinman 1995:98). Kleinman (1995) argues that healthcare providers tend to distort and delegitimizing patients suffering when they transform the patients' symptoms into their own world view; "[t]he semiotic iteration of the suffering of lay men and women into the taxonomies of healing professionals is then shown to distort the moral world of the patient and community" (Kleinman 1995:96). Kleinman asserts that to ignore the socio-cultural context of illness of a patient, severely limits our understanding of the patients' actual experience of illness. This lack of understanding may be why many that I interviewed had begun to turn to other methods of healing; if they felt like doctors did not understand them, then they drew away. As discussed previously, those who had formed a connection with biomedical providers, tended to be more open to biomedical practices. Ultimately, this lack of understanding and the lack of effective communication and relationship building has led to a large disconnect in biomedical doctor-patient relationships. The lack of attention paid to the patient's illness experience will ultimately drive patients away; they will believe that the provider not only doesn't understand them but also

doesn't care about them. Many of those I interviewed asserted that the biomedical healthcare system does not care for them, but only care about the financial reward of treating patients. This leads back towards the idea of patient-centered care.

There is a need to frame the understanding of illness through the lens of the patient; "illness is a socially constructed reality" (Kleinman 1995:95). From the responses I received from those interviewed, it would seem that if Western biomedical providers were more open to discussion and including patients' other methods of care, patients may be more likely to accept biomedical practices. I do not believe that those interviewed expect so-called "perfection," for the system to tightly conform to only their view of medicine. Much of the dissatisfaction and mistrust rests upon the patient perception that Western biomedical providers generally care less about the individual patient as compared to other healthcare providers (such as those practicing CAMs). Though (as I will later discuss), intensity of interaction in yoga practice does affect perceptions of wellness, illness, and healthcare, I believe that there would be more integration of biomedicine with CAM if patients felt a stronger connection with biomedical providers; if they felt that there was general concern for their entire well-being.

The integration of CAM and Western medicine takes place in variety of different degrees as expressed by the participants in this study. For instance, Beth relegated Western medicine to an almost nonexistent part of her life: "I despise Western medicine." Yet, she acknowledged that she sees a gynecologist regularly, and that she would most likely have her children in a hospital setting, even though she will most likely use a midwife. Some prefer a more integrative or complementary utilization of both systems, like Nancy's integrative use of biomedicine and CAM (which she prefers to refer to as complementary instead of alternative because she looks

for a balance of both systems). The tremendous variation to which people utilize both systems typically corresponds with an individual desire for control over their healthcare. People seem to be navigating the spheres of Western medicine and CAM in order to find their desired fit.

Nancy, the hospice worker and cancer survivor, specified that she uses complementary medicine, not alternative. Nancy asserted that she looks for a balance of both; for her it is not a question of “either/or,” but of “both/and” (Interview, Nancy, October 19, 2010). Nancy even restricts her use of allopathic medical providers to those who agree with her “both/and” philosophy (Interview, Nancy, October 19, 2010). Nancy also said that yoga helps relieve the physical and mental stress she receives at work in a way that “callisthenic type” exercise cannot (Interview, Nancy, October 19, 2010). She explained her approach in the following way:

[Yoga] is a very good self-care tool ... It helps me to release and cleanse from the emotional detritus that gets to be overwhelming on people in my line of work; people in this business in general. We need a way of cleansing and detoxing... I mean even just, alternate nostril breathing, well, will just help me calm down, help me release other people's stress and my own too. [Interview, Nancy, October 19, 2010]

Abby, who partially attributes her recovery from addiction to yoga practice, expressed something similar, she said: “Ya know, in some ways it's like being my own physician... I take regular birth control pills, I don't that there is anything that is as effective” (Interview, Abby, September 25, 2010). Abby claims that she would use both biomedicine and CAM, but admits to having a generally positive view of alternative medicine and said that she believes she would first start with alternative medicine. Abby believes that conventional medicine treats symptoms and not the

source of the problem. She feels more comfortable taking something closer to what nature has provided.

This navigation between both realms reflects research asserting the desire of Western healthcare consumers to take control of their healthcare by being their own doctors (Furin 1997). Gabrielle's example (mentioned earlier), is also evidence of the motivation for individuals to pursue healthcare most relevant to their own predicaments (e.g. what they perceive to be the best, or most valid), by choosing from all of the healthcare strategies available to them.

A 2010 Psychology Masters thesis provided a qualitative discussion of the decision making process associated with CAM use and found that perceptions of the validity of CAM methods were heavily influenced by sources outside of the individual. It was asserted that of those who participated in the study, underlying reasons for initial CAM use were influences from friends and family, information learned through the media (including the internet and literature, influence or initiation by spiritual practices, advice from doctors (chiropractors, and homeopathic doctors, perceptions of its positive effect on mental health, as a way of maintaining and improving physical health, as a safer healthcare option) as opposed to Western medicine. "Subjects disclosed that the decision to use was commonly initiated by assessing the credibility of the medicine/therapy before using... The credibility of CAM fueled the perception of higher rewards and results in the improvement of physical health" (Kothari 2010:29-30) Perceptions and determinations of credibility were based on the method in which they were influenced concerning CAM (e.g. through family/friends testimony, through media discussions of reliability, etc.). As a result, it was inevitable that I would find that individuals had different perception of the validity of various CAMs; perceptions of validity were based on various

outside sources and perspectives on CAMs and Western biomedicine. Therefore, utilization of medicine and the manifestation of patient self-care are also partially dependent on these variables. This echoes the effect of community on the use and integration of biomedicine and CAMs.

Anthropologist Jennifer Furin's work exploring the sociocultural factors involved in alternative medicine use in gay men with AIDS in West Hollywood, California argues that gay men living with AIDS and dissatisfied with Western biomedical treatments, use alternative medicine to "become their own doctors" (Furin 1997:502). Gay men with AIDS and other peoples living with AIDS turn to alternative therapies at higher rates than people with other diseases (Furin 1997). AIDS activism and the lack of a cure for AIDS were of the most significant motivations underlying the use of CAMs. Biomedical treatments are not always effective in the treatment of AIDS related illness and symptoms. This can directly translate to my research in that those with long-term illnesses unable to be cured may turn to CAMs for treatment. Also, as many of those I interviewed divulged, the treatment of physical illnesses/issues was a motivation to even begin yoga practice for some.

This is exemplary of the motivations that guide some of the participants in my study to seek CAM methods and treatments. Indeed consistent long-term practice of yoga can lead to increased acceptance and practice of CAM, and frequently this shift in perspectives and health practices is also affected by dissatisfaction with the Western biomedical system. Additionally, as Furin notes, the embrace of CAM is often associated with an individual's desire to take control of his or her health and healthcare. Furin found that about 73% of respondents said that they

turned to alternative medicine due to dissatisfaction with Western biomedical treatments (Furin 1997:501).

Alternatively, a study conducted in Canada, demonstrates that dissatisfaction with Western biomedicine was decreasing as a motive for CAM use; the increasing incentive was knowledge of and overall positive viewpoint on CAM. A similar situation may be developing in the U.S. It is possible that increasing dissatisfaction with Western medicine in the U.S. leads people to seek CAM methods to begin with, and that ultimately this increased use leads to a more positive view of CAM in the general population. Those with positive experiences often tell their friends and family about it. If certain CAM methods become more generally accepted, it is also possible that they may cease to be seen as CAM, but part of the general Western medical system. The system will likely evolve and change, although how it will change remains to be seen.

Taking Control and Yoga

For some, the initial practice of yoga was motivated by an injury and/or individuals' desire to take their health into their own hands (increasing involvement and control over self-care), and then the yoga environment served as a gateway to further CAM use. According to Abby:

I think a lot of people at first come to yoga; it's mainly for the physical stretching, and maybe they've heard about ...yoga being good to de-stress. I think that's how a lot of people first come to yoga. But then, once they start practicing, practicing consistently, that's when you start noticing the changes within your body and your mind when you do

it regularly. Then ... their motivation for practice changes, a lot of times. [Interview, Abby, September 25, 2010]

Abby's comment supports the concept that consistent, long-term yoga practice can greatly affect the individual beyond the physical. People are initially drawn to yoga as part of curiosity and/or a way to improve their physical health in some way, but once they begin practicing consistently they often experience other changes (mental, spiritual, etc.). As a result, their motivation for yoga changes. Other practitioners offered an argument of a general curiosity about yoga for yoga practice.

This concept of yoga as self-care echoes research in the medical field as well. According to nurse Colette Herrick and anthropologist Allan Ainsworth's analysis of yoga as self-care from a medical perspective, the "mind-body-spirit connection" provided by yoga is being recognized in Western medical settings; as a result of the interest some Westerners pay to "complementary therapies" such as yoga as a way to manage health (Herrick and Ainsworth 2000:32). These individuals are using yoga as self-care, a practice that seems to be somewhat linked to the use of other alternative and complementary therapies. According to Herrick and Ainsworth, a 1997 study revealed that "42% of respondents had used some type of alternative health care in the previous year, and that 5% had engaged in a yoga practice for health purposes" (Herrick and Ainsworth 2000:32).

Another theory concerning yoga's relation to health is the conceptualization of yoga as "a medical system"; anthropologist Joseph Alter discusses the ways in which "yoga has been institutionalized as a form of modern public health therapy by the BharatiyaYogSansthan (BYS)—Indian Yoga Society—of Delhi" (Alter 1997:310). His discussion is set in the context of

Northern India where illnesses are often relegated as results of modern lifestyles. Perceptions on causes of illness and health have interacted with yogic practice.

Starting around the turn of the century in Western India, and continuing up until the present, there has been what is often referred to as a yoga renaissance throughout the country. One of the primary objectives of this renaissance has been to try and translate the mystical yoga of ascetic practice into a modern scientific system of health. The goal has been to give common people access to the healing, therapeutic benefits of an “ancient Indian science,” and thus enable them to become healthy and strong in terms other than those dictated by colonial policy and Western medicine. In other words, yoga has been deployed as a kind of nationalist therapy designed to break down the growing dependency of the emergent middle class on Western biomedicine in general and pharmaceuticals in particular. Moreover, yoga has been ‘re-tooled’ and elaborated to provide guidelines for living a distinctly healthy life-style. This is a life-style concerned primarily with diet, exercise and hygiene—fresh vegetarian foods, deep breathing, invigorating baths, and alimentary regularity: a life-style which is, significantly, conceived of as a holistic, natural remedy for what might loosely be called the sickness of modernity... associated with specific aspects of Westernization (Alter 1997:314-315).

The idea of the modern lifestyle as a cause of illness in modern peoples was also an idea expressed in individuals I interviewed in my research. For instance, Beth asserted that Western society causes a number of the problems that Western society is trying to cure. She said that part of it is avoiding going “inside”; an outward focus for happiness in which rather than self-reflection individuals seek external remedies by distracting themselves with medications, consumer goods, or other distractions. (Interview, Beth, October 2, 2010). Beth believes that it is

part of why yoga is important and said that Western society and medicine could benefit from looking at eastern philosophy; many of those I interviewed discussed eastern philosophy as a system of beliefs or worldview fairly similar to that which they discussed in their relation to yoga practice. Therefore, when Beth asserts that Western society can benefit from looking at eastern philosophy, she is referring to these aforementioned beliefs (which includes a focus on self-reflection and an avoidance of searching for external remedies for happiness).

Discussion

During research, it also became evident that individuals were navigating medicine in a variety of ways, which was partially affected by their beliefs concerning CAM and Western medicine, as well as their level of acceptance of each. The variations inherent in the relationship between yoga practice and acceptance of CAM among consistent, long-term yoga practitioners at the Yoga Center can be best understood in the context of theories formed on the basis of research conducted by French philosopher Michel Foucault and French sociologist Pierre Bourdieu (Samuelsen and Steffan 2004). Based on Foucault's and Bourdieu's scholarship about the individual and society, medical anthropological researchers have proposed that individuals should be understood as "subjects rather than objects by demonstrating that individuals act and maneuver in the world, make strategies and reflect in spite of the frames and perhaps limitations set by the structures of societies" (Samuelsen and Steffan 2004:4). Besides the close historical interaction between the U.S. and Europe, Foucault's work was based on his experience in Europe and is applicable to U.S. populations due to his focus on "exploring the forms of understanding the subject creates about himself" (Samuelsen and Steffan 2004:8). Essentially, the research is

arguing that despite societal restrictions, individuals will navigate society as they see fit; anthropologically speaking, it is obvious that such individuals will also be inherently affected by their cultural upbringing. Variation will exist in the ways people navigate the biomedical system; further, variation will also exist in how individuals within specific subsets of a culture navigate different relevant realms. For instance, consistent, long-term yoga practitioners cannot be corralled into a single category; one cannot say that they will all shun biomedicine or that they will all practice a more equalized integration of CAM and biomedicine. Though there will be significant similarities in practices and/or beliefs, there will not be complete uniformity. Individuals individually decide how they will navigate the limitations and rules of their society, so societies, cultures, subsets of cultures, etc. cannot be categorized within ridged descriptions; variance of practice and beliefs will exist within each society, culture, or group. This framework is useful in medical anthropology to discuss the “cultural meanings of illness and healing” (Samuelson and Steffan 2004:4). There will be individuals who maneuver between medicine and yoga in different ways. Therefore, it would have been fairly unlikely to find a uniform response to the questions asked of each individual; the key is to examine the motivation or the underlying reasons why the variation exists and the ways in which this variation manifests among this group of yoga practitioners. In addition, I was interested in exploring whether or not a semblance of a common or shared belief system develops among practitioners with long-term experiences with yoga. This interest did not discount the possibility of variation; even in a close-knit small-scale society there is bound to be variations in specific arenas (like the interpretation of religion/spiritual occurrences). I investigated these issues with questions related to practitioner’s notions of community, and meditation, as well as their beliefs and practices related to health, the

body and medicine. This chapter was devoted to attitudes toward CAM and how individual's perspectives and experiences, affect their understanding of health, illness and their healthcare seeking behavior.

The integration of CAM and biomedicine by those interviewed was essentially medically pluralistic. Medical anthropologist Margaret Lock and physician and medical anthropologist Vinh-Kim Nguyen contend that though biomedicine has a significant influence internationally, medical pluralism and the utilization of biomedicine is dependent on local concepts of disease and health, “geographical location, and [that] the reasons for the choices that people make can only be fully appreciated in light of local histories and current conditions” (Lock and Nguyen 2010:63). For instance they note that “for people living in Asia, Africa, and Latin America, biomedicine is at times associated with colonial oppression” (Lock and Nguyen 2010:62). This would surely affect their confidence in and utilization of biomedicine. This is directly relatable to my research because those interviewed expressed a concern about Western biomedicine based on their perceptions of current conditions and history. They believed that the biomedical system was flawed; flaws included a lack of holistic patient care, a lack of connection with the patient, and the over prescription of what was perceived as unnecessary drugs. This was all linked to the idea of the biomedical system being primarily focused on profit margins, and the nature of the historical relationship between pharmaceutical industries and biomedical doctors and hospitals. It is the view of biomedicine as an oppressive regime more focused on sales than actual effective treatment of patients. Yoga and other CAMs may give individuals the perception of taking control of their health; each person makes decisions on the validity and effectiveness of each method of healthcare. My findings of the various ways of integration of CAM and biomedicine,

as a method of patient self-care can be ultimately defined as medical pluralism. Consistent, long-term yoga practitioners decide what type of healthcare provider they will use based on their own perceptions of the credibility or validity of the treatments and providers and their conceptualization of the nature of illness.

The inference that variation in behavior and practice will exist in every culture serves as a reminder of the expected inconsistencies evident in populations. The narratives of those interviewed at this yoga center demonstrated a range of CAM acceptance from avid supporter to ambiguity and wariness. Further, those who were avid supporters of CAM were not always strongly critical of Western medicine; in fact most of the participants selectively utilized CAM and biomedicine based on their own sense of need and previous experiences with health and illness. Indeed, those who had fairly positive previous experiences with Western medical doctors were more likely to take a more accepting and positive stance towards Western medicine. Those with fairly negative experiences with Western medicine and Western medical doctors, in particular experiences in which biomedicine was unsuccessful in treating their illness or treating the individual holistically, were more likely to have negative opinions of Western medicine and positive opinions on CAM; they were more likely to have a severe dichotomy in their feelings between CAM and Western medicine. This ultimately affected individuals' desire to integrate Western medicine and CAM. Motivations to begin yoga practice also varied from the effects of the 1960s "hippie" or counter-culture movement to experiences of severe health problems , to simple curiosity about other ways of healing and wellness.

Finally, many individuals' expressed a desire to take control of their health; this was either a current or prior motivation to begin yoga practice and/or pursue CAM. Current trends in

my ethnographic study support recent medical research on patients' desire to have more control over their health and healthcare and "become their own doctors" (Furin 1997:502). The influx of research concerning CAM, and the rising desire of patients to take control of their health through complementary and alternative means, suggests a possible impending change in how we view health, illness, and healthcare in the West, and especially in the United States. Many of those interviewed expressed a belief that Western medicine is monetarily focused, not patient focused, that it neglects patient care for monetary reasons, and that it neglects to look at the whole individual. This research also expresses the desire for the Western medical system to integrate other methods that patients may be seeking, although some participants qualified this desire to only those therapies that can be "validated" by Western medicine.

If biomedical research could confer so-called validation on certain CAMs, what would possibly occur? Even if some current research on CAM is limited to a biophysical Western perspective, validation by the Western medical system will allow individuals unsure about some CAMs to feel comfortable experimenting with other methods of healing and treatment given our society's general dominance of the scientific paradigm. Alternately, the dissection of one part of a medical system from another, through medically focused Western scientific research, does not necessarily mean that it will be dissected in practice. Healthcare practices that we term as CAMs are each linked to a set of cultural practices and beliefs (including those of spirituality and perceptions of what illness actually is); it would be difficult to separate the healing practices from the cultural worldview upon which they are set. It is possible that after validation by the Western medical system, those who experiment with these methods will still be ultimately exposed to the worldview, and full range of treatment, care, and beliefs associated with any

particular CAM. This would ultimately depend on the type of restriction put on the providers by state healthcare policies that regulate access to different forms of care as well as the health insurance companies and the restrictions that create when coverage is denied. As anthropologist Everet Zhang (2007) asserted:

As numerous studies in medical anthropology have shown, one cannot study medical pluralism effectively without closely examining a variety of forces. These forces include state policies (e.g., on drug production, licensing, how one defines life and death, etc.), decisions made by insurance companies, the sales strategies of pharmaceutical companies, research guidelines and funds from both government and non-governmental funding agencies, the effect of the media, the decisions made by patent agencies, and so on and so forth. [Zhang 2007:83]

There are some cultural/medical practices that the U.S. government can deem as risky or dangerous therefore restricting them from general practice. They may also restrict certain types of procedures/practices from anyone who is not what they qualify as a licensed healthcare professional. The state plays a critical role in healthcare practices; they decide what is safe, and who can practice specific kinds of medicine/healthcare, and by way of the dominant healthcare system (in this case biomedicine) they can decide what healthcare practices are valid. This may ultimately lead to a change in spirituality, spiritual beliefs, and perceptions of the body, illness, and mental health.

CHAPTER FIVE: THE EFFECTS OF COMMUNITY AND SPIRITUALITY ON CAM ACCEPTANCE

Through in-depth interviews I attempted to determine the relationship between the spiritual beliefs of consistent, long-term yoga practitioners and the health beliefs/practices of said practitioners. I also intended to explore the possible role of community or *communitas* in yoga practice (whether it existed, what role it possibly played, etc.), but I did not know how it might manifest. The interviews showed that community did exist, that community and spirituality were related to beliefs about CAM, that those who had been active in the communal or spiritual aspects of yoga were more open to CAM. Yet, my data shows that for some practitioners it is also possible to “close your mind” and remain relatively unaffected by the community or spirituality available through yogic practice (Interview, Anne, October 11, 2010). This chapter demonstrates the ways in which yoga community involvement, openness to yoga spirituality, and the acceptance of CAM have a mutually reinforcing relationship for long term practitioners of yoga.

Community/Communitas

In the analysis of my data, Victor Turner’s concept of *communitas* provides a useful theoretical framework from which to begin. Turner was a 20th century anthropologist who primarily studied cultural symbols in non-Western societies. According to Turner (2002:360, 368), *communitas* can be equated with an “area of common living,” and liminality—a state of being in-between—is a “cultural manifestation of *communitas*.” The liminal state refers to an in-between state; for instance, in a wedding the liminal state is the time in which an individual is

considered no longer unmarried, but is also not considered married. This could include the various ceremonies and activities leading directly up to the point which the individual is pronounced married by a religious or legal authority. As a result of shared experience, a bond is formed between those who experience this liminal state together. Though liminality may exist as a facet of community at the Yoga Center, the expression of liminality will most likely be different than that of a wedding. In regards to modern Western society, Turner argues that *communitas* can be “found at all stages and levels of culture and society” and that it breaks through social structure (meaning that it is not subject to social or political structure) (Turner 2002:370-372). In Turner’s discussion of liminality he notes that those in liminal stages are all at the same social level, they are equal. He then equated this with *communitas*, meaning that in *communitas* individuals are also equal, immune to their traditional social structure that exists outside of the community. Within my research, a sense of community was evident in the narratives of many of the participants I interviewed. As I conducted my participant observation at the yoga center through participation and observation during yoga classes, observations of interactions that occur before and after classes, and observation during my attendance at a few of the potlucks, I did not see any evidence of the social structure that existed outside the yoga center. This could also be a manifestation of liminality; however, this possible expression of liminality is not confined to a single occurrence like that of a wedding or specific rite of passage, but is experienced every time a practitioner enters the Yoga Center. I did not perceive any rankings of yoga practitioners by status, employment or wealth; everyone seemed to be treated with equal esteem and/or respect. Even the yoga instructors were not treated by others (the director of the yoga center or the yoga students) as being of a status that could be considered

especially higher than the yoga students themselves. The yoga instructors were treated by the director and students more as guides; individuals who could facilitate their yoga practice. By all indications, the yoga practitioners saw each other as equals; everyone treated one another with equal kindness and respect and no one was afforded special privileges over another. I believe this is partially due to the fact that when practicing yoga the trappings of Western society that may indicate wealth or status are left behind. No one can see what kind of car you drive or house you live in, everyone is dressed in loose and/or casual clothing, very little jewelry is worn, and everyone is going through a series of postures that include lying down and bending over. As members of Western society we are all familiar with our own perceptions of appropriateness and personal space. Would we feel comfortable lying down next to someone, or bending over in front of someone at a business meeting; most likely not. I believe that the intimacy created by the close proximity to other people in such positions, as well as the experience of exertion and relaxation (which both occur in a Sivananda yoga class) also contribute to this intimacy. All of these factors contribute to a more egalitarian structure within the yoga center.

There was also a relationship of mutual respect between the director of the center, Michael, the instructors, and the students. However, the status of Michael was primarily based on his experience as a Guru¹⁵. Many of those interviewed expressed a very positive relationship with Michael; they even felt comfortable enough to participate in playful banter with Michael in and outside of class. I believe that the experience of Michael's status of Guru would be most experienced by yoga practitioners during their instruction in the yoga teacher's training course,

¹⁵A Guru is "a spiritual teacher" (Swami Vishnu-devananda 1988:353); "teacher or preceptor, one who removes darkness or ignorance" (Sivananda Ashram Yoga Farm 2007:122). The perception and ideas of what may/may not constitute as a Guru varies from person to person. I do not know whether Michael himself considers himself a Guru, but his teacher trainees and other students may (depending on individual experiences with Michael).

which Michael instructs. In any case, Turner (2002:373) believes that *communitas* cannot exist without structure (they are oscillating forces), and at some point or level communities need leadership or structure. “Those living in community seem to require, sooner or later, an absolute authority, whether this be a religious commandment, a divinely inspire leader, or a dictator. *Communitas* cannot stand alone if the material and organizational needs of human beings are to be adequately met” (Turner 2002:373).

Outside of the yoga teachers training course, there was other discussion of Michael’s role in the creation of community at the yoga center, made by those interviewed. Whether actual community was the goal is unclear, but many agree that through the activities and events made available, a sense of community is formed. Many discussed Michael’s involvement in the community atmosphere. Though Daphne, who has been practicing yoga for one and a half years, does not believe that the events held at the Yoga Center necessarily strengthen the sense of community, she believes Michael hosts events to “get people to come and experience yoga” and mentions that he helped campaign for one of the yoga teachers who was running for a political office (Interview, Daphne, October 10, 2010). Beatrice, the retiree who began yoga practice to relieve the stress of her former career, also mentioned that there are social aspects available to practitioners at the Yoga Center, due to Michael’s orchestration of various events. Beth, who has been practicing yoga for six years and said that she cannot go a day without yoga, further mentioned that Michael organizes acupuncture and other events at the Yoga Center.

In the case of this yoga center, Michael provides the structure for the community. It is also possible that the affiliation of the center with the larger Sivananda yoga organization may have some effect, but that was not the subject of this study and cannot be determined. However,

there are some particular teachings of Swami Sivananda that could possibly affect the formation of community in affiliated Sivananda yoga centers. “Sivananda himself promoted unification through common practice, making it clear that belief was less important for creating community than shared action” (Strauss 2002a:241). “Sivananda worked toward the development of a spiritual community that transcended national and religious boundaries” (Strauss 2002b:237). This shows the importance of community in yoga practice, as taught by Swami Sivananda. The question is whether this community exists to the extent where interaction in the community affects views of other life practices, such as practice/acceptance of CAM. What actually qualifies as the community that Sivananda spoke of? Is it primarily the transnational community, or does it extend to community within each and every yoga center?

Since I did not know how evidence of community might manifest at this yoga center, I created some semi structured questions for the interviews to accompany my participant observation. These questions included: “Do you feel that there is a sense of community in this yoga center? Or is it just individuals taking class?,” “Are there any members of the yoga center that you see most often?” (then follow-up questions included “Where?,” and “Do you get together outside of yoga class?”). When questioning about individual yoga practice, I also asked “Do you gain any social benefits?” as one of the follow-up questions to “What do you gain from practicing yoga?” In response to the complementary questions “Do you feel that there is a sense of community in this yoga center? Or is it just individuals taking class?” I expected to receive an either/or answer; I had not considered that both could be true, but they were. As a result of responses to these questions and my participant observation, I was able to confirm that some form of community does exist at this yoga center. For instance, there was an overwhelming

positive response to the question on whether or not there is a sense of community at the Yoga Center. Gabrielle, who works in the mental health field, met her best friend at the Yoga Center. When I asked Gabrielle whether she thought that there was a sense of community at the center, she replied:

Yeah, definitely. I mean every time I go there I feel like, “welcome home.” No matter how long I stay away, I always go back and see the same people. There’s definitely a sense of that, I just need to tap into it more than I do because I go from one [yoga] place to another. If I stayed more with one [yoga place], then I would get more of that sense. [Interview, Gabrielle, October 11, 2010]

Beth responded similarly to my question of whether or not she felt a sense of community at the yoga center:

Yes. Without a doubt. You may not always know people’s names but you still have a running conversation with them every time you see them...It’s a big difference between being here and being in a gym. And you notice that, you know, people after class will go out to breakfast. Or, you know, they get together on weekends. More involved in each others’ lives. [Interview, Beth, October 2, 2010]

Aileen discussed community in the center from a different perspective. She asserted that there is also a social aspect to yoga practice:

JACKIE: So, would you say that it’s a sense of community, or is it just more like camaraderie?

AILEEN: It's a camaraderie while you're there, but it's a sense of community in the, it's like I told [Michael¹⁶] just now, I said... one of the reasons I needed to come today is, there's an energy flow. It's not just the room. It's the room. It's the people. There's an energy flow. I can, I feel it. Even though we're not talking to each other during class, it just feels like there's this energy in the room.

J: Like maybe you're somehow, your energies are interacting [Aileen then interrupts]?...

A: [Interrupting] Yes.

J: ...even though you're not saying anything?

A: Yes. And that can be a very helpful thing, you know, when you're having a very down day, or stressful day or physically tiring day [laughs]. [Interview, Aileen, September 26, 2010]

Even those who were not actively involved in the social and communal aspects of yogic practice provided responses that conveyed a perceived sense of community. I asked war veteran Ernest if he gained any social benefits from going to the Yoga Center. He responded: "yeah ... the people that are down there, we all, there is a certain community to it... and obviously going to classes and going to morning meditation and going to satsang on Sunday night and stuff like that, would increase that, the social part" (Interview, Ernest, September 26, 2010). Here, Ernest relates meditation practice and Sunday night satsang at the Yoga Center, as increasing the effects of community. The Yoga Center offers free morning meditations and a free meditation and potluck event every Sunday evening (they also offer actual courses in meditation about four times a year). The satsang¹⁷ is part of this; satsang is the meditation followed by chants (this also occurs at the morning meditations). The Sunday night satsang practice at the Yoga Center includes meditation, followed by chanting by all in attendance, then spiritual passages are read

¹⁶ The director's real name has been replaced in this dialog with his pseudonym, for the sake of privacy.

¹⁷ It can be defined as association with the wise, spiritual company (Sivananda Ashram Yoga Farm 2007:124)

by Michael, followed by the waving of the light¹⁸ (with chanting), and *prasad*¹⁹. The potluck occurs immediately afterwards. The depth of this relationship between spirituality and community, and the effects that it may have on beliefs (like CAM) later became evident. This will be further discussed in the following section (Community, Spirituality & CAM Acceptance).

I was also able to determine that those most active in the community were generally more open to CAM. Community, and the level of interaction therein, plays a vital role. Those participants who were currently, or previously very interactive in the/a yoga community, exhibited more acceptance towards CAM. The closer the interaction between individuals and the more involved in the yogic lifestyle one becomes, the more likely they were to have certain beliefs about CAM. During my interviews and participant observation, community aspects of the Yoga Center manifested in various ways. Nancy, cancer survivor and master level Reiki practitioner, also recognized the existence of community atmosphere at the Yoga Center. She said that though she personally did not have a social network built on yoga, she felt there was a sense of community at the Yoga Center. Nevertheless, she also believes that it is possible for people to take classes and not experience community. According to Nancy, this is because some people may not be looking for community, but just a class. Though she felt this was true, she did not feel isolated: she said that she felt like she has “yoga comrades” (Interview, Nancy,

¹⁸ According to Anne, the waving of the light (called *arati*) is symbolic of the spiritual light; it is done to shift or purify the energy levels at the center. It is waved at the altar first (in a clockwise motion), then at Michael (or if there is a Swami, first to him), and then to everyone else; the one who waives the light will be last. Then the light (a candle lit flame) is brought around to provide everyone the opportunity to waft the flame/light toward themselves and their third eye.

¹⁹ *Prasad* “is the offering made by Hindus of food, flowers, water, and such during a ceremony or to a priest or saint. A simple definition of *prasad* would be “an offering from the individual self to God.” However, in recognition of the fact that God is omnipresent and cannot exist without existing in us, part of this *prasad* is generally returned to the giver. The blessed food, flower, or object, offered and returned through this ritual, becomes sacred. We offer *prasad* selflessly to God (or to a saint or teacher who has brought us closer to God), and our individual self expands when the blessing is returned” (Le Hunte 2011). Though this is defined as a Hindu practice, this was an important aspect of *satsang* practice at the Yoga Center.

October 19, 2010). Part of Nancy's non-involvement in activities that are part of the community at the Yoga Center may be due to her hectic work schedule as a hospice worker; she often has to come to yoga class late or leave early as a result. Though Nancy is not particularly involved in community aspects of the Yoga Center, she is involved in the broader yoga community. She goes on yoga retreats and vacations (aspects of the broader yoga community), and said that she has become a more dedicated yoga practitioner over the years and even looks for yoga classes when she is out of town.

The effect of community involvement on CAM acceptance is not limited to the Yoga Center, those who were active in the broader yogic community expressed similar levels of acceptance to CAM to those active in the Yoga Center community. Nancy's activity in yoga retreats and vacation and her dedication to yoga practice by looking for and attending yoga classes (even when out of town) is a testament to her activity in the broader yoga community. Among other yoga practitioners activity in the broader yoga community included having taken yoga teacher training courses (prior to coming to the Yoga Center). For those involved in the yogic community, there were varying levels of involvement in the local community (primarily through the Yoga Center) and the broader yogic community; nevertheless perceptions of CAM were similar. These individuals were more open to CAM than those not particularly active in the community; there was also evidence that many of these individuals were currently more open to CAM than they were prior to becoming active in community.

Daphne believes that there is a sense of community here; citing the existence of "regulars" (Interview, Daphne, October 10, 2010). Daphne, who is in her 20s and has been practicing yoga for one and a half years, said that though some people do not participate in the

community, there is definitely an overall interaction and a sense of community. Daphne was in yoga teacher training during the time she was interviewed; she said she does not interact with people from the Yoga Center outside of class, besides those she knew from before, and when she meets with other teacher trainees to study. Daphne mentioned that the yoga instructors here are practicing Karma yoga. Karma yoga is the “path of selfless service. By performing actions without wanting reward or payment, the Yogi tries to free him- or herself from the seemingly endless wheel of births and deaths” (Sivananda Yoga Vedanta Center 1998:162). So, what Daphne was referring to was the fact that yoga instructors at the Yoga Center provide their services for free as part of Karma yoga philosophy. The activity of Karma yoga may affect the interaction between the yoga instructors and practitioners at the Yoga Center, they are providing yoga instruction without the pretense or expectation of payment; they are donating their time. This act of donation of time can possibly create a different environment than monetarily supported yoga instruction. The basis of this idea being that people may have a tendency to approach fee for service situations differently, and doing something simply out of desire to donate your services not only removes these expectations but help to provide an ambiance that generally promotes a positive atmosphere and interaction between individuals. As many college and university instructors, and primary and secondary teachers understand, the instructor sets the tone for the class. This positive tone would promote the type of positive environment necessary for community.

Beth said that she spends time outside of class with some people from the Yoga Center, but that they are the ones she did teacher training with; she attributes this to the fact that she has only been at the center since May 2010, but has nevertheless made a lot of friends.

Nevertheless, there were a few individuals with a different perspective of community at the Yoga Center. For instance, Damon, who has been practicing yoga since the late 1960s and now practices almost every day, said that he believes there is a sense of community at the Yoga Center, but that the Center goes through different groups of people. Here he is suggesting that groups and individuals come and go (most likely in response to schedule conflict and life occurrences) and that the sense of community is affected by this. Despite this, Damon said that yoga helped establish the connection he has with some of his good friends and that going to yoga class is part of his social life. Fay, who has also been practicing yoga for over 40 years, also believed that the sense of community at the Yoga Center was not consistent, that it was in flux. Erica, who has been practicing yoga for over 20 years, felt the same.

Ultimately, those interviewed mentioned social and community aspects as including meditation, satsang, energy/energy flow, “a bond,” and availability of/participation in the Yoga Center events, among other things (these topics will be discussed in more detail shortly). I also recognized that there were various community promoting aspects evident within the Yoga Center. Upon entering the Yoga Center one is greeted by a small front office, there are pamphlets for yoga retreats, magazines which discuss the vegetarian diet, yoga, and various health topics, a cork board with business cards (including cards for massage, acupuncture, etc), a board listing the upcoming events to be held at the Yoga Center, among other elements (including flyers and advertisements). There were also elements not physically present within the office; an e-mail newsletter is sent out regularly notifying individuals on events and other activities at the Yoga Center. Events held within the Yoga Center have included visits from acupuncturists, spiritual leaders, and visits from authors discussing their books on health, spirituality, or yoga related

topics. Availability of information on yoga retreats and the promotion of such retreats contribute to interaction within the broader yoga community; it is a chance to interact with other dedicated yoga practitioners consistently over a predetermined amount of time. Exchange of ideas during such a period of communal isolation is inevitable. Could the type of flyers and advertisements at the yoga center be indicative of the environment, community, and beliefs of the most common/frequent visitors to the yoga center? Could the exposure to these types of things actually effect a change in beliefs and/or practices (medicinal, spiritual, etc)? These are all possible pathways for future research.

During his interview, Kevin, who mentioned that yoga practice keeps him “focused and grounded”, mentioned that part of the community atmosphere comes from the yoga retreats that people attend. Kevin feels that there is a sense of community, but admits to basically only seeing individuals in yoga class and does not meet with people from the Yoga Center outside of the center or class. In light of this, I asked him what about coming to the Yoga Center made him feel a sense of community.

It just is a nice center. It has a nice feel to it, the people, everyone's pretty mellow and comes here for the same reason, to do yoga and enjoy the space. And I see that they have activities run out of here. They go on trips, some of them, sometimes... I'm not always participating, but I see there is a core group of people over the years who do participate on a regular basis. [Interview, Kevin, September 19, 2010]

One of the events/activities orchestrated by Michael are Sunday visits from a local acupuncturist. The acupuncturist would come to the Yoga Center one Sunday a month and perform

complementary services (donations are requested to benefit the Yoga Center). This acupuncturist also had her own office where she practiced. Exposure to such services encourages openness towards alternative healthcare by allowing visitors to try the services in a low pressure environment (e.g. no payment is required). These types of events also provide an occasion for the social gathering and interaction of yoga practitioners as they partake of the services.

Through my observations and my analysis of the interview narratives, I have come to the conclusion that the community aspects of the Yoga Center can include or be affected by a feeling of camaraderie, interaction within class (energy/energy flow, “a bond,” etc.), interacting with others from the Yoga Center outside of class, meditation, hosted events (which can be promoted by materials like pamphlets, etc.) word-of-mouth discussion of upcoming or past hosted events, bulletin boards, elements of Sivananda yoga practice, and elements of the broader yoga community . In relation to elements of Sivananda yoga practice, as a result of its promotion of interaction and acceptance of individuals of all walks of life and religious backgrounds, it promotes the idea of community with the concept of interconnectedness and religious acceptance. Elements of the broader yoga community includes prior consistent interaction at other yoga centers, participation in other teacher’s training programs, and involvement in/experience with yoga retreats and ashrams. Activity in the yoga community could include interaction in the meditation sessions/classes due to the discussion of community and sociality at the Yoga Center in relation to meditation by some interviewees.

Nevertheless, the experience of community is more than participation in hosted events, yoga retreats, yoga teachers training, or meditation practice; commonality in thought contributes to the community atmosphere. As Anne, whose allergies were cured through yoga

practice, describes, she feels close to those at the Yoga Center because “they do the same kind of living” (Interview, Anne, October 11, 2010). Since, as I will show, community involvement affects CAM acceptance, it would seem as though the commonality in thought strengthened or produced (depending on the individual’s perceptions prior to yoga practice or yoga community involvement) by involvement in the yoga community is self-reinforcing. Essentially, the community in turn reinforces (a range of) commonality of thought. Per my discussion with Anne:

JACKIE: Do you feel like you gain any social benefits? From practicing yoga?

ANNE: Yeah, I have a lot of friends there.

J: Has there been a change in the way you interact with people?

A: ... the people I met at yoga center, of course they, I feel them close ‘cause they do the same kind of living, the vegetarian diet, and they are interested in the same stuff but I guess it has changed a little bit my social life. I don’t associate anymore with people who drink a lot, for example. [Interview, Anne, October 11, 2010]

Later, when Anne admits that there is a sense of community at the Yoga Center, she provides further detail of what she perceives to be evidence of community. “Ah, there’s people who want to exercise and they are more like outside the community. But especially the teachers and the regular people who come to yoga, I would say it’s pretty close. We don’t necessarily interact so much outside the center but I would say this is a proof of that [community]. These interviews you finally got so easy” (Interview, Anne, October 11, 2010). Here, when Anne said “These interviews you finally got so easy,” she was referring to my ability to interview multiple individuals through the Yoga Center. Though I posted a flyer at the Yoga Center and participated

in classes in order to attain interviews, some interviews were set up by word of mouth. Individuals would ask their friends and associates if they would provide me with interviews, or suggest individuals that I should interview. Anne seems to believe that the fact that some interviews was gained through social contacts as evidence of a community, evidence of an interaction between individuals closer than just simply attending yoga classes and going home.

In this research I focused on commonality in thought in regards to CAM, Western medicine, community, and spirituality. Further research would have to be conducted in order to determine if there is a range of commonality of thought in other respects (e.g. diet, etc.). It also seems that though there is a sense of community at the Yoga Center, its own community primarily remains there, geographically situated at the center. As Anne and many others mentioned, they do not always spend much time associating with those from the Yoga Center outside of the center. Outside of the Yoga Center, community activity would be maintained within the broader yoga community which is a geographically amorphous construction.

Atmosphere: Gym versus Private Center

Prior to fieldwork, I maintained that community (if present) would be unique to the yoga center; that it would be drastically different from what may be experienced by yoga practitioners in the gymnasium or fitness center setting because of components of yoga practice unique to a private center setting (such as a difference in environment and increased likelihood of spiritual experience).

The environment and atmosphere of the facilities used to practice yoga greatly affect yoga practice itself. Anne-Cécile Hoyez, a French social scientist with interests in Health

geography and anthropology, discusses yoga in terms of globalization and therapeutic landscapes in her 2007 article *The 'world of yoga'*; the yoga therapeutic landscapes discussed included ashrams and yoga centers, within and outside of the U.S. In this article, Hoyez asserts that “all places where yoga is practised are attached to specific lifestyles, often recalling Hindu thought—or at least a hybrid interpretation of it” (Hoyez 2007:122).

Hoyez asserts that evidence of similarities in lifestyle, between various peoples who practice yoga, can be seen in the environment in which yoga is practiced (the therapeutic landscape) and can be directly connected to India. “By examining the production of a therapeutic landscape in the source country (India), it is possible to conceptualise its reproduction in different places in Europe and the USA” (Hoyez 2007:113).

According to Hoyez, specific elements make up the yoga therapeutic landscape, and representations of such elements are often seen in yoga centers where the ashram-style environment is often not available. Elements of a yogic therapeutic landscape primarily include close proximity to “a river, a forest, [or being] in a lovely environment” (Hoyez 2007:120).

These elements recall, on the one hand, the divine nature of the world’s construction invoked by most religions, and, on the other hand, are associated with an idea of well-being consistent with yoga practice... Transferred to urban yoga centres, that idea leads to a series of modifications of the built form of the place: there can be a photograph of Himalayan peaks, or of the Ganges, and there is a particular attention given to the warmth and quietness of the place ... Also, practising yoga is always linked to specific attributes of the place, to specific emotions, to specific feelings and implicates a modification of the structure, circumstance or understanding on the place in which it is practised. These modifications have an effect in terms of perceived and practiced space and place.

Through these yogic ideas, certain places are socially and culturally constructed as therapeutic landscapes. [Hoyez 2007:116-117]

Through her questionnaires, Hoyez determined that, “health is the primary reason for adopting yoga. However, spiritual motivations are also superimposed on health concerns, also leading to health related notions (notion of well-being, mental relaxation, etc.)” (Hoyez 2007:114). This provides further basis for my assertion that the spirituality inherent in yoga is related to practice/acceptance of CAM. Communal atmosphere can further strengthen or intensify the effects of spirituality and yoga practice by creating a kind of connection between individuals.

A yoga center is outside of the normal realm of society. When entering a yoga center (or in some cases, the room of a yoga center), one is being transported to a more tranquil realm, as if one were actually in an ashram. Some centers accomplish this by paintings and pictures on the walls, others by having large open windows facing serene nature. Such landscapes were evident at the Yoga Center. When entering the room where yoga and meditation is practiced, one is greeted by a painting on the left wall in the image of a serene bamboo forest, there is a small alter on the right with representations of various religions, and paintings of religious figures on the back wall. Though there are various religious and/or spiritual references in the yoga room, there is also a poster expressing that all religions lead to the same path. This globalized concept of yoga practice (outside of a fitness center setting) can be useful in loosely applying specific concepts discussed in my research on broader North American trends. Yoga classes conducted in fitness centers are constructed much differently; lacking the ashram-like landscapes. This, coupled with reduced discussion of spiritual philosophy, greatly affects any possible formation of community.

The construction of the environment is important to the formation of a spiritual atmosphere and community. Yoga classes conducted at fitness centers are often taught in multi-purpose rooms, whereas those in private yoga centers often have an intentionally constructed environment. Centers will often have features such as: large open windows presenting views of secluded natural landscapes, murals of religious representations on walls, etc. Construction of the physical environment can trigger culturally constructed notions of spirituality, allowing the yoga practitioners to experience emotions related to their expectations of spirituality and/or calm. This also allows individuals to bond as a result of shared experience (though they may each have a slightly different perception of the experience), providing an environment conducive to bonding and by default communal interaction. In turn, communal atmosphere can further strengthen or intensify the effects of spirituality and yoga practice by creating a kind of connection between individuals. Since intense activity in yoga-related community and spirituality are directly related to consistent, long term yoga practice, the role of environment in whether people develop long term practice primarily lies in its involvement in yoga related community and spirituality.

Hoyez's aforementioned assertion that the practice of yoga is affected by the practitioner's surroundings was supported by my data; individuals discussed the difference between the gym/fitness center atmosphere and that of a private yoga center (or more specifically the Yoga Center). This was despite the fact that I did not ask about fitness center or gym yoga practice during interviews. When asked whether there is a sense of community at this yoga center, Beth agreed that there was a community atmosphere and asserted that there was "a big difference between being here and being in a gym" due to the interaction between practitioners. Another individual interviewed, Candace, who began yoga practice over four years ago for her

back problems, also expressed a difference between what she experienced at the gym in comparison to the Yoga Center. According to Candace, the gym atmosphere was distracting and not conducive to yoga. She noted that there was no consistency in teachers or classes, and believed that the Yoga Center atmosphere is more relaxing.

Although the gym yoga experience may not have been so negative for everyone, as it was for Candace and Beth, the construction of the gym environment results in a different yoga experience. Each environment is planned and constructed for their purpose; the construction of the environment is inherently part of the locations purpose. Gyms and fitness centers are constructed for the multiple client desires for various forms of exercise. Therefore, many times, the rooms that yoga classes are held in are multipurpose rooms. The single room may be used for kick-boxing, dance classes, specialized workouts (like focused work on the abdominal and thighs), or yoga. This is in addition to the various activities that can be going on right outside the door, and the loud music that may also be playing in the next room (a common tool for motivation and stamina within gyms/fitness centers). Resultantly, the environment of the room where yoga is practiced in a gym/fitness center is often widely different from that in a private yoga center. The rooms within a private center are often specially oriented towards yoga practice and/or meditation. The goal is to evoke and promote calmness, mental quietness, and a lack of distractions. There is no loud music playing outside the door (that you can faintly hear while in class), nor is there outside noise from other gym activities (e.g. basketball, etc.) to distract you.

Ultimately, construction of the landscape where yoga is practiced is part of creating an atmosphere conducive to yoga. Religious and/or spiritual elements of the landscape can affect the individual, and I believe that the openness, and calm, quiet atmosphere created by such a

landscape would likely be conducive to openness towards others; an openness to interaction, sociality, and community.

Community, Spirituality and CAM Acceptance

This research attempted to investigate multiple aspects of yoga practice that may influence CAM acceptance, two of which were community (as discussed previously), and spirituality. Since I could not predict where the possibility of community at a yoga center may intersect with other aspects of yoga practice, I questioned those interviewed on community, social aspects of yoga, and spirituality (among other things). Due to the historical interrelatedness of yoga practice, spirituality, health, and medicine, I also believed that spirituality may play some role in yoga practice and CAM acceptance. Upon data analysis, I discovered that those who had reported activity in the spiritual aspect of yoga practice had similar levels of acceptance of CAM to those active in the yoga community.

Yoga practitioners were more likely to be active in yoga-related community and spirituality, but some of those interviewed were fairly unaffected by this (though they had been practicing for years). As I will discuss later, some individuals I interviewed argued that this was a result of closing their mind to the other aspects of yoga, outside of the physical (hatha) part (which will be discussed in more depth later in this chapter). Nevertheless, yoga practitioners active in community and/or spirituality, at some point in their yoga practice, had the highest levels of acceptance/practice of CAM. For some, this interaction occurred fairly recently (e.g. in the last five or so years), for others it occurred many years ago. The time in which intense interaction in the community occurred is when the most significant changes occurred.

The Experience of Spirituality

Descriptions of spirituality by those interviewed were fairly broad and varied; however, spirituality was usually discussed in terms of meditation practice. For some, the definition of spirituality was inherently connected to a perception of God. Daphne argued there was a spiritual component to yoga for some, but not for her. She admitted to feeling “life-energy” (e.g. prana), but said that she did not really connect it to God (Interview, Daphne, October 10, 2010). Prana is defined as “vital energy, life breath, [and] life force” (Sivananda Ashram Yoga Farm 2007:123).

This vital energy is found in all forms of life from mineral to man. *Prana* is found in all things having life. This *prana* is not the consciousness or spirit but is merely a form of energy used by the soul in its material and astral manifestations. The whole body is controlled and regulated by the force of *prana*. Every cell in the body is controlled by it. *Prana* is in all forms of matter and yet it is not matter. It is the energy or force that animates matter... It is the *prana* that is manifesting itself as gravitation, electricity, as the actions of the body, and as the nerve currents and thought force. From thought down to the lowest physical force, everything is thus a manifestation of *prana*. Knowledge and control of *prana* manifested in individuals is called *pranayama*, which opens to us the door to almost unlimited power...all the training and Yogic exercises advocated in Hatha Yoga are for that one end. This little wave of *prana*, which represents all mental and physical energies, is the easiest to control through the regulation of physical breathing. [Swami Vishnu-devananda 1988:223]

It is also believed that there are benefits to controlling prana: “The prana, when consciously controlled, is a powerful, vitalizing and regenerating force. Once you are able to control the

prana, it can be manipulated for self-development, for healing yourself of seemingly incurable diseases, and for healing others” (Sivananda Yoga Vedanta Center 1998:110).

For Daphne, this feeling contributes to a more communal atmosphere; she believes it allows people of various religious backgrounds to become closer through such experience. Individuals experience this energy but allow other individuals to apply it to their own religious, spiritual, and world view. So, while Daphne does not connect this experience to God, for others the experience of feeling this energy was spiritual. Meditation, as discussed by Beth and others, is a critical component to experiencing spirituality as related to yoga. When Beth said that she believed that yoga practice had a spiritual component, I asked her why she felt that way.

‘Cause I practice here [*laughs*]...I’ll be honest, I haven’t always had a strong spiritual sense. But the more I got into the meditation part of yoga, you know, the focused quiet. I am, I guess somewhat of an extrovert; I spend a lot more time in company than by myself and so the focused silence of yoga makes you really go inside and pay attention to what’s going on in your mind. And the more I did that, the more I became aware of a lot of the negative thoughts that were in there. At this particular yoga center, when you do the yoga teacher training, they really ask you to focus on the god within. You know, God in every single one of us, and becoming aware of, you know, your mind control so much of your feelings and your emotions and the way you perceive the world. And if you become connected to the God within, what you have to do during that silence because you’re getting rid of all those external thoughts, you just become more in touch with God in general I guess. [Interview, Beth, October 2, 2010]

For Frank, who has been practicing yoga for over 30 years and currently also practices Tai-Chi and Kabbalah, spirituality in yoga practice was described in yet another way. Frank

compares his Kabbalah practice to his yoga practice, asserting that Kabbalah is a spiritual practice, like yoga. He specifically notes that to refer to Kabbalah as religion would be a misnomer and said that Kabbalah is “so in line and kind of parallel with a lot of yogic practice” (Interview, Frank, October 17, 2010). For instance, he mentioned that Kabbalah practice includes meditative practices as well, though it is a different type of meditation than that taught in yoga. Later, in continued discussion of spirituality with Frank, he asserts that Eastern spiritual and religious practices are similar by saying that there is “not a lot of difference between Daoism, Buddhism, Sufism, yoga; all the spiritual eastern, mideastern practices, I have found” (Interview, Frank, October 17, 2010). Though he defines yoga as a spiritual practice which can be practiced outside of religion, he finds a commonality in spiritual thought between Eastern practices. Frank also made an enlightening connection between Western medicine, CAM, and spirituality.

FRANK: “...You wanna know about alternative medicine. There’s no difference between these practices, these techniques, and spirituality. It’s another phase of it; it’s part of a greater whole.

JACKIE: So, what we consider alternative medicine in the West, is actually connected to spirituality?

FRANK: Exactly. Absolutely. It’s at a metaphysical level.” [Interview, Frank, October 17, 2010]

According to Frank, Eastern spiritual and religious practices are inseparable from Eastern medicinal practices; they are part of a whole which constitutes holistic healthcare.

As discussed previously in the introduction, there is a variety of yoga practices; Beth’s discussion of this yoga center seems to suggest that practicing at this yoga center has specifically

affected her spirituality (per her “Cause I practice here” statement). Throughout her six year yoga practice, Beth has practiced in gyms and said that she did not start to understand the mental benefits of yoga until starting at this center. Beth also admitted that her spiritual experiences, in relation to yoga practice, did not occur in actual yoga class but in savasana²⁰ and meditation; her greatest spiritual connection is usually during meditation. Beth described her spiritual experience as warmth and tingling, but no more than that. Beth also explained that those who attend meditation are primarily teacher trainees because others often have schedule conflicts. This might suggest that the people who do not come to the center meditations opt for a more flexibly schedulable private meditation practice, as in the case of Ernest who teaches yoga classes at the Yoga Center, and who pursues his yoga practice and meditation primarily via private practices.

Community, Spirituality and CAM Acceptance

The narratives in this study demonstrated that there was a connection between perceptions and acceptance of CAM and involvement in yoga-related community or spirituality; it became evident that they had mutually reinforcing effects. Those who reported activity in what they confirmed as the spiritual aspects of yoga practice had similar levels of acceptance of CAM to those active in the yoga community. Those more open to CAM were more likely to be interactive in community or spirituality at some time during their yoga practice. Even for those who expressed that they already had interest in CAM before yoga, they explained that it was not to the level that it became after getting involved in yogic practice. Interestingly, the point at

²⁰Savasana is the “relaxation pose” (Sivananda Ashram Yoga Farm 2007:124). This is also known as the corpse pose and is/are the portion(s) of the yoga class where one suspends asana activity and relaxes by lying flat on the back. Here Beth is making a distinction between the relaxation portions of class and the asana portions of class.

which this interaction occurred is when the most significant change in beliefs/acceptance of CAM were most significant, a finding that will be discussed in detail at a later in this chapter. Regardless of the range and variation in integration of CAM and Western medicine by the yoga practitioners, there is evidence that those participants who were particularly open to CAM, have also been affected by their level of interaction in the yoga community, and therefore the yoga community likely played an important role in shaping their perceptions of complementary healthcare. Additionally, my data shows that the level of acceptance and use of CAM is not only dependent on chronological length of yoga practice or number of days one practices, but also on the level of social interaction within the broader yoga culture and/or community (e.g. teacher training, attending events at yoga center, going to yoga retreats). I found that those active in the yoga community tended to also participate in broader spiritual yogic pursuits, like meditation, instead of just focusing on the physical aspects of yoga. I found that views of CAM by those active in the communal and spiritual aspects of yoga were similar; they were generally more open to CAM and had utilized more CAM. This level of interaction has shown to result in an intensification or acceleration of changes in beliefs with participants becoming more open to CAM over time.

In fact, many of those who experienced significant effects on their beliefs about medicine reported this having occurred after more intense yoga practice. For instance, Beth said that she started looking at natural remedies about 11 years ago (which would have been before she began yoga practice), but that she got a lot more involved in alternative medicine after she started doing yoga. Likewise, when I asked Frank whether he always felt open to CAM or whether his views changed when he started yoga, he confirmed: “Yoga opened me up, at that age, to so many

things; it opened me up to psalms in the Bible. I mean, it opened me up to a lot of things”

(Interview, Frank October 17, 2010).

When asked whether individuals could practice yoga and not experience other aspects, Frank also asserted that though he believes people can do this, this would be “the least amount of yoga you can do... hatha yoga, the asanas²¹.” Although there are health benefits to doing even this amount of yoga, he believes individuals will also experience changes in thought if they practice consistently:

I cannot imagine somebody being totally involved in just hatha yoga, just the asanas, and after a while not really considered their diet. And want a better diet, and I think there’s a natural progression of events... a natural gravitation towards health, I think if you do the asanas. So, I think you can benefit tremendously from there, if you do it on a regular basis. [Interview, Frank October 17, 2010]

This suggests that interaction in the full range of yogic lifestyle causes an intensification of awareness, openness, and acceptance towards CAM. If a change in thinking can occur by doing the yoga asanas alone, then surely it can occur when someone gets more involved in a yogic lifestyle. This intensification also seems to also be related to spiritual beliefs. Though those active in the community or yoga-related spirituality expressed similar views regarding CAM, there was a wide diversity in the chronological time in which this more intense interaction occurred. For some this intense interaction in the yoga community or yoga related spirituality occurred years ago (and intermittently continued or paused), for others it never stopped. Some

²¹ The asanas, or physical yogic exercises and postures, are seen as preparation for meditation and only constitute a portion of yoga. So Frank is asserting that this is the minimal amount of yoga possible because it only focuses on one portion of yogic practice.

were currently active in spiritual practice, but not community aspects and some were currently active in both. However, those not active in the spiritual aspects of yoga, or the yoga community (whether or not it included activity in the Yoga Center's community), tended, however, to have a more ambiguous or wary attitude toward CAM (as opposed to Western medicine). Nevertheless, this was not evident in all such cases. For example, Gabrielle's case demonstrates that she has some wariness about some CAM techniques, nevertheless she did experience a change in beliefs toward greater openness to CAM after the teacher's training course.

Those not currently active in the yoga community at this particular yoga center, but very active in the past, and those active in the broader yoga community still showed a change in belief over time. The example of Nancy is emblematic here: though she is not active in the local yoga community, she participates in the broader yoga community by her participation in yoga retreats and vacations. Those who were active in the broader yogic community expressed similar levels of acceptance to CAM to those active in the Yoga Center community, this includes Nancy. This leads me to believe that intensification of the acceptance to CAM would occur during the time in which prolonged, more intense interaction within the yoga community and spiritual aspects of yoga occurred. This is regardless of when this occurred in an individual's yoga progression. For some this intensification occurred after many years of intermittent practice, for others it began after doing yoga for a few months or years. I therefore conclude that the longer this intense interaction occurs, the more likely it might result in the intensification of acceptance to CAM, demonstrating the significance of long-term yogic practice in shaping individuals' perception and involvement with CAM.

Range of Acceptance

Despite the effect of involvement in yoga related community and/or spirituality on CAM acceptance, there was no single level of acceptance or use of CAM among those who had been/were involved in yoga related community or spirituality. For instance, though Gabrielle admitted that she became more open to CAM after completing the yoga teacher training course at the Yoga Center, there are still limitations on what type of CAM methods she will accept. Nevertheless, yoga teacher training was still the impetus for a change in her beliefs about CAM. Similarly, Abby admitted that you “don’t get the full range of Sivananda yoga until you do the teacher training.”

Entry into a yoga teacher training course is the result of a keen interest in yoga and the yogic lifestyle, a possible course to more dedicated yoga practice. Those I interviewed who had been through a yoga teacher training course expressed an intensification of certain beliefs (medical, spiritual and emotional). During our interview, Anne, who has been practicing yoga for seven years expressed a change in the way she perceives life, which she said occurred after taking the yoga teacher training at the Yoga Center. Anne stated that after yoga, she feels more: “oriented, more focused. I don’t worry about things. I just, everything has a meaning, so, why worry. You don’t figure out now why, why things happen that way but maybe along the years you, you figure out later in life.” When I asked her whether she always felt that everything has a meaning, she explained: “No. Probably after the yoga teacher’s training. ‘Cause we had a lot of practice and a lot of meditation. And, we didn’t watch the TV’s, the radios. We were just turning inside, so, we just kind of. I don’t know, I guess you had more time to listen to yourself” (Interview, Anne, October 11, 2010). Here, Anne is referring to the aspect of the yoga teacher’s

training course that requires students to live a yogic lifestyle during the course. This restricts them from many activities—they are disallowed to listen to the radio, watch television or movies, and they must avoid loud places and company. This program focuses on exposing practitioners to the full range of the yogic lifestyle, and many times has some long term effects on the individual. Nevertheless, this does not mean that those who do not take a teacher training course are not dedicated to their yoga practice; I later found that many of those I interviewed had taken a training course in the past or currently were enrolled. This is a possible divider between other yoga practitioners and those who eventually become teacher trainees. Unfortunately, my interviews did not question whether a practitioner had been or currently was enrolled in a teacher trainee program. In order to provide more detailed analysis in the future, it would be necessary to ask those interviewed whether they have attended a teachers training course, as it is possible that this is a stop on the path to interaction in the broader yogic lifestyle. However, it would be difficult to determine at what stage someone is at the time of the interview; stages would need to be defined, and the reasons for enrolling in teacher training courses would also need to be reviewed.

At the time of being interviewed, some had not previously been very active in the community or spirituality made available by the Yoga Center, possibly due to their current/recent enrollment in the teacher training program. I believe that this is why some of their views expressed about CAM prior to attending the teacher training program were not very different from their current viewpoint. Alternately, it is also possible that for some, levels of acceptance of CAM prior to intense interaction in community or spirituality were so significant, that it would not drastically change after interaction had occurred for a prolonged period. This means that it is

possible that other factors had caused them to become fairly accepting of CAM prior to their practice of yoga, or involvement in yogic community or spirituality. Even though all of those I interviewed were not necessarily active in the yoga community at that time, their extensive interaction within a yoga community or in yoga spirituality in the past seems to have greatly affected their belief systems. Many of those I interviewed had participated in some sort of yoga teacher training course (whether or not it was at the Yoga Center). Practitioners' involvement in such a program influenced their dedication to yoga practice, and involvement in the yoga community and yoga related spirituality.

The Effects of Closing Your Mind

If communality and spirituality in a yoga center exist and affect participants' views on medicine, health, and healthcare, how can someone attend yoga at the same place for years, and not be affected by the community or spirituality it offers? To properly discuss this we must analyze the interviews of those who expressed ambiguousness or wariness towards CAM; their views are linked to the fact that they are not very involved in the yoga community or spirituality. Many of those not very active in the yoga community did not practice the meditation, had not taken a teacher training course, and were wary and/or ambiguous towards CAM (as previously discussed).

Despite the fact that Beatrice has practiced yoga for eight to nine years , she indicated that she was ambiguous toward CAM though. She said that she has not tried CAM because she has not needed it, and that though she is not against it she cannot say whether she would use it. In reference to Beatrice's view, it should be noted that though she has been practicing yoga for

eight to nine years, she is not very active in the community or its spiritual component. Though Beatrice is not active in the community or spiritual component of yoga, she admits to a sense of community and “a bond” feeling in class. She also said: “But there is an opportunity to be very social, if you want to, because [Michael] has different events that you can go to. I’ve never been to the meditation because it’s so early in the morning” (Interview, Beatrice, September 25, 2010). It is interesting that that she associated meditation practice to an event. This is possibly due to the fact that mediation practice is normally conducted separately from the general yoga classes at the Yoga Center.

At the center, Beatrice’s mention of meditation in response to a question about possible social aspects of yoga, echoes Ernest’s views. When asked whether she thought yoga practice had a spiritual component, Beatrice said: “I know that it has a spiritual component; I just feel that I have not gotten into the spiritual ... And I probably won’t since, ya know, I’ve been doing this for eight years, you know. It hasn’t come, so I don’t, I mainly do it for exercise and stress release; but not the spiritual side” (Interview, Beatrice, September 25, 2010).

In discussions of spirituality and community, Beatrice admits their existence while also mentioning her noninvolvement in them. She has chosen to maintain her yoga practice as a mostly physical exercise; divorcing it from some other components of yogic practice (or the “lifestyle,” as Gabrielle would term it). Some participants I interviewed suggested that this extraction of one component of yoga commonly occurs in yoga practice. For example, during Anne’s interview, when asked about her spiritual experiences during yoga practice, Anne responded thus:

Well, the most that I was shocked myself was when Sivananda appeared to me, in meditation. And, I don't know. It's just when you get in deeper into the yoga, it is a spiritual practice. You can practice it as a, like a gymnastic type of thing, or exercise type of thing, but then you close your mind. You don't open it to the other possibilities, the other, stuff... And I would say it grows in you. The more you practice, the more deeper [*sic*] you go into it...it's hard to explain. [Interview, Anne, October 11, 2010]

In her narrative, Anne is describing the interrelatedness of yoga, meditation, and spirituality. However she asserts that if one closes their mind to the other possibilities of yogic practice, they will only gain physical, exercise-related benefits and experiences. Her expression "it grows, grows in you. The more you practice, the more deeper [*sic*] you go into it," exemplifies the effect that consistent, long term yogic practice can possibly have on an individual. Anne also observed that "there's people who want to exercise and they are more like outside the community" conveying a different perception of yoga participants who are "insiders" and those who are "outsiders" (Interview, Anne, October 11, 2010). "Insiders" here are understood as those who embrace the community and spirituality and "outsiders" being those who pursue yoga only as exercise. Discussion of practitioners as insiders and outsiders does not mean that they are excluded from the community, but only that they decide to not participate in the community and/or full range of yogic practice. During her interview, when questioned about whether or not she thinks that everyone benefits from the community atmosphere, Gabrielle expressed a similar viewpoint.

I don't know how you could go and not benefit from it somehow... To me it's more, it's like a lifestyle...depending on how much you connect with it. Because, I mean if your

intention is to go and do the asanas, then you're going to leave it there. But if your intention is to connect with yourself, and connect it all, then you're more likely to carry it with you... I can't imagine that you wouldn't leave a class and feel better than when you went in. [Interview, Gabrielle, October 11, 2010]

Here, Gabrielle admits that the purpose of yogic exercise for the individual determines the effects they experience, but she believes it difficult to not (at least) experience part of the community atmosphere. This reflects my findings well in that those who had admitted to not actively participating in the community, admitted to feeling a general sense of community in class (as Beatrice termed "a bond" in class). Beth believed that the phenomenon of yoga merely as a sport or exercise exists mainly in Western societies, while in the East, yoga practice is used to find God, as yoga means union with God.

Discussion

As this study demonstrates, community does exist at the Yoga Center, community and spirituality are related in their association to beliefs about CAM, and those practitioners who have been active in the communal or spiritual aspects of yoga are more open to CAM. Yet, the narratives also show that it is possible to "close your mind" and remain unaffected by the community or spirituality available through yogic practice.

Though some felt that the sense of community at the Yoga Center was in flux, depending on who was regularly attending at the time, the majority of those interviewed did not express this concern. In addition, everyone interviewed did not necessarily participate in community activities, but all recognized the existence of community atmosphere at the Yoga Center. Those

who had been intensely active in the yoga community at some point during their long-term yoga practice were more likely to experience changes in acceptance and pursuit of CAM. The time in which intense interaction in the community occurred is when the most significant changes occurred. The same was found to be true in regards to yoga-related spirituality, though many times those who had been active in the community were also more likely to have been active in the spirituality.

Some practitioners also recognized that the gym/fitness center atmosphere and the Yoga Center atmosphere were widely different; the gym/fitness center being less conducive to yoga practice, while the private yoga center atmosphere provided the therapeutic landscape necessary to invoke the culturally constructed ideas of yoga and spirituality within the international yoga community. Commonality in these things further strengthens the broader yoga community. Participants in this study conceptualized spirituality in a variety of ways, for some spiritual experiences were separate from God, while for others it was connected to the “God within” as well as “God in general.”

I also found that some individuals do not experience a change in beliefs concerning CAM use and practice, by focusing on the asanas and physical exercises of yoga, thereby divorcing themselves from the deeper yogic practice that includes the embrace of yoga spiritual practice and interaction in events like yoga retreats and local Yoga Center events (which are important parts of the yoga community). These differences in perceptions of spirituality suggests that such variation may be prevalent in Western society today. How do people define spirituality? How does one separate spirituality from religion? How does one quantify or qualify what religion actually is? These are all relevant question raised through the responses received in this research.

Interpretations of the definition of spirituality and religion in Western society would include relevant topics for future research.

CONCLUSIONS

As I explained previously in the introduction, I witnessed spiritual and physical changes, and changes in beliefs and practices related to health and healthcare, in my relative as a result of consistent, long-term yoga practice. By becoming aware of the possibilities of changes experienced by yoga practitioners, I became curious whether other consistent, long-term practitioners also experienced changes in diet, spirituality, beliefs about the body and health, and healthcare seeking behavior. The resulting study has proved to be very informational. Her kindness and guidance assisted me in understanding information essential to this research.

In this research, I aimed to anthropologically explore the effects of consistent long-term yogic practice on the acceptance and practice of CAM, and how this related to the other beliefs and perceptions of individuals related to the body, health, and the role of the yoga practice and the Yoga Center in their lives. My findings have led me to the conclusion that yogic practice, beyond physical exercise, can be a guide to a complete way of life. This way of life is connected with a broader community of individuals with similar perceptions of health, spirituality, the mind, and the body. Of course these perceptions will be affected by local cultural views and the individuals' backgrounds, but nevertheless, members of the transnational yoga community have a connection that can be drawn upon whenever they meet. In some ways this is like religious interaction; not because yoga is religion but because of the ability to unite across the world under the realm of similar beliefs. In the United States, my research is extremely relevant not only because it shows how the local cultural views of Western medical practices are perceived among a certain subset of the population, but how yoga-related beliefs merged with local practice of biomedicine is bound to be perceived differently in each and every culture. Moreover, medical

pluralism has been growing as populations are increasingly more diverse and multicultural, which facilitates the intersection of a variety of beliefs and approaches to health and wellbeing. Understanding medical pluralism is therefore useful not only from anthropological perspective that aims to understand these processes, but also from the perspective of public health and healthcare.

Specifically, my research shows that practitioners of consistent, long-term yogic practice reported various physical, psychological, and emotional benefits to yogic practice. Across the same there was also evidence of similar perceptions of the body and what constitutes health or healthy lifestyle. I found that perceptions of the body and health can be affected by consistent, long-term yogic practice. The ability for yogic practice to affect all aspects of the individual was confirmed by the interview narratives that expressed yoga as part of treating addiction. This implied that these recoveries greatly affected the commitment of the individual to future yoga practice. Many began practicing for the perceived physical benefits, but found that it was beneficial far past the physical component of their wellbeing. It is possible that those who experienced more significant changes to their mind and body through yoga practice, are more likely to remain as devoted practitioners. The same may be said for those who found an intense spiritual connection through yoga practice.

In terms of the relationship between long-term yogic practice and the attitudes towards/acceptance of complementary and alternative medicine, I wanted to understand attitudes toward CAM and how individual's perspectives and experiences affect their understanding of health, illness and their healthcare seeking behavior. I found that the beliefs and acceptance of CAM and biomedicine resulted in medically pluralistic practices. Variation is inherent in any

system or practice and there was also variation in the of the ways in which participants in this study integrated and accepted various medical/health systems. The range of the integration of CAM ran from avid supporter to ambiguity and wariness; however, there was no one who was closed to the concept of trying CAM or integrating it with the biomedical health system.

Motivations to begin yoga practice also varied from the effects of the 1960's "hippie" or counter-culture movement to experiences of severe health problems that have not been adequately remedied by allopathic care, to simple curiosity about other ways of healing and wellness. Also, many individuals expressed a desire to take control of their health; this was either a current or prior motivation to begin yoga practice and/or pursue CAM.

Furthermore, I found that questions that probed the possible role of community in beliefs and perceptions of CAM were often related to spiritual beliefs of yoga practitioners. I had not anticipated how large the role of community actually was in encouraging openness to CAM. I found that aspects of community did exist, that community and spirituality were related to beliefs about CAM, and that those who had been active in the communal or spiritual aspects of yoga were more open to CAM. Those who had been intensely active in the yoga community at some point during their long-term yoga practice were more likely to experience changes in acceptance and pursuit of CAM; they also utilized more CAM. Many of those who experienced significant effects on their beliefs about medicine reported that this shift occurred after more intense yoga practice. The same was found to be true in regards to yoga-related spirituality, though many times those who had been active in the community were also more likely to have been active in the spirituality. In addition, those who had reported activity in the spiritual aspect of yoga practice had similar levels of acceptance of CAM to those active in the yoga community.

Nevertheless, yoga practitioners active in community and/or spirituality, at some point in their yoga practice, had the highest levels of acceptance/practice of CAM. For some, this interaction occurred fairly recently (e.g. in the last five or so years), for others it occurred many years ago. For the most part, those not active in the spiritual aspects of yoga or the yoga community (whether or not it included activity in the Yoga Center's community specifically) tended to have a more ambiguous or wary attitude toward CAM (as opposed to Western medicine). Though community and spirituality were independently analyzed, it is significant that for some interaction in the spiritual and communal aspects of yogic practice are just part of their interaction in the broader range of yogic practice; they were tied to each other, interrelated, and ultimately had potentiating effects on one another.

Through the discussions of the existence/nonexistence of holistic care in biomedicine and CAM, I began to realize that those who expressed a significant openness to CAM, associated CAM with the idea of naturalness partially due to the perception of them being less invasive, and less engineered. I believe that this is also linked to their experience of yoga as a form of holistic care given that yoga is often categorized as a CAM in scientific studies. They believe that CAM provides broader/more holistic care than typical Western biomedicine, and they generally connect CAMs to the East. The combination of the perception of CAMs as more natural also attributes to the perception of biomedicine as more invasive and harmful: unnatural. The desire for more natural experiences and even products is becoming more evident in popular culture today. One cannot watch television without seeing an advertisement for a soft drink labeled as "natural" because it now has "real sugar" (as opposed to high-fructose corn syrup or artificial sweeteners); a desire for naturalness is becoming more evident in the United States. I believe that

the increasing interest in natural products is irrevocably linked to interests in more natural healthcare practices. There have been numerous scientific studies on the effects of artificial ingredients in food, drink, and cosmetic products resulting in proclamations of the associated health risks of such products. So it is possible that this interest in more “natural” products in the broader American public, may lead to interests in what is perceived as more “natural” methods of healthcare. Thus, while yoga does affect individuals’ interactions in CAMs, there are also other pressures in place in the broader American community that may lead people down the path of increased acceptance and demand for of CAM; this is already evident in an increasing number of health insurance companies expanding coverage to include some types of CAM. Still, one main issue in this is whether the interest in more “natural” products is just a passing one; will it translate into a committed interest in or practice of CAMs? The intense activity in yoga related spirituality and community during long term yoga practice is a symptom of a person’s commitment to her or his yoga practice, which provides the initiative for a more committed acceptance of CAM. It is not clear if this broader public interest in more natural products will actually lead to committed use of CAM, but would be an interesting topic for future research.

The perception of Eastern medicine as more natural and more holistic became evident in my narratives. Some scholars have observed that “Western” interest in “Eastern” practices seems to be a result of prior conceptualizations of the East; a dichotomy between East and West was formed in the nineteenth century (Said 1994). My narratives exemplify Palestinian-American literary critic Edward Said’s assertions on Orientalism and East-West interactions and perceptions. According to Said:

the Orient is an idea that has a history and a tradition of thought, imagery and vocabulary that have given it reality and presence in and for the West... The Orient was Orientalized not only because it was discovered to be ‘Oriental’ in all those ways considered commonplace by an average nineteenth-century European, but also because it *could be* – that is submitted to being – *made* Oriental... [The result was] not an airy European fantasy about the Orient, but a created body of theory and practice in which, for many generations, there has been a considerable material investment. [Said 1994:132-133]

Said further contends that “Orientalism is fundamentally a political doctrine willed over the Orient because the Orient was weaker than the West, which elided the Orient’s difference with its weakness” (Said 1994:143). The political power interaction inherent in conceptualizations of the Orient as the Other are still evident today. At the time of these constructions, the people of this imagined Orient did not have any power to control perceptions of themselves in the Western world.

Said’s “real argument is that Orientalism is – and does not simply represent – a considerable dimension of modern political-intellectual culture, and as such has less to do with the Orient than it does with ‘our’ world” (Said 1994:138). The Western power to categorize the Orient, inherently leads to an inaccurate or incomplete conceptualization of what the “Orient” actually is. Until Said’s criticisms, the role of this power in scholarly research and creating public ideas about the Orient or the East went relatively unquestioned. The result of these inherent biases, made clear by Said, in research on the Orient has been a continuing limited public perception of the Orient, even among some who view themselves as open to “Eastern” conceptualizations and thought.

Conceptualizations of the East are, in my narratives, reminiscent of Said's assertions on Western perceptions of the East. Many of these individuals may not even realize the basis of their perceptions. Those that I interviewed felt open towards Eastern medicine without necessarily truly realizing that their perception of Eastern medical practices was linked to their perception of the East in general. For example, my narratives made evident a conceptual dichotomy between East and West which was also discussed by Said; there is "a willed imaginative and geographic division made between East and West" (Said 1994:140) However, my narratives primarily depict a perception of the East as primarily Asia.

Many of those I interviewed discussed Eastern philosophy as a system of beliefs or worldview fairly similar to that which they discussed in their relation to yoga practice, which carried over to a dualistic representation of Eastern and Western medical systems. For instance, Frank believed that health, illness, and healing could be directly related to energy and said that "I think the East really looks at it in that view, a lot more than we do here" (Interview, Frank, October 17, 2010). Frank also asserted an inherent similarity in Eastern spiritual and religious practices; he said: there's "not a lot of difference between Daoism, Buddhism, Sufism, yoga; all the spiritual Eastern, mid-Eastern practices, I have found" (Interview, Frank, October 17, 2010). This asserts a commonality in spiritual thought between various Eastern practices that are inseparable from Eastern medicinal practices. In addition, Beth believed that Western society and medicine could benefit from looking at Eastern philosophy which directly relates to her belief that a focus on self-reflection and an avoidance of searching for external remedies for happiness was symbolic of Eastern philosophy.

Nevertheless, Strauss asserted that yoga practice may allow people to transcend such dichotomies; “yoga suggests the possibility of transcending such essentializing dichotomies as East/West, religion/science, mind/body, culture/nature, and spirituality/materiality” (Strauss 2004:34). My narratives show that it is possible that the enculturated conceptualization of East-West still has not been forgotten, even in avid yoga practitioners.

Lastly, though Ayurveda grew alongside yogic practice in India, and as a result yoga and Ayurveda are interrelated, Ayurveda did not play as direct a role in individual informants’ beliefs as I had expected. Most individuals had not ever tried Ayurvedic medicine and a few had not even heard of it. The most commonly used CAMs discussed by practitioners included acupuncture, chiropractic, massage therapy, and Reiki.

Contributions to Anthropology and Other Disciplines

Though scholars of various disciplines, including anthropology, psychology, history, sociology, theology, nursing (and various other biomedical disciplines), and public health, have discussed elements of yogic practice and philosophy that were integral to my understanding of the data, I did not come upon anthropological research discussing the effects of consistent, long-term yogic practice on the acceptance of other CAM’s or Western biomedicine (e.g. what is the effect of the use of one CAM on the practice/acceptance of other CAMs?). My research discusses a topic that has not yet been explored anthropologically wherein the perspectives and experiences of the practitioners are explored. The health benefits of yoga as CAM, the associations between yoga and beliefs about health, and the association between yoga and Indian philosophy and medicine have each been explored primarily in quantitative analyses, qualitative

research on yoga and other CAMs has been sparse by comparison; there is currently no research on the effect yoga may have on the acceptance of other CAM therapies by consistent, long-term practitioners.

Anthropological perspective in examining this topic is valuable because the findings from this research can help us understand the way the pluralization of medical practices takes place in the context of yoga, which is a growing form of health-related practice and exercise . By evaluating the influence of yogic physical practice, spirituality, and community on the acceptance of other CAM practices by long-term, consistent practitioners of yoga, we press further into ascertaining what actually influences practice and utilization of CAM in some U.S. populations. Furthermore, understanding health and wellness practices is becoming increasingly important as statistically growing rates of obesity among children and adults alike in the U.S., as well as the high rates of sedentary lifestyles, call for concerns from the perspective of public health. Individuals' perspectives and experiences related to these aspects of health are key in making sense of these statistical population trends. Performing in-depth interviews was vital to obtaining this type of qualitative data. Though my research focused on a specific yoga center practicing a specific style of yoga, my research could be replicated in other yoga centers/communities that practice other styles of yoga. This would allow the research findings to be further analyzed and extrapolated (generalized) in order to form a better understanding of the situation.

In anthropology, this research could also expand our understandings of the roles of spirituality, community, and practice of certain modalities in the actual practice/acceptance of certain medical methods/practices. There is ongoing medical research attesting to the possible

benefits of CAM therapies, yet most of the U.S. population seems to prefer to adhere to biomedical practices, which is not very surprising given the dominant role of biomedicine and ubiquitous media campaigns of pharmaceutical industry to promote drugs. If CAM practice continues to be shown as useful treatment methods (including decreased cost, patient self-care responsibility, and more efficient prevention of disease), the general medical consensus may be eventually to promote CAM therapies whenever possible. From a biomedical and public health perspective, understanding why individuals do or do not choose to practice CAM could be useful in learning how to promote these options to patients. Alternately, “for health care providers, understanding the motivations behind a patient's use of CAM may assist in the design of an optimal treatment plan” (Nahin et al 217).

Suggestions for Future Research

This research simply scratched the surface of the wealth of research possible on this topic, partially due to the limitations of sample size and length of time available in the field; it has revealed a number of possibilities for future research related to all aspects of the topics discussed herein. For example, a longitudinal quantitative analysis of the variation in range of intensification of acceptance/practice of CAM with consistent long-term yoga practice would need to be performed in order to quantitatively define the rates of individuals who experience yoga from each of the perspectives discussed in this thesis. This would inform us of the rate at which yoga practitioners’ become active in yoga related community and spirituality and allow us to analyze at what rate individuals experience changes in beliefs and health in relation to their experiences. The result would be a more complementary interaction between quantitative and

qualitative analyses of data; one which would prove most useful to this type of research. Also, as seen in Chapter Three, future ethnographic research can be performed which specifically focuses on lived experiences of addiction and the effects of yoga practice on this illness. In order to gain a more complete perspective of yoga's role in treating addiction, we need to know more about the interaction between addiction and yoga practice, how various individuals may use yoga in this manner, and we need a more encompassing perspective on the individual experience of the changes that yoga practice creates in them that affects their addiction.

However, I also feel that further research is necessary in reference to all of the results discussed in this thesis. A comparative study of the physical, emotional, and psychological effects of yoga practice needs to be conducted across each yogic discipline. The fact that each type of yoga is different means that there will be some benefits common in one type of yoga that may not be evident in another. In regards to similarities in views about the body and health, a larger scale study needs to be performed to more comprehensively determine common beliefs and perceptions of the body by consistent, long-term yoga practitioners and those who have not been practicing for long. With this type of research the interviewee would be asked to remember what past events were, and what effects they had on them, thus a long term research study. One limit to this study was that I could not comprehensively follow individuals from the beginning of their yogic practice, to when they were practicing research for a few years. A long-term ethnographic, perhaps dissertation study, would have more accurately determined the effect of yogic practice on the individual and the factors affecting any changes in beliefs. A long-term study would not only help determine similarities in perceptions of body and health, but also more definitively

determine changes in perceptions of the body and health in relation to length and consistency of yoga practice.

Further, a useful research project could also be performed to determine the effect of literature and media distributed within the Yoga Center, and yoga center sponsored events on the individual and semblances of community. Events held within the Yoga Center have included visits from acupuncturists, spiritual leaders, and visits from authors discussing their books on health, spirituality, or yoga related topics. Availability of information on yoga retreats and the promotion of such retreats contribute to interaction within the broader yoga community; it is a chance to interact with other dedicated yoga practitioners consistently over a predetermined amount of time. Exchange of ideas during such a period of communal isolation is inevitable. Could the type of flyers and advertisements at the yoga center be indicative of the environment, community, and beliefs of the most common/frequent visitors to the yoga center? Could the exposure to these types of stimuli, information, and discourses actually effect a change in beliefs and/or practices (medicinal, spiritual, etc.)? It is likely so, however these are all possible pathways for future research.

I also found that some individuals do not experience a change in beliefs concerning CAM use and practice, by focusing on the asanas and physical exercises of yoga, thereby divorcing themselves from the deeper yogic practice that includes the embrace of yoga spiritual practice and interaction in events like yoga retreats and local Yoga Center events (which are important parts of the yoga community). These differences in perceptions of spirituality suggest that such variation may be prevalent in Western society today. How do people define spirituality? How does one separate spirituality from religion in the context of yoga? How does one quantify or

qualify what religion actually is? These are all relevant questions raised through the responses received in this research. Lastly, future research could discuss whether it is possible that other consistent, long-term yoga practitioners with similar levels of CAM acceptance/practice also have similar views on the interconnectedness of spirituality and medicine. Interpretations of the definition of spirituality and religion in Western society would be relevant topics for future research.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jacqueline M. Siven**

Date: **September 10, 2010**

Dear Researcher:

On 9/10/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Yogic Diffusion: The Effects of Yogic Practice and Philosophy
on Beliefs about Complementary and Alternative Medicine
Investigator: Jacqueline M Siven
IRB Number: SBE-10-07095
Funding Agency: None

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 09/10/2010 01:25:44 PM EDT

IRB Coordinator

APPENDIX B: INTERVIEW GUIDE

-If so, how often? A little, moderately, often.

YOGA

How long have you practiced yoga?

Why did you begin yoga practice?

Why do you continue to practice yoga?

What do you gain from practicing yoga?

-Do you feel benefits physically, or emotionally from your yoga practice?

-Do you gain any social benefits?

Tell me about your experiences with yoga?

COMPLEMENTARY & ALTERNATIVE MEDICINE

Have you ever tried alternative medicine therapies (acupuncture, Ayurveda, homeopathy, reiki and so on)? Why? For how long?

-How did you learn about these?

-Would you use alternative medicine for all your health needs?

-Do you also see MD's? How do you decide which type of provider to use?

How do you feel about alternative medicine?

-Have you always felt this way? How long?

Has your attitude towards alternative medicine changed over time? Or, have you always felt this way?

SPIRITUALITY

Do you think yoga practice has a spiritual component, or is it strictly exercise?

-Have you had any spiritual experiences during your yoga practice?

-Can you describe it to me?

OR (if they have **not** had spiritual experiences)

-How do you experience the spirituality of yoga?

IF YOU SEE A RELIGIOUS TEXT, OR THEY MENTION ONE (E.G. BHAGAVAD GITA)...

How do you use this text to accompany your yoga practice?

COMMUNITY

Do you feel that there is a sense of community in this yoga center? Or is it just individuals taking a class?

Are there any members of the yoga center that you see most often?

-Where?

-Do you get together outside of yoga class?

REFERENCES

- Alter, Joseph S.
1997 A Therapy to Live by: Public Health, the Self and Nationalism in the Practice of a North Indian Yoga Society. *Medical Anthropology* 17(4):309-335.
- Alter, Joseph S.
1999 Heaps of Health, Metaphysical Fitness: Ayurveda and the Ontology of Good Health in *Medical Anthropology*. *Current Anthropology* (Supplement) V 40(1):43-66.
- Baldwin, A. L., C. Wagers, and G. E. Schwartz
2008 Reiki Improves Heart Rate Homeostasis in Laboratory Rats. *Journal of Alternative & Complementary Medicine* 14(4):417-422.
- Barnes, Linda L.
2005 American Acupuncture and Efficacy: Meanings and their Points of Insertion. *Medical Anthropology Quarterly* 19(3):pp. 239-266.
- Bernard, H. Russell
2006 *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Fourth ed. Lanham, Maryland: AltaMira Press.
- Birdee, Gurjeet S., Anna T. Legedza, Robert B. Saper, Suzanne M. Bertisch, David M. Eisenberg, and Russell S. Phillips
2008 Characteristics of Yoga Users: Results of a National Survey. *JGIM: Journal of General Internal Medicine* 23(10):1653-1658.
- Calajoe, Anne
1986 Yoga as a Therapeutic Component in Treating Chemical Dependency. *Alcoholism Treatment Quarterly* 3(4):33-46.
- Chaoul, M. Alejandro, and Lorenzo Cohen
2010 Rethinking Yoga and the Application of Yoga in Modern Medicine. *Cross Currents* 60(2):144-167.
- Connolly, Peter
2007 *A Student's Guide to the History and Philosophy of Yoga*. London ; Oakville, CT: Equinox.
- Crawford, Cromwell
1989 Ayurveda: The Science of Long Life in Contemporary Perspective. *In Eastern and Western Approaches to Healing : Ancient Wisdom and Modern Knowledge*. Anees A. Sheikh and Katharina S. Sheikh, eds. Pp. 3-32. New York: Wiley.

- De Michelis, Elizabeth
2004 *A History of Modern Yoga :Patañjali and Western Esotericism*. London ; New York: Continuum.
- Dermatology Nursing Institute
2009 Survey: 38% of Adults and 12% of Children use Complementary and Alternative Medicine. *Dermatology Nursing* 21(4):217-217.
- Donesky-Cuenco, D., H. Q. Nguyen, S. Paul, and V. Carrieri-Kohlman
2009 Yoga Therapy Decreases Dyspnea-Related Distress and Improves Functional Performance in People with Chronic Obstructive Pulmonary Disease: A Pilot Study. *Journal of Alternative & Complementary Medicine* 15(3):225-234.
- Fields, Gregory P.
2001 *Religious Therapeutics: Body and Health in Yoga, Āyurveda, and Tantra*. Albany: State University of New York. <http://www.netlibrary.com.ezproxy.lib.ucf.edu/Reader/>.
- Furin, Jennifer J.
1997 “You have to be Your Own Doctor”: Sociocultural Influences on Alternative Therapy use among Gay Men with AIDS in West Hollywood. *Medical Anthropology Quarterly* 11(4):498-504.
- Harvard Women's Health Watch
2010 Yoga may Help Improve Women's Sexual Function. *Harvard Women's Health Watch* 17(8):7-7.
- Hasselle-Newcombe, Suzanne
2005 Spirituality and 'Mystical Religion' in Contemporary Society: A Case Study of British Practitioners of the Iyengar Method of Yoga. *Journal of Contemporary Religion* V 20(3):305-321.
- Herrick, Colette M., and Allan D. Ainsworth
2000 Yoga as a Self-Care Strategy. *Nursing Forum* 35(2):32.
- Hoyez, Anne-Cécile
2007 The ‘world of Yoga’: The Production and Reproduction of Therapeutic Landscapes. *Social Science & Medicine* 65(1):112-124.
- Kaur, Jaskiran, Chandrakant Mishra, SumamMukhopadhyay, and S. K. Verma
2001 Effects of Four Weeks of Yogic Exercises on Certain Selected Physiological Parameters in Women. *The Anthropologist* V 3(4):269-273.

- Kissen, Morton, and Debra Kissen-Kohn
2009 Reducing Addictions Via the Self-Soothing Effects of Yoga. *Bulletin of the Menninger Clinic* 73(1):34-43.
- Kothari, Palak D.
2010 A Qualitative Study of the Decision-Making Process for the use of Complementary and Alternative Medicine (CAM). MA thesis, ProQuest, UMI Dissertations Publishing.
- Le Hunte, Bem
2011 Edible Blessings. *Yoga Journal*.<http://www.yogajournal.com/lifestyle/1453>, accessed March 15, 2011.
- Leak, Alison
1983 Personal View. *British Medical Journal (Clin Res Ed)* 286(6377):1572-1572.
- Levin, Jeffrey S.
2001 *God, Faith, and Health : Exploring the Spirituality-Healing Connection*. New York: J. Wiley.
- Lock, Margaret, and Vinh-Kim Nguyen
2010 *An Anthropology of Biomedicine*. UK: Wiley-Blackwell.
- Love, Robert
2010 *The Great Oom : The Improbable Birth of Yoga in America*. New York: Viking.
- Malhotra, Anju, and S. L. Malik
1990 Environment, Yoga and Health. *Journal of Human Ecology* 1(3):313-314.
- Nahin, Richard L., James M. Dahlhamer, Beth L. Taylor, Patricia M. Barnes, Barbara J. Stussman, Catherine M. Simile, Marc R. Blackman, Margaret A. Chesney, Morgan Jackson, Heather Miller, and Kim K. McFann
2007 Health Behaviors and Risk Factors in those Who use Complementary and Alternative Medicine. *BMC Public Health* 7:217.
- Narahari, Saravu R., Terence J. Ryan, MadhurGuruprasadAggithaya, Kuttaje S. Bose, and Kodimoole S. Prasanna
2008 Evidence-Based Approaches for the Ayurvedic Traditional Herbal Formulations: Toward an Ayurvedic CONSORT Model. *Journal of Alternative & Complementary Medicine* 14(6):769-776.
- National Center for Complementary and Alternative Medicine (NCCAM)
2010a What is Complementary and Alternative Medicine? National Center for Complementary and Alternative Medicine (NCCAM).<http://nccam.nih.gov/health/whatiscam/>, accessed March 13, 2011.

2010b Yoga. National Center for Complementary and Alternative Medicine (NCCAM). <http://nccam.nih.gov/health/yoga/>, accessed March 13, 2011.

2010c Yoga for Health: An Introduction. National Center for Complementary and Alternative Medicine (NCCAM). <http://nccam.nih.gov/health/yoga/introduction.htm>, accessed March 13, 2011.

National Center for Complementary and Alternative Medicine (NCCAM)
2009 About NCCAM. National Center for Complementary and Alternative Medicine (NCCAM). <http://nccam.nih.gov/about/>, accessed March/10, 2011.

Ninivaggi, Frank John
2008 *Ayurveda : A Comprehensive Guide to Traditional Indian Medicine for the West*. Westport, Conn.: Praeger.

Prothero, Stephen R., and Thomas A. Tweed, eds.
1999 *Asian Religions in America : A Documentary History*. New York: Oxford University Press.

Ramaswami, Sundar
1989 *Yoga and Healing*. In *Eastern and Western Approaches to Healing*. Anees A. Sheikh and Katharina S. Sheikh, eds. Pp. 33-63. New York: Wiley.

Riley, David
2009 The Doctor's Dilemma: Healthcare Reform and Integrative Medicine. *Alternative Therapies in Health & Medicine* 15(2):10-11.

Robertshawe, Penny
2009 Effects of Yoga on Maternal Comfort, Labour Pain and Birth Outcomes. *Journal of the Australian Traditional-Medicine Society* 15(2):81-81.

Ross, Alyson, and Sue Thomas
2010 The Health Benefits of Yoga and Exercise: A Review of Comparison Studies. *Journal of Alternative & Complementary Medicine* 16(1):3-12.

Said, Edward
1994 From Orientalism. In *Colonial Discourse and Post-Colonial Theory: A Reader*. Laura Chrisman and Patrick Williams, eds. Pp. 132-149. New York: Columbia University Press.

Samuelson, Helle, and Vibeke Steffen
2004 The Relevance of Foucault and Bourdieu for Medical Anthropology: Exploring New Sites. *Anthropology & Medicine* 11(1):3-10.

Shulman, Laina

2005 Yoga's Hot! Hot! Hot! Alive: *Canadian Journal of Health & Nutrition*(270):114-115.

Singleton, Mark

2005 Salvation through Relaxation: Proprioceptive Therapy and its Relationship to Yoga. *Journal of Contemporary Religion* 20(3):289-304.

Sirois, Fuschia M.

2008 Motivations for Consulting Complementary and Alternative Medicine Practitioners: A Comparison of Consumers from 1997–8 and 2005. *BioMed Central Complementary and Alternative Medicine* 8:16.

Sivananda Ashram Yoga Farm

2007 *Essentials of Yoga Practice and Philosophy*. Swami Sitaramananda.

Sivananda Yoga Vedanta Center

1998 *Yoga: Mind&Body*. New York, NY: DK Publishing.

Strauss, Sarah

2004 Re-Orienting Yoga. *Expedition* 46(3):29-34.

Strauss, Sarah

2002a 'Adapt, Adjust, Accommodate': The Production of Yoga in a Transnational World. *History & Anthropology* 13(3):231-251.

2002b The Master's Narrative: Swami Sivananda and the Transnational Production of Yoga. *Journal of Folklore Research* 39(2):217-241.

Swami Vishnu-devananda

1988 *The Complete Illustrated Book of Yoga*. New York, NY: Three Rivers Press.

Jewish Virtual Library

2011 Kabbalah. The American-Israeli Cooperative Enterprise. <http://www.jewishvirtuallibrary.org/jsourc/Judaism/kabbalah.html>, accessed March 15, 2011.

Turner, Victor

2002 Liminality and Communitas. *In A Reader in the Anthropology of Religion*. Michael Lambek, ed. Pp. 358-374. Malden, MA: Blackwell Publishers.

Uhlig, Till, Camilla Fongen, Eldri Steen, Anne Christie, and Sigrid Ødegård

2010 Exploring Tai Chi in Rheumatoid Arthritis: A Quantitative and Qualitative Study. *BMC Musculoskeletal Disorders* 11:43-49.

- Ulin, P. R., E. T. Robinson, and E. T. Tolley
2005 *Qualitative Methods in Public Health: A Field Guide for Applied Research*. San Francisco: Jossey-Bass.
- vanderVaart, Sondra, Violette M. G. J. Gijzen, Saskia N. de Wildt, and Gideon Koren
2009 A Systematic Review of the Therapeutic Effects of Reiki. *Journal of Alternative & Complementary Medicine* 15(11):1157-1169.
- Wilson, Stephen R.
1985 Therapeutic Processes in a Yoga Ashram. *American Journal of Psychotherapy* 39(2):253.
- Yang, Kyeongra
2007 A Review of Yoga Programs for Four Leading Risk Factors of Chronic Diseases. *Evidence-Based Complementary & Alternative Medicine (eCAM)* 4(4):487-491.
- Zhang, Everett
2007 Switching between Traditional Chinese Medicine and Viagra: Cosmopolitanism and Medical Pluralism Today. *Medical Anthropology* 26(1):53-96.
- Zhan, Mei
2009 A Doctor of the Highest Caliber Treats an Illness before it Happens. *Medical Anthropology* 28(2):166-188.