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Exploring the Practice of One-to-One Therapeutic Viniyoga: A Qualitative Investigation Using Interpretative Phenomenological Analysis and Directed Content Analysis

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Abstract

Therapeutic Viniyoga is holistic and the treatment, starting point, progression, and goals are unique for each individual client. This study uses Interpretative Phenomenological Analysis (IPA) and directed content analysis, combining theory and application to offer a tangible, conceptually grounded window into the process and practice of one-to-one Therapeutic Viniyoga. How Viniyoga is applied therapeutically is explored through the lens of trained Viniyoga therapists. Fourteen Viniyoga therapists were interviewed, and the transcripts were analyzed using NVivo and Interpretative Phenomenological Analysis (IPA) to uncover the themes of the study. Six themes were identified: three are conceptual processes underpinning the therapeutic application of Viniyoga, and 3 are descriptions of techniques. The 3 process themes are: Theme 1- daily practice, Theme 2- self- observation, and Theme 3- state change. The 3 categories of techniques are: Theme 4- breath work, Theme 5- movement, and Theme 6- meditation/attention. Each therapist was also asked to describe two client cases. Qualitative directed content analysis was conducted on the 29 client cases to illustrate and

elaborate on the identified themes. The kaleidoscope of client case presenting problems and additional concerns included a broad mix of physical and psychological issues. The duration of the therapeutic relationships ranged from weeks to more than a decade. The initial daily personal practices for the client cases showcased how completely the practice is customized to the individual. Only a handful resemble what most people think of as yoga. The use of breathwork, movement and attention (if included) were all unique to the client. Five of the 13 examples of the process of client self-awareness related to aspects of the personal practice and 8 were instances of self-awareness in daily life. State change examples were observed on all 5 dimensions of the Pañcamaya model of the human system including physical (body and breath 9 examples), mind (13 examples), emotions (3 examples), and behavior (4 examples).

Keywords
Viniyoga; state change; IPA; therapeutic application; self-observation

1. Introduction

Yoga therapy is a client-centered and integrative approach that applies the principles and tools of yoga to support physical, emotional, and psychological well-being [1]. It is increasingly used in complementary and integrative health care, with evidence supporting its benefits in treating conditions such as chronic pain, depression, and anxiety [2]. Among the many traditions informing contemporary yoga therapy, Viniyoga, rooted in the teachings of T. Krishnamacharya and his son T.K.V. Desikachar, offers a unique, individualized approach grounded in breath-centric movement, mindful adaptation, and self-reflection (svadhyaya) [3].

Viniyoga emphasizes tailoring each practice to the individual, taking into account the client's condition, capacity, goals, and changing needs over time. Compared to more uniform or group-based yoga approaches, Viniyoga therapy relies heavily on one-on-one interaction, where tools such as breath regulation, movement, sound, and visualization are selected and sequenced to influence the client's system as a whole [4]. While general yoga teachers typically complete 200–500 hours of instruction focused on group teaching, certified yoga therapists complete an additional 800–1, 000+ hours of specialized training, including coursework in anatomy, psychology, pathology, therapeutic planning, and mentoring [5]. Viniyoga therapists in particular undergo long-term study and mentoring to develop skill in personalized assessment and practice design.

Studying how Viniyoga is applied in therapeutic settings is important because current research often generalizes across yoga styles and delivery methods, leaving the mechanisms and strategies behind therapeutic change unclear [6, 7]. Viniyoga's emphasis on adaptability, internal awareness, and relationship-based practice may offer specific pathways to healing that are distinct from more physically or externally focused styles. However, relatively few studies explore how therapists operationalize these principles in their day-to-day work. Furthermore, most existing literature emphasizes quantitative outcomes, leaving the lived experience and applied logic of therapists underexplored [8].

This study addresses these gaps by examining how yoga therapists trained in the Viniyoga tradition apply the core principles of their lineage in therapeutic practice. Fourteen experienced

therapists were interviewed using a semi-structured protocol, and data were analyzed using Interpretative Phenomenological Analysis (IPA), with an additional qualitative content analysis of selected client cases. The study identified six common themes describing how Viniyoga therapy is applied in one-on-one settings, including therapists' approaches to observation, adaptation, and guiding self-awareness. These findings provide insight into the practice of individualized yoga therapy and the therapeutic process as experienced by practitioners.

This paper is the third in a series examining how Viniyoga therapists understand and implement their work. Study 1 explored their perspectives on the goals of Viniyoga therapy (i.e., what it is intended to accomplish) [9]. Study 2 focused on their views of health and healing from a therapeutic Viniyoga perspective (i.e., the theoretical framework underlying their work) [10]. This current study builds on those foundations by investigating the practice of Viniyoga therapy, what therapists actually do with clients, how they make decisions, and how they describe therapeutic transformation in lived experience.

Several techniques discussed by therapists in this study, including mindful breath adaptation, sequencing for nervous system regulation, and attention to internal state, have some support in empirical literature as potential mechanisms of therapeutic benefit [8, 11]. However, much of the detail about how these techniques are implemented comes from the therapists' own clinical experience and lineage-based training. As such, where empirical evidence is limited, this paper refers to therapist perspectives explicitly rather than generalizing effects. This approach ensures that experiential knowledge is presented accurately without overstating the strength of existing research.

2. Literature Review

2.1 Therapeutic Viniyoga

Therapeutic Viniyoga originated in India over 2,000 years ago as a holistic approach to healing [12]. Viniyoga is rooted in the classical Indian theoretical understanding of healing and was taught through the lineage of Sri T. Krishnamacharya and TKV Desikachar [12, 13]. The holistic perspective that Viniyoga takes is imperative to yoga's effectiveness for clients [12]. Viniyoga is also a deeply individualized modality that allows for comprehensive customization to each client [14]. Careful attunement to each client as well as intentional sequencing of techniques sets Viniyoga apart from other yoga practices [14]. The individuality and distinctiveness of therapeutic Viniyoga makes it highly adaptable to serve clients with a variety of health issues, needs, and goals.

According to therapists, Viniyoga works through the application of theory, techniques, and mechanisms and is based on interconnected dimensions of the human system that include body, breath, intellect (sometimes labeled mind), personality (sometimes labeled behavior), and emotions [12, 13]. (See Figure 1: The Pañcamaya Model.) When a client comes to yoga therapy, one or more of these dimensions could be out of balance. By cultivating a unique practice for each client, therapists are able to tailor the practice in a variety of ways. Common techniques and tools utilized in practice include movement, breathing, meditation, and consistent practice. According to therapists, by practicing daily, the tools of yoga are able to support healing and help a client shift towards a state of balance [14].

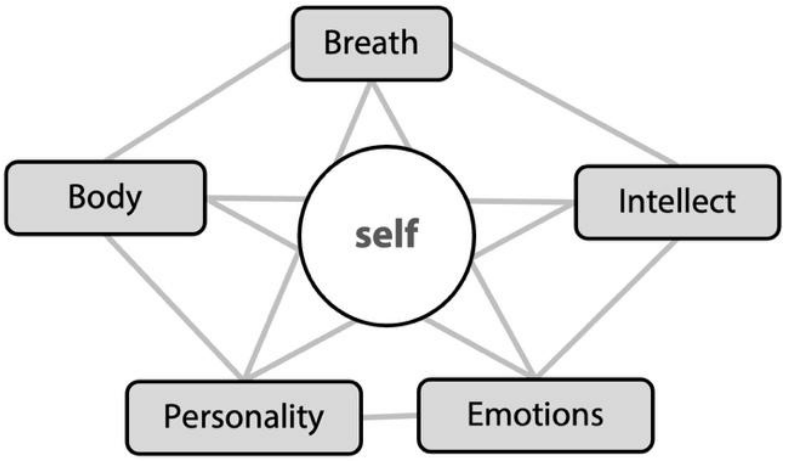

Figure 1 The 5-Dimensional Pañcamaya Model of the Human System.

2.2 Techniques Used in Therapeutic Viniyoga

There are many techniques that can be utilized in therapeutic Viniyoga. Some of the main technique types include breathwork, physical movements coordinated with breath, and meditation. Viniyoga is "not simply doing poses or teaching a sequence of movement, it is much more" [15]. Therapists explain that physical movements must be practiced in a precise manner and use "the elements of the body alternately" [16]. Therapists report that when movements are paired with breathing in this manner it creates a powerful action that is deep and long-lasting [16]. Another common technique used is chanting. According to yoga therapists, practicing chanting can improve health and contribute to improving the body [17].

Desikachar describes the preparation for Viniyoga as "only after checking the place for practicing, the available time and the age, profession, activity and energy of the practitioner attentively, can the practice of yoga start" [15]. Viniyoga should be tailored to individual clients. Yoga therapists report that Viniyoga can be adapted to meet the needs of anyone, which makes it suitable for a wide range of people including people with illnesses and elderly people [15]. There is a technique for creating a practice as well. This technique is called viniyâsakrama, which means having a gradual and holistic approach [14, 18]. In this technique, the practitioner must begin where they are, take the practice step by step, evaluate constantly, and once the goal is reached, they should backtrack step by step [19].

2.3 Breath and Movement

Creating an awareness of breath is often one of the first aspects of yoga [20]. According to therapists, attention to breath can be used to create different outcomes through control and manipulation of how the breathing occurs [20]. Therapists report that physical movements are used to strengthen and relax muscles to provide a sense of relief to clients [20]. Therapists describe that aligning breath and movement can help move the state of the system toward balance [9]. Viniyoga pays special attention to the interaction between breath and movement and utilizes the two in an integrated manner to achieve greater stability. By using an integrated approach, therapists report that the mind and body can be prepared for further development [20].

2.4 Meditation

Meditations are designed to create boundless possibilities of experiences for clients [21]. Therapists explain that in the Viniyoga tradition, when one aspect of the mind or body is impacted in some way, the other aspects respond as well [13]. This means that when something is not right in one dimension, the entire person will be affected rather than one isolated area. This also means that healing can begin in other dimensions and create a shift in the dimension that is causing the disturbance. Therapists report that meditation can be utilized to focus awareness and create shifts towards a more balanced state in the client [13]. When the system moves toward a state of balance the mind operates differently. Therapists provide examples of the system coming into balance include the body relaxing, feeling calmer, having more space, feeling less stress, and feeling more connected to yourself [21].

Viniyoga meditations are meant to be an experience aside from the everyday for the client to focus on their self-awareness [21]. By utilizing this time to recognize the mind's pathways and patterns, therapists explain, "meditation can strengthen desirable patterns, and it can produce insights" that are part of the healing process [13, 21]. According to therapists, using repetitive experiences in meditation develops new patterns or strengthens existing patterns [13]. These patterns contribute to the movement towards a state of balance. Viniyoga meditations are purposeful practices designed for the individual to assist in the shift towards a state of balance [21].

2.5 Personalized Experiences

Viniyoga is an experiential practice. Therapists report that what makes Viniyoga so unique is that it emphasizes personalized experiences for each client [14]. Yoga therapists adapt the tools of yoga to individual conditions, needs, and interests of clients [14]. Therapists explain that different tools of practice are able to elicit different responses from the body and mind, so the individuality of the client is translated into the personalized practice for that client [12]. Creating and evolving a unique sequence of the various tools of yoga that work best for the client is crucial to how Viniyoga is applied therapeutically.

2.6 Self-Observation (Svadhyaya)

A fundamental aspect of applying therapeutic Viniyoga is the process of svadhyaya or self-observation. In Patanjali's Yoga Sutras, svadhyaya is the fourth Niyama, or observance, defined as self-study [22]. Svadhyaya is a central practice to understanding oneself which can be accomplished by the mind understanding its own nature. Patanjali provides a pathway to understanding oneself through self-observation or svadhyaya, tells us that we are Self or consciousness, and the way to understand Self is through self-observation. Therapists describe that through self-observation, the practitioner can bring the Self or consciousness into one's own awareness [23]. A first step for svadhyaya begins during asana and pranayama with self-inquiry into physical condition, body and breath [22]. Therapists report that capacity for self-observation grows the more yoga is practiced [21]. According to therapists, practicing yoga and meditation over time improves the ability to direct and observe the mind during meditation, which results in a more meditative state [21]. This process of self-observation can be supported through the relationship between therapist and client. The yoga therapist supports the development of svadhyaya in their client by observing the client and

designing a daily practice for them that relies on and helps develop the client's capacity for self-observation.

2.7 Yoga Therapy Research

2.7.1 Qualitative Research in Yoga Therapy

Previous studies have explored how qualitative research is uniquely suited to studying yoga therapy outcomes. Dietrich, et al, studied the experiences of individuals utilizing one-to-one Trauma Center Trauma-Sensitive Yoga [24]. The authors concluded that yoga therapy often benefits patients who have not benefited from more standard trauma therapy, such as Cognitive-Behavioral Therapy (CBT), and that qualitative methods were essential for capturing the rich, lived experiences of participants [24]. Sullivan, et al, similarly argue that first-person perspectives and client-centered inquiry are critical to yoga therapy's effectiveness because they center the client's own meaning-making process [11]. This emphasis on lived experience and personal transformation positions yoga therapy as a natural fit with qualitative research methods, which can capture the depth and nuance of these individualized therapeutic processes.

2.7.2 Effects of Yoga

Previous research has explored the positive and potential negative effects of yoga therapy. Yoga therapy is a holistic approach that generally has positive influences in the physical, emotional and mental realms [25]. A qualitative study of yoga practitioners surmised that yoga practice increases connectivity in relation to one's self and others [26]. A large survey of both yoga practitioners and teachers reported moderate to high levels of positive physical and psychosocial changes with yoga [27]. Several qualitative studies have also evaluated the effectiveness of various yoga therapy interventions on mental and physical health conditions, such as Post-Traumatic Stress Disorder (PTSD), depression, cancer, and lower back pain, and reported a positive effect of yoga therapy on these conditions [24, 28-31].

Neutral or negative consequences of yoga were less commonly reported. One quantitative study found that a yoga intervention did not significantly increase physical activity for PTSD sufferers [32]. The authors suggest that further research should focus on increasing self-efficacy for yoga participants [32]. The most commonly identified negative effects of yoga were injuries, soreness, emotional triggers/irritability [27]. Interestingly, another study that compared several styles of Yoga practice, including Ashtanga, traditional Hatha, and Sivananda yoga, concluded that "Using Viniyoga was associated with a decreased risk of acute adverse effects; practicing only by self-study without supervision was associated with higher risk" [33]. A study that looked at group versus individual yoga therapy showed that participants reported receiving better benefits from individual programs [24]. Individual application is a core tenet of Viniyoga therapy [9].

2.7.3 Viniyoga and Other Interventions

There are few studies directly comparing Viniyoga therapy with other yoga therapies, or with other holistic interventions, demonstrating the need for further study. A critical evaluation by Kepner, et al, compared Viniyoga therapy to Phoenix Rising Yoga Therapy (PRYT) and the Feldenkrais method in treating lower back pain [34]. The authors noted that while all techniques emphasized a

holistic approach, there are several philosophical differences between the three approaches: Viniyoga emphasizes the importance of the therapist-client relationship and incorporates individualized yoga practices that integrate breath and spinal movement. Phoenix Rising Yoga Therapy combines assisted yoga postures with guided dialogue to deepen exploration of the mind-body connection. The Feldenkrais Method focuses on enhancing neuroplasticity and improving movement patterns through mindful, guided awareness [34]. The article emphasizes how each method, based on a different lineage of yoga therapy, is distinct [34]. While this study is more descriptive than conclusory, it does highlight the value of in-depth evaluation of the mechanisms of change within a single approach, since each lineage's approach and underlying assumptions are very different [34].

Other studies compared yoga to other mindful based interventions. A quantitative and qualitative meta-analysis of tai chi and yoga supports the efficacy of yoga therapy in treating rheumatoid arthritis and spondyloarthropathies, while concluding that the efficacy of tai chi in treating these issues is "debatable" [35]. Satyananda Yoga, a tradition that is very complimentary to Viniyoga and utilizes many of the same principles, was found to be an effective therapeutic intervention for treating PTSD [36].

Several studies have examined the effects of Iyengar yoga therapy. Iyengar yoga, based on the teachings of Indian yogi, B.K.S. Iyengar, is a form of Modern Postural Yoga that emphasizes asana practice [37]. A comparison of Brain Wave Vibration yoga, Iyengar yoga and Mindfulness training on mood and well-being concluded that all three interventions had positive effects on stress levels, vitality, and mindfulness, but that only Brain Wave Vibration yoga was unique in its benefits to depression, tiredness and sleep latency, while the Mindfulness training group had greater gains in calming [38]. Another study acknowledged Viniyoga therapy as a therapeutic intervention for chronic lower back pain but focused on comparing Iyengar yoga to Pilates for treating this condition [31]. The authors concluded that both Iyengar yoga and Pilates provide benefits in treating lower back pain [31].

3. Materials and Methods

3.1 Research Design

This study employed Interpretative Phenomenological Analysis (IPA) to explore how Viniyoga is applied in therapeutic contexts by trained yoga therapists. IPA is a qualitative methodology rooted in phenomenology, hermeneutics, and idiography, and is well-suited to examining how individuals make sense of their lived experiences [39, 40]. In this case, we used IPA to analyze how yoga therapists conceptualize and implement Viniyoga therapeutically in their clinical practice.

The analysis was based on a set of 15 hours of interview transcripts originally collected for two earlier qualitative studies examining state change and healing experiences in Viniyoga. While the data source was shared, this study constitutes a distinct analysis, with a new research focus specifically centered on the therapeutic mechanisms and applications of Viniyoga. Our goal was to develop a thematic understanding of how Viniyoga therapists interpret and apply Viniyoga techniques in response to various client presentations and needs.

This study employed directed qualitative content analysis of the complete set of specific client cases to provide exemplars and descriptive evidence [41] using predetermined coding categories guided by the themes identified in the IPA analysis.

3.2 Ethical Considerations

Prior to data collection, the study protocol was reviewed and approved by the Institutional Review Board at Texas State University (IRB Protocol #9143, approved October 27, 2024). All participants provided informed consent. Participation was voluntary, and no financial incentives were offered. Interviews were audio-recorded with participant permission and transcribed verbatim. Recordings were deleted following transcription and anonymization to protect participant confidentiality.

3.3 Participants and Sampling

Participants were recruited using purposive sampling to ensure that those included had extensive training in Viniyoga and had applied it therapeutically in clinical or individualized settings. Eligible participants were certified Viniyoga therapists or therapists who had completed recognized Viniyoga training programs including the American Viniyoga Institute, Yoga Well Institute, and Yoga as Therapy North America (YATNA). Recruitment was conducted via email through established professional networks of one of the researchers, a longtime personal student of TKV Desikachar. Snowball sampling was also used to identify additional eligible individuals.

Fourteen yoga therapists ultimately participated in the study. Twelve of the fourteen held certification from the International Association of Yoga Therapists (C-IAYT; IAYT, n.d.). Training backgrounds included a range of institutions directly connected to the lineage of Sri T. Krishnamacharya and T.K.V. Desikachar. These included the Krishnamacharya Yoga Mandiram, Krishnamacharya Healing and Yoga Foundation, and training with Mr. Desikachar himself.

The sample was diverse in terms of age, experience, and geographic location. Participants ranged in age from 31 to 80 years and had between 1 and 40+ years of experience practicing yoga therapy. All participants engaged in a regular personal practice, and 11 reported working regularly with a mentor. Educational backgrounds ranged from bachelor's to doctoral degrees. Six participants identified as male and eight as female. All identified as heterosexual and as either Caucasian or Asian/Pacific Islander. Participants were based across the United States and Europe and reported offering both in-person and virtual sessions.

Regarding their client base, participants described treating individuals with a wide variety of health concerns, including but not limited to cancer, anxiety, depression, chronic pain, PTSD, and stress-related illnesses. Participants typically saw clients weekly, biweekly, or monthly, with caseloads ranging from six to over thirty clients annually.

3.4 Data Collection

Data were collected through semi-structured, in-depth interviews conducted via Zoom to accommodate participants in various geographic regions. Each interview lasted between 45 and 90 minutes. The interview guide was developed following a thorough review of the literature and in consultation with two content experts in Viniyoga therapy [9]. Questions were open-ended and designed to elicit rich descriptions of how Viniyoga is used in therapeutic settings, including questions about client cases, therapeutic goals, techniques employed, and the perceived mechanisms of change [9].

As part of the semi-structured interviews participants were asked to give two specific examples of clients they had helped. All study participants were prompted to "think about a specific client you helped" and then to "think about a different client you helped." They were asked about the client's presenting problem. Follow-up prompts were often asked about the initial daily practice and notable milestones the therapist observed over time.

All interviews were audio-recorded with participant consent, transcribed verbatim, and checked for accuracy by the research team. Transcripts were anonymized and managed using NVivo 12 software [42].

3.5 IPA Data Analysis

Data analysis followed the established seven-step IPA procedure [39]. This process involved: (1) reading and re-reading each transcript, (2) making exploratory notes, (3) identifying emergent themes, (4) developing connections across themes within each case, (5) moving to the next case and repeating the process, (6) identifying patterns across cases, and (7) interpreting the data in light of the research question.

Themes were understood to be co-constructed through an iterative and interpretive process. The researchers played an active role in theme development, informed both by engagement with the text and their contextual understanding of the Viniyoga tradition [40]. For instance, we distinguished six central themes across cases that described therapeutic principles, client-therapist dynamics, and specific techniques. These themes were then categorized into two broader conceptual domains to facilitate clarity and interpretive coherence.

To ensure rigor and trustworthiness, the analysis was conducted collaboratively by a diverse research team. Two of the researchers were IAYT-certified Viniyoga therapists, one was a long-time practitioner of Viniyoga, and another had no formal experience in the tradition. This combination of insider and outsider perspectives allowed for both depth and critical distance. Reflexivity was maintained throughout the analytic process. The primary interviewer acknowledged their dual role as practitioner and researcher and engaged in ongoing reflection to bracket personal biases.

Credibility was further supported through member checking, where selected participants reviewed and affirmed interpretations of the data. An external peer reviewer with qualitative research expertise independently reviewed a sample of coded transcripts to confirm alignment between themes and raw data. The team met regularly to discuss themes, ensuring that interpretations remained grounded in the data.

This study's methodology also aligns with recommendations for the development and evaluation of yoga-based interventions, which emphasize culturally sensitive adaptation, intentional therapist involvement, and detailed documentation of therapeutic mechanisms [6].

3.6 Directed Content Analysis

Directed content analysis of client case examples used predetermined coding categories [41] based on the themes identified in the IPA analysis to provide exemplars and descriptive evidence supporting the foundational themes of the therapeutic application of Viniyoga identified in this research.

4. Results

This study investigated how Viniyoga is applied therapeutically through the lens of 14 yoga therapists. The study uncovered six themes describing how Viniyoga is applied therapeutically. The themes describing the ways Viniyoga is applied therapeutically arose in two distinct categories. The first described the processes of therapeutic Viniyoga as the importance of having a daily practice, self-observation, and state change and the second discussed the techniques used in therapeutic Viniyoga including breath work, movement, and meditation. How these themes are supported by the yogic concept of svadhyaya, or self-observation are discussed.

The processes of one-on-one Viniyoga therapy are supported by the therapeutic relationship (See Figure 2). The therapist assesses the client and creates an initial personal daily practice. Doing the daily practice facilitates self-observation and state change. State change provides opportunities for self-observation. Conversation with the therapist and therapist observations of the client support self-observation and state change and result in changes in the personal daily practice as the client progresses.

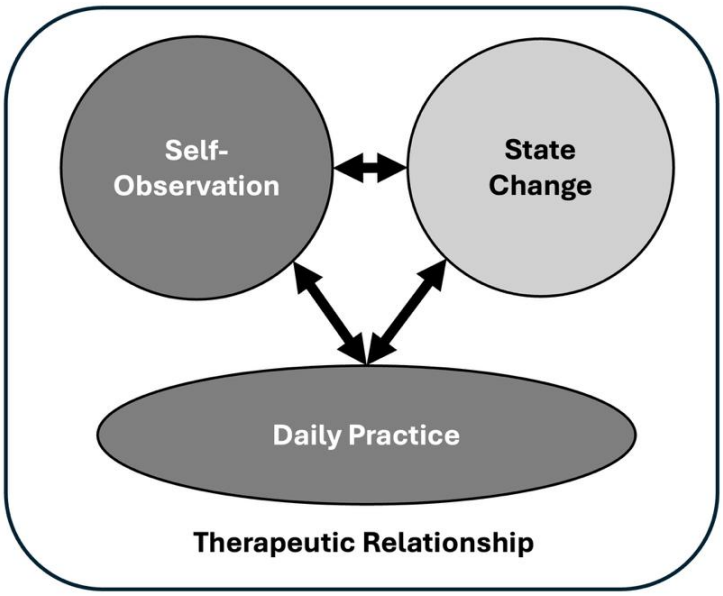

Figure 2 Processes of Therapeutic Viniyoga.

4.1 Themes Describing Processes of Therapeutic Viniyoga

4.1.1 Daily Practice

A vital technique emphasized by the Viniyoga therapists was the importance of maintaining a daily practice. Experiences serve as the currency of therapeutic Viniyoga, wherein therapists provide clients with personal daily practices designed to transform how their system functions. These practices allow clients to experience what it feels like when the body is comfortable and stable, the breath is long and smooth, the mind is directable with continuous and stable attention, behavior is appropriate, the attitude is positive, and the emotions are joyful. Through these repeated experiences, the client's overall system gradually shifts toward greater balance and resilience.

Central to the therapeutic process is that the daily practice is carefully tailored to meet the client's individual needs and capacities, ensuring it is achievable and sustainable. This consistency fosters the development of self-observation—a skill critical for clients to regularly check in and notice how their system functions from day to day. As this skill strengthens, clients become increasingly attuned to subtle shifts within themselves, facilitating deeper self-awareness and personal growth. Participant #6 reflected on this by stating, "I've seen incredible results from people who've done even five- or six-minute practices, but they do it every day." Participant #8 further emphasized the transformative power of continuity, describing it as "one of the mechanisms. It can't just be one and done. Because there's really a whole change in one's relationship with life and with other people and with one's own palette of colors, failures and successes, strengths and weaknesses."

Embedded within the importance of daily practice is the process of client empowerment. Participant #1 described the daily practice as a "self-empowerment process where you know that the person starts to believe in themselves." This notion aligns with the foundational Viniyoga premise that "people have inside them already all the answers to their issues." Therapists do not impose solutions but facilitate clients in "finding and believing and having the courage to follow through on the answers that arise for them." Over time, clients become "more and more connected to their personal, authentic needs and goals and desires," gaining the capacity to "let go of the situations and choices that cause them issues by not blindly following and making the same repetitive decisions that they made in the past."

Therapist self-practice also plays an essential role in supporting client progress. As noted by several participants, the therapist's own consistent practice fosters a regulated, clear, and attentive presence that informs therapeutic work. Participant #3 asserted that "the most important thing for the yoga therapist to do is to practice," while Participant #4 highlighted that much of the therapeutic insight emerges from "those quiet focused moments when you yourself are sort of regulated, clear, and attentive." This integration of therapist and client practice forms the foundation for authentic relational engagement and effective therapeutic intervention.

Taken together, these insights underscore that daily practice, whether brief or extensive, personalized, and consistent, is not merely a technique but a transformative process. It facilitates the client's ongoing journey toward self-awareness, empowerment, and lasting change, supported by therapists who themselves are deeply engaged in their own practice and growth.

4.1.2 Self-Awareness

Self-awareness emerges as a critical outcome of consistent self-observation through daily practice in therapeutic Viniyoga. It marks a turning point where clients move from simply noticing their internal states to meaningfully understanding and responding to them. Through this process, clients begin to recognize patterns in their body, breath, mind, emotions, and behavior, gaining insight into what supports or undermines their healing.

Participant #1 explained that the primary goal "is for the client to become self-aware, to recognize when their system is supporting their healing and when the system is moving away from healing, for them to recognize what it looks like in their body, what it looks like in their breathing, what it looks like in their mind, what it looks like in their emotions, their behavior, for operations that are likely to be supportive of healing and health versus operations, ways of being that are going

to be detrimental to their health and their healing." This awareness is cultivated through individualized daily practice, dialogue with the therapist, and embodied experiences during sessions.

Participant #5 noted that "one of the primary stages in the beginning is awareness. And so, as you go to the therapist, sometimes what we're doing is reflecting back to them what their state is, so they can see that, and they can think of it as something separate from themselves. They can see themselves and they can see their condition, so they can start to have some awareness of it, some definition around where their suffering is." This reflective process enables clients to begin relating differently to their internal experiences, creating space for understanding rather than reactivity.

Beyond simply identifying symptoms, Viniyoga therapy encourages clients to develop the tools and discernment necessary to navigate them skillfully. Participant #3 emphasized this, stating, "It's not only to manage those symptoms, but be aware of them, understand them, and then learn the tools of yoga that they can use to manage them." Self-awareness in this context empowers clients to respond to their internal experiences with conscious choices rather than unconscious patterns.

Participant #10 echoed this intention, explaining that "implicit with the teaching is help an individual learn what they can do through their own practice to influence their condition in a positive way." This orientation helps clients shift from a passive experience of symptoms to an empowered role in their own healing process.

As self-awareness deepens, clients begin to experience greater stability and authenticity in their engagement with the world. Participant #4 described this progression as cultivating "a stability in their experience of themselves and there's some empowerment around how they want to engage in the world rather than being sort of pushed around or influenced by patterns or by other people. There's like an increased sort of internal anchor or confidence in how they can engage with the world. So, I think it's a very powerful process."

Together, these perspectives illustrate that self-awareness is not merely a cognitive insight but a full-spectrum capacity involving body, breath, emotion, and behavior. Through this awareness, clients build a foundation for transformation—one that aligns with the core principles of Viniyoga as a therapeutic and empowering practice.

4.1.3 State Change

Another major theme identified by participants in how Viniyoga is applied therapeutically is the facilitation of state change, the process by which clients experience a shift in their overall internal condition, including physical, emotional, mental, and spiritual aspects. Many therapists described state change as essential for therapeutic progress. Rather than treating symptoms in isolation, Viniyoga practitioners aim to shift the underlying state of the client's system so that imbalances resolve as a natural consequence. State change serves as both a mechanism of healing and an indicator of progress and was repeatedly cited as a foundational therapeutic goal.

Participant #9 explained this concisely: "The whole goal of this is state change. So, we're wanting to change the person's state, we're wanting to influence and support a change in the person's state. And this is actually in effect what helps address the symptoms or the illness or the healing." Participant #8 agreed, stating unequivocally, "When Viniyoga is practiced there will be state change, period."

Therapists described this change in state as enabling clients to reconnect with an internal sense of wholeness and vitality. Participant #7 emphasized the transformative nature of this process,

saying, “state change undoes all that stuff life does to you and when you are able to connect to something that’s beyond all that material construct within the system, you know, it heals.” These shifts were reported to influence clients at every level of their experience, supporting more than just symptom relief. As Participant #6 shared, “I want my student, whoever comes to me seeking support to feel better, you know, at any level—physically, mentally, emotionally, spiritually—for whatever they’re seeking support for.”

Participant #1 elaborated further on the therapeutic significance of state change, describing how the goal is for clients to “be able to actually succeed in changing how their system is operating and then to gain some capacity in doing that. They become more and more proficient at successfully influencing the way their system is operating.” They noted that fostering qualities such as stillness, quiet listening, and connection to one’s intuition supports the development of this internal capacity.

Several participants also emphasized the broader health implications of state change. Participant #11 explained, “Those state changes then have a rippling effect on a person’s health which can improve their health condition. So, state change is pretty foundational.” Participant #5 highlighted how even physical symptoms like back pain could be influenced by a deeper psychological or emotional shift, observing that “the state change is moving from, in a way from fear to trust.” Moreover, they noted that “sometimes a state change will actually increase a person’s physical capacity,” reinforcing the idea that improved internal conditions enable more adaptive responses at the physiological level.

Participant #3 was similarly direct, stating, “state change is really important to the healing process,” and Participant #4 reflected that clients often arrive hoping “to make some change in their lives or make some change in how they feel.” Participant #12 described the impact of these shifts on perception, noting that “their experience of the world and themselves would change,” and as a result, “their perspective would be more positive, and their emotions would be more at peace.”

Ultimately, the Viniyoga therapists interviewed viewed state change as both a process and an outcome, something that must be supported through tailored practice and embodied experience, and which, once achieved, becomes self-sustaining and transformational. Through regular practice, self-observation, and appropriate guidance, clients become increasingly capable of navigating their inner experience, resulting in profound shifts in health, behavior, and identity.

4.2 Themes Describing Techniques of Therapeutic Viniyoga

4.2.1 Breath Work

Breath work emerged as a foundational component of therapeutic Viniyoga practice across all interviews. Viniyoga therapists described breath as both a diagnostic tool and a mechanism for transformation—one that can be tailored to individual needs and capacities. Many therapists noted that breath is not treated as a separate technique, but rather as an integrated thread woven through all aspects of practice, particularly movement.

A central tenet of Viniyoga is the coordination of breath and movement, which multiple participants emphasized as essential to the therapeutic process. Participant #1 explained, “learning to coordinate the breathing with their movements or rather to coordinate the movements with their breathing,” highlighting that breath often leads the practice and provides rhythm and structure to movement sequences. This reciprocal relationship between breath and movement allows therapists to meet clients where they are physically, emotionally, and energetically.

The use of Prāṇa, Prāṇāyāma, and Āsana, key components of Viniyoga, was mentioned throughout the interviews as core pillars of the work. These tools are not applied generically; instead, they are adapted to support attention, awareness, and energetic regulation. Participant #4 articulated this link between breath and focused attention by stating, "once someone develops the capacity to direct their attention, then they can put their attention somewhere and engage with that somewhere or that something, that experience." This connection between breath, awareness, and engagement underscores breath work's role not only in relaxation but in facilitating self-regulation and therapeutic presence.

The emotional impact of breath work was another common thread in participants' responses. Participant #4 further reflected on this by stating that breath work "can affect someone very deeply, especially at the on, Anamaya level or the level of the emotions," suggesting that breath interventions can reach subtle layers of the self and serve as a gateway to emotional healing. Breath work was described not only as a calming tool, but as a practice that promotes self-inquiry and inner connection, allowing practitioners to identify energetic or emotional blocks.

For many therapists, breath serves as the starting point for practice. Participant #5 shared, "I always start with the breath and sometimes that's very simple. Just having them experience their breath by placing their hands on their body or something." This underscores the accessibility and adaptability of breath-based interventions, especially for clients who may be physically limited, emotionally overwhelmed, or new to contemplative practices. Using tactile feedback or hand placement allows clients to anchor attention and begin exploring the breath in an embodied way.

Overall, therapists described breath work as essential to cultivating self-awareness, emotional regulation, and energetic flow. Through tailored instruction, clients begin to deepen their breath, observe where it flows freely and where it is restricted, and gain insight into their internal landscape. This developing awareness not only supports physiological health but fosters a capacity for self-observation and introspection that underpins the broader therapeutic process in Viniyoga.

4.2.2 Movement

Movement was consistently described by Viniyoga therapists as a core therapeutic technique. Participants emphasized movement not as a stand-alone intervention, but as an entry point into deeper awareness, self-regulation, and transformation. Through intentional and accessible movement, therapists support clients in cultivating present-moment attention, enhancing the connection between body and breath, and creating conditions for therapeutic change.

Participant #2 highlighted the foundational role of movement in their therapeutic approach, stating, "the techniques I use most often are… gentle, the coordination of like gentle movement and breathing, and then pranayama is my most important tool I use." This emphasis on gentle, integrated practice reflects a broader theme across interviews—that movement is most effective when synchronized with breath and offered in a way that is responsive to the client's capacity and state of being.

Participant #3 echoed this integration, emphasizing the universality and adaptability of movement: "I would say, I mean, broadly speaking, as a teacher, some sort of movement with breathing, that's a big [part]… even for the students who may not have the attention or the interest in meditation, there's almost always some sort of coordinated movement and breathing." This

illustrates how movement can serve as a gateway to meditative awareness, particularly for clients who may initially resist more introspective practices.

The role of physical movement in supporting relaxation and accessibility also surfaced in several accounts. Participant #5 explained, "Always some kind of physical movement. Sometimes that's quite simple, so we could say nyasa or asana. In Western culture, we call some of the techniques relaxation exercises, so sometimes I will do some progressive relaxation for people that haven't experienced that before." This comment reflects how therapists adapt traditional practices to contemporary language and clinical contexts while remaining grounded in lineage-based technique.

Multiple therapists noted that slowness and simplicity were critical to the efficacy of movement practices. Participant #12 described this as central to their approach: "slowing down, slowing down movement, slowing down breath, that would be a really great basic thing that I use often." The therapeutic value of slowing down lies not only in its calming effect on the nervous system, but also in its capacity to create space for observation and awareness.

Participant #9 spoke to the progressive nature of movement in Viniyoga therapy, stating, "I'm moving people from larger movements to smaller movements, from focus on attention and movement and breath to more and more attention of just the breath." They described this shift as a movement "from gross to subtle," suggesting that physical movement initiates a process that ultimately leads to deeper internalization and more refined perception. This layering of experience is central to the Viniyoga model, where movement serves both as an entry point and a catalyst for internal transformation.

Movement also plays a role in interrupting entrenched patterns of perception and experience. Participant #8 reflected, "you want the mind to accompany the experience so that there's a new experience. The newness of experience is therapeutic, rather than [feeling like] it's always going to be this way, which is so entrenched in us when we're not well." In this view, movement provides a platform for change, offering clients a new embodied experience that can shift cognition, emotion, and behavior. The deliberate, mindful pacing of movement sequences—combined with breath awareness—supports clients in cultivating this "newness" as both a physiological and psychological event.

Overall, movement in Viniyoga therapy is characterized by its intentionality, adaptability, and integration with breath and attention. Therapists use movement to gently guide clients into deeper levels of awareness, facilitate self-regulation, and provide access to the therapeutic process in a way that is grounded, experiential, and deeply personalized.

4.2.3 Meditation

Meditation emerged as a fundamental and versatile technique frequently employed by Viniyoga therapists in their therapeutic practice. It serves as a critical tool for fostering self-observation and cultivating present-moment awareness, allowing clients to connect with their inner experience in a supportive and intentional way.

Participants described meditation as a means to develop the capacity to direct and sustain attention, which facilitates engagement with an internal "somewhere" or "something" that holds therapeutic significance. Participant #4 articulated this process, noting that "once someone develops the capacity to direct their attention, then they can put their attention somewhere and engage with that somewhere or that something, that experience, and that can have a deep, that

can affect someone very deeply, especially at the annamaya level or the level of the emotions." This highlights meditation's profound impact not only cognitively but also on emotional and energetic dimensions.

The forms of meditation described by participants were diverse and adapted to the needs and receptivity of clients. Participant #1 explained one approach as a "meaning meditation or a happy place meditation," which involves guiding clients "to the awareness of a place where you feel very supported and connecting that with yourself with breathing." This technique underscores the use of visualization combined with breath awareness to cultivate a safe and nurturing internal environment.

Other participants emphasized accessible forms of meditation, such as chanting, which can be more approachable for some clients than traditional mantra repetition or object visualization. Participant #2 shared, "I've gotten people who actually like the chanting and so again that is meditation and that's a much easier form of meditation for people than to sit and do mantra japa or visualize an object which is in this culture is incredibly challenging and difficult for people, so I do chanting and I introduce it, I introduce it slowly." This flexible and gradual introduction of meditation techniques demonstrates sensitivity to client preferences and cultural considerations.

Participant #10 described another variant of meditation as "some call it the setting an intention for our future, some kind of contemplative meditation," indicating the intentional and forward-looking aspects of meditative practice within therapeutic work.

Moreover, meditation is understood as a process that quiets habitual mental patterns, allowing clearer perception of the chosen object of focus. Participant #9 explained, "I mean this is primarily what is meant by meditation is… there's less of your patterning influencing your system so you're able to see more clearly what the object of focus is." This clarity is essential for facilitating insight and self-awareness in therapy.

Participant #5 identified meditation as one of the primary therapeutic tools alongside relationship, breath, movement, and sound, reflecting its integral role in the holistic Viniyoga approach.

Overall, meditation in Viniyoga therapy is presented not merely as a static practice but as an adaptable and embodied process that supports clients in developing attentive self-observation, emotional regulation, and experiential clarity, tailored to individual needs and capacities.

5. Client Case Analysis

5.1 Description of Client Case Samples

Twenty-nine client cases were obtained. One participant described only one client. Two participants described 3 different clients. The other 11 participants described 2 clients. Some therapists provided extensive descriptions and others were very concise. Word length of the client cases varied from 97 to 1,806 words. Eleven cases (38%) were fewer than 500 words. Five (17%) were between 500 and 1000 words. Ten (34%) were between 1001 and 1500 words. Three (10%) were more than 1500 words.

5.2 Duration of the Therapeutic Relationship

Some therapeutic relationships among the example client cases were new or short while others had gone on for years. The interview did not directly ask about duration of the therapeutic relationship. The researchers relied on spontaneous mentions of a timeframe in the interviews to estimate duration. For example, participant 4 mentioned "this person has been my client now for almost 10 years" (P4-C1). Participant 1 stated that most of their client's daily practice "stayed in a lying position for several years" (P1-C2). Participant 8 reported that "I saw that person for six months before they moved" (P8-C1).

Eight of the 29 client case descriptions did not include any explicit mention of a timeframe. Among the 21 cases that did mention a timeframe, 33% had a duration of years, 52% of months, and 14% of weeks. Viniyoga therapy can involve long durations. Among the seven cases coded as "years" two were 2 years, one 3 years, one 5-6 years, two 10 years, and one 12 years.

5.3 Contextualizing the Client Cases: Presenting Problem and Additional Concerns

For each client case, participants were asked about their client's presenting problem. Most participants also talked about additional concerns they observed during the initial assessment. Clients have a specific reason or reasons why they come to yoga therapy (their presenting problem). Through the intake interview and observation, the yoga therapist becomes aware of additional concerns, considering the client's breath, body, mind (labeled intellect in the Pañcamaya model), emotions, and behaviors (labeled personality in the Pañcamaya model) as well as their circumstances.

Table 1 summarizes the presenting problem and additional concerns when therapeutic yoga began for the 29 client cases. The presenting problems are grouped by whether they are primarily physical or mental, and whether additional concerns were physical or mental. Column 1 lists presenting problems. Column 2 lists additional concerns. Column 3 is a case identifier—the participant number and whether this was their first, second, or third client case. For example, P1-C1 is participant 1, client 1.

Table 1 Presenting Problems and Additional Concerns.

Physical Only		
PRESENTING PROBLEM	**ADDITIONAL CONCERNS**	**CASE**
progressive neuromuscular disorder	diaphragm stuck, not moving	P2-C2
bone-on-bone arthritis in the knee		P8-C1
joint pain and inflammation in hands, knees, wrists from rheumatoid arthritis	low energy, feels cold most of the time, wakes during the night due pain in joints	P13-C2
Physical and Mental		
PRESENTING PROBLEM	**ADDITIONAL CONCERNS**	**CASE**
back pain	grief from loss of spouse	P1-C1

hip and knee pain	difficult domestic situation (addict son, partner with ill health), unresolved childhood trauma	P1-C2
knee pain from recent knee surgery	needs support to let go of her "no pain, no gain attitude" toward her body and career	P7-C1
back pain restricting movement	constipation, insomnia, other dysfunction, tough life	P8-C2
achiness, joint stiffness, tight muscles, specifically neck, low back, and hip	stress within family relationships and as chairman of the board of a non-profit, dealing with a very difficult employee	P3-C2
pain, structural issues from lifetime of fights and abuse	rough life and childhood trauma	P10-C2
intense pelvic pain	angry at her body and in general about the disability that the pain was causing	P12-C2
injury from botched cancer surgery damaging left side of diaphragm	extreme difficulty breathing, couldn't breathe without coughing, extremely weak, mental and emotional crisis, doubting if she wants to be a doctor	P6-C1
high blood pressure	chronic long term personal and work stress	P3-C1
brain cancer	dealing with diagnosis of terminal metastatic brain cancer	P6-C3
leukemia, graft-versus-host syndrome	skin rashes, infections in mouth, serious digestive distress, lack of vitality, poor sleep and memory, loss of balance and strength, preparing for end of life	P10-C1
poor balance	grief from loss of spouse	P13-C1
very limited mobility	moody	P14-C2
	Mental Only	
PRESENTING PROBLEM	**ADDITIONAL CONCERNS**	**CASE**
sex and love addiction	developmental trauma and abuse	P2-C1
substance use	homeless	P6-C2
various mental health challenges	when one mental health issue clears up, another one shows up	P2-C3
deep grief over loss of spouse	not able to re-engage in life, trauma of having been his primary caregiver	P4-C1

anxiety	interfering with work performance and personal and professional relationships	P9-C1
anxiety		P11-C1
difficulty sleeping	stress related to family issues and aging	P11-C2
extreme depression, suicidal ideation and exhaustion from cancer treatment	feeling overwhelmed and suffocated by the demands of life	P12-C1
Mental and Physical		
PRESENTING PROBLEM	**ADDITIONAL CONCERNS**	**CASE**
stressful job impacting mental and emotional state	some physical pain in low back and hip	P4-C2
unhappy with job, poor sleep, perimenopause, not sleeping well, not enough space for herself	long-term back issues, sacrum and SI issues	P5-C1
trouble falling asleep and staying asleep	congestion, late onset asthma, anxiety around the breath, inflammation in lungs, collapsed disc L5S1, stiff neck, felt fragile and unstable and afraid, reactive arthritis	P5-C2
hypersensitivity to touch, sound, light	constipation and chronic migraines	P9-C2
anxiety, depression	extreme hot flashes from menopause, limited mobility, severe pain, scoliosis	P14-C1

Sixteen of the presenting problems were physical (55%) and 13 related to mental health and well-being (45%). Additional concerns demonstrate the holistic nature of Viniyoga therapy. Thirteen of the 16 clients whose presenting problem was physical had additional concerns related to mental health and well-being (81%). Examples of mental health concerns co-occurring with physical presenting problems are back pain with additional concerns being grief over loss of a spouse (P1-C1) and terminal brain cancer as the presenting problem and additional concerns related to dealing with the diagnosis (P6-C3).

Five of the 13 clients whose presenting problem was mental health and well-being had additional concerns related to physical health (38%). For example, chronic stress was often accompanied by additional concerns related to physical pain. A presenting problem of anxiety and depression was accompanied by additional concerns related to extreme hot flashes from menopause and pain from scoliosis (P14-C1).

6. Daily Personal Practice

All 29 client cases were given some kind of personal daily practice. According to participant 9, “the practice is both what enables the healing and the improvement in health and well-being, but

it is also the reference point for me and for the patient or client in terms of tracking what's happening for them."

Throughout the Viniyoga therapeutic relationship the client has a daily personal practice which the therapist designs and then modifies as the client changes. Figure 3 diagrams this process.

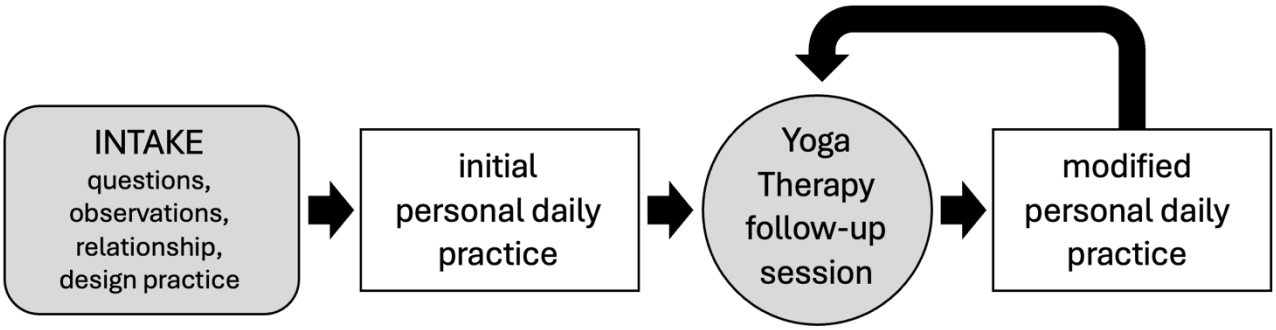

Figure 3 The Personal Daily Practice Process. Caption: Yoga therapy begins with an intake session and creation of an initial personal daily practice. Periodic follow-up sessions and modifications of the daily practice continue.

7. Initial Personal Daily Practice

During the intake session the Viniyoga therapist designs an initial daily personal practice for the client to do. That initial practice is revised or changed during subsequent follow-up sessions. Participant 9 characterized the progression of practices over time. The client is "learning skills of how to work with attention, movement, and breath to influence their own system and the dimensions of their system. And as they get better with capacity there's more and more we can do." Participant 12 offered an example. "As we progressed, we were able to find a practice that she was really happy with and solid and able, and she's a self-disciplined person, so she's doing it every day" (P12-C2).

Participant 11 clarified, "the practices don't arise out of nowhere—there is a conceptual model." A core premise of Viniyoga's 5-dimensional model of the human system is that changes in one dimension influence the other dimensions. This interconnected model of the human system explains why yoga therapy daily practices work with breath, movement, and attention regardless of whether a client's presenting problem involves physical or mental health.

For all except four client cases participants provided at least some information about the initial personal daily practice they designed. Thus, 25 initial daily practices could be analyzed regarding the thematic techniques of breathwork and movement.

7.1 Initial Personal Daily Practice: Breathwork

Conscious breathing is a central component of therapeutic yoga.

7.2 Initial Personal Daily Practice: Breathwork: Aligning Movement with Breath

All 14 Viniyoga therapists use movement linked with breathing in the personal practices they design. Participant 5 explained how they often start with the breath in simple ways. "You know, there's some people who have a lot of anxiety about the breath or controlling the breath in any way.

So sometimes I need to initiate it very slowly so that it doesn't trigger them. So, breath awareness, moving with the breath." Aligning movement with breath is a form of conscious breathing. One part of the movement (such as raising arms up from the front) is done during inhale and the second part of the movement (lowering the arms down) is done during exhale. Aligning movement with breath requires the client to pay attention to their breath and body as they move and breathe.

7.3 Initial Personal Daily Practice: Breathwork: Breath Awareness

Another basic approach to conscious breathing is connecting with or bringing awareness to the breath. For a client with severe depression the initial practice was "simply awareness of the breath and intentional slowing and lengthening of the breath" (P12-C1). Several initial personal practices included having clients place their hand on their lower abdomen as they breathed, to bring attention to the breath in that region (P5-C2, P13-C1, P13-C2).

7.4 Initial Personal Daily Practice: Breathwork: Focus on Exhale

Eight initial client practices included emphasis on exhale such as learning how to exhale (P1-C1, P1-C2), focus on exhale (P14-C1, P8-C1), lengthening exhale (P3-C1, P5C2, P8-C1, P12-C1), relaxing exhale (P8-C2, P3-C1), moving only on exhale (P13-C1), and exhale technique (ujjayi [gently constricting the throat while breathing to bring attention to the breath]) (P1-C1, P1-C2). Participant 3 elaborated. "Beginning a breathing practice, I just had her do something very simple on her back, where she did a step of lengthening exhale, but she did it laying on her back. So just very, very, very simple" (P3-C1).

7.5 Initial Personal Daily Practice: Breathwork: Focus on Inhale

Focus on inhale was much less common than focus on exhale in initial personal practices. Participant 7 observed the client's inhale was short, so part of the intention of the practice was to have the client consciously slow inhale down (P7-C1). Participant 4 had the client focus on inhale while connecting with her own strength (P4-C1). Sitali [a cooling breath technique involving inhale drawing in air through a curled, extended tongue while raising the head followed by exhale with mouth closed slowly lowering the head] was part of the initial practices for participant 12's client with intense pelvic pain (P12-C2), participant 14's client with very limited mobility (P14-C1), and participant 7's client with knee pain from recent surgery (P7-C1).

7.6 Initial Personal Daily Practice: Breathwork: Advanced Techniques

For some clients, particularly those who already study and practice yoga, the yoga therapist may introduce more advanced yogic breathing techniques to the daily personal practice over time. Participant 2's client with sex and love addiction had experience with yoga. "We started with asana [breath-centered movement]. Now he can just chant and breathe. He does pranayama [breathwork] practice" (P2-C1). Participant 5's client with personal and work stress, poor sleep, not enough space to herself "was an experienced yoga practitioner and was able to do directional breathing" (P5-C1).

7.7 Initial Personal Daily Practice: Movement

Almost all initial personal daily practices incorporated movement aligned with breath. Participant 3 explained. Breath-centered asana (movement) "is really what helps people start to develop their breath". The movements in a personal yoga therapy daily practice were very different than movements in a group yoga class. Therapeutic yoga movements were often extremely simple and very small. Participant 10 gave their client with leukemia and graft-versus-host syndrome "some very simple joint movement with breath" (P10-C1). For another client dealing with pain, the daily practice involved "simple movements that increase circulation, reduce inflammation, and don't put any stress on the joints" (P10-C2).

7.8 Initial Personal Daily Practice: Movement: Body Position

One aspect of movement is body position. Twenty-one client cases mentioned the body positions incorporated in the initial personal practice. Of those, 14 (67%) included lying postures, 12 (57%) included seated postures (usually in a chair), and 8 (38%) included standing postures.

The positions and the movements for a personal practice were unique to the client. Practices done while lying down were given to clients when that position fits their situation or limitations. One simple lying practice was designed to be done while a client was receiving brain radiation treatment. The client aligned gentle movement of her fingers and thumb with inhale and exhale (P6-C3). The initial practice for a client with hip and knee pain was done with her legs up on a chair, "moving the toes coordinated with breathing, really learning how to exhale and connecting to the breathing" (P1-C2). The initial practice for a client who had difficulty sleeping (P5-C2) began "resting on her back with her hands on her abdomen with a long exhale and a free inhale. Then with knees drawn toward the chest, inhale bringing the knees out, exhale the knees come back. Doing that with one leg at a time and letting her head roll a little bit to the side. Then she rested with her legs up on an ottoman, "one hand on the belly and one hand on the chest with just free breaths."

For other client conditions seated or standing position practices were appropriate. Participant 6's client whose diaphragm was damaged "couldn't lie down without coughing so she had to do everything seated. We just started with super slow mellow arm movements just trying to connect movement and breath trying to use the krama [pausing breath and movement partway through] to help strengthen her breath a little bit" (P6-C1). The initial personal practice for the client with severe pelvic pain was done entirely in a standing position. During the initial session the therapist worked with the client to discover positions and movements that did not cause pain (P12-C2). Participant 12's initial goal for this client was "how can I give her something that will help calm her down that is challenging enough but doesn't also aggravate the symptoms".

7.9 Initial Personal Daily Practice: Movement: Challenging Work

Movement in some personal daily practices was more active. Participant 2's client with sex and love addiction needed focus and "liked a lot of challenging work and lots of instructions" (P2-C1). Participant 11 designed a practice for a client with anxiety that used physical movement and attention to help reduce stress (P11-C1). "This was a young client so the techniques I used were actually vigorous movements which required lots of attention and by doing that the client had to

focus and redirect their mind so that distraction and mental focus then takes their mind away from their stress."

7.10 Initial Personal Daily Practice: Meditation/Attention

New yoga therapy clients who do not have experience with breath-centered yoga begin with initial practices that help them develop the skills of bringing awareness to breath, aligning movement with breath, and establishing a regular practice. The therapist modifies the practice to reflect changes in their client's capacity and their needs. Focusing attention on breath and movement aligned with breath are themselves forms of mental focus. Meditation and other attention techniques may be introduced as part of a daily practice when the client is ready.

7.11 Initial Personal Daily Practice: Meditation/Attention: Bhavana

Two participants described giving their client a bhavana [intention to cultivate an image or idea] linked with breath as part of the initial daily practice. Participant 8 gave their client with back pain restricting movement an intention during breathing "to have more space—to focus on a relaxing exhale, but also focus on inhale, which is just with space" (P8-C2). For their client with bone-on-bone knee pain in addition to having the client imagine exhale as letting go of worries, just for this time of the practice," participant 8 guided the client to "imagine inhale as nourishing and filling them" (P8-C1).

7.12 Initial Personal Daily Practice: Meditation/Attention: Mantra

Participant 8 used attention to a mantra [repetition of a powerful word or short phrase, sometimes in Sanskrit] to facilitate doing the practice. The intake session with their client who had back pain restricting movement did not start smoothly. The therapist had the client try different movements and postures, but the client was unable to do anything without pain. "I was a little panicked frankly because I didn't know what I could do. Every single thing was like refused or I was told the reasons that it wouldn't be possible." Then it occurred to the therapist "there's this word in Sanskrit which refers to something deep inside which can never be destroyed. Would you like to hear it? Yes. So, I said, so it sounds like this …Would you like to say it yourself? Yes. So, she said it. Once she was saying it, then I said, can you say it and raise your arms?" Postures that had not been possible were ok. Repeating this mantra became the key. Her whole practice, while moving her body, was an intense focus of the mind on there is something deep inside that cannot be destroyed" (P8-C2).

7.13 Initial Personal Daily Practice: Meditation/Attention: Initial Focus

Several participants did give their client a meditation focus in the initial daily practice. The practice participant 6 created for their client with cancer incorporated a meditation that she could do during radiation treatment. While gently moving fingers toward and away from thumbs coordinated with inhale and exhale, the client cultivated a connection to "the light in the heart that's free from all sorrow" throughout the practice (P6-C3). Participant 8 wanted to give their client with bone-on-bone knee pain "a focus that could bring joy and also some peace—sunrise over the ocean because sunrise is the hopeful, it's the coming of light" (P8-C1). Participant 12 included visualizations

for both client's initial practices. For their client with intense pelvic pain the daily practice included a visualization of moonlight on water (P12-C2) and the practice for their client with extreme depression incorporated having a sense of "being on top of a mountain with space all around" (P12-C1).

Participant 5's detailed description of the initial practice they gave to a client who had studied Viniyoga for a long time shows how visualization and intention can be integrated in coherent ways with breath and movement steps. The initial practice for this client who had personal and work stress, poor sleep and not enough space to herself started with chanting ma aham [a Sanskrit phrase that means me, I am] followed by movement aligned with breath, then lying on her back, resting in the middle of the practice just feeling grounded, followed by more movement and breathing. "The ma aham chant was done three times at the end of the practice (ma aham, ma ma aham, ma aham aham) with the idea of feeling grounded and stable. Throughout the practice I wove in that the earth was supporting her and that materiality could be a support for spirit" (P5-C1).

7.14 Initial Personal Daily Practice: Meditation/Attention: Personalized Focus

When participants talked about meditation in the context of a client case this often started later than the initial practice, after client attention to breath and movement aligned with breath were established. For example, participant 13 noted that they added meditation after session 7 for their client with poor balance (P13-C1).

The interviews only asked about initial daily practices and thus did not capture ways meditation and attention were used throughout the therapeutic process of the client cases. Two of the participants described meditations they eventually introduced, illustrating how therapists getting to know their clients deeply over time allows choice of meditation focus to be personalized and meaningful. Participant 3's client with achiness, joint stiffness, tight muscles, in neck, low back, and hip "was a very spiritual person. So, the practice we worked with helped lead her into the meditations and prayers that she [already] did" (P3-C2). Participant 4 incorporated a meditation into the daily practice for their client with a very stressful job impacting mental and emotional state. This client was "a person who has deep faith and has a spiritual community and a religious tradition that she's a part of. And part of the development of her practice was bringing in meditation where she didn't have to do anything. She wasn't making things happen. She was instead receiving something from a bigger network. And we did that through a meditation on the roots that support a forest. So, she was seated on the forest floor and connected to this idea that through these networks of roots, if one tree is ailing, the other trees can actually send nourishment to that tree and support it, and it can recover from bugs or diseases" (P4-C2).

8. Self-Observation

The process of self-observation is infused throughout the therapeutic application of yoga. Self-observation along the 5 interconnected dimensions of the human system occurs during a daily practice (such as attention to breath, coordinating movement with breath, noticing resistance or distraction). Self-observation increasingly extends to observations outside of the practice, in life.

8.1 Self-Observation: Daily Practice

During a personal practice attention to breath, conscious breathing, and aligning movement with breath all depend upon self-observation. Participant 3 explained they always recommend that their clients "notice before you start to practice what are you feeling in terms of any symptoms or pain or anything like that and then when you're done practicing what are you feeling." The client should understand that "part of what they're doing is paying attention. They're using awareness to understand what helps and what hurts."

Although participants were not asked directly about client self-observation during the client cases part of the interviews, some of what they shared related to this theme. Participant 10 described a role for self-observation in the personal practice. A goal was to give clients "something that they can accomplish through their own effort, and they can see that through their own effort, they can influence a direction of change for themselves." The client did the practice, and they observed how it changed them. Talking about working with their client who had hypersensitivity to touch, sound, and light, participant 9 explained "they can see what's happening as a result of having a personal practice. They can see the dynamics of how it's subtly changing their personality and their emotions and their perceptions and their behaviors" (P9-C2).

Client self-observation reports about doing the personal practice help the therapist adjust the practice. Participant 3's client with high blood pressure observed "I know I rushed through [my practice] and I feel like I have such a bigger effect when I'm guided in practice by you" (P3-C1). So, participant 3 recorded the practice for her. Participant 3's client with high blood pressure also "realized her balance was really not very good so we started to incorporate more balance postures in her practice" (P3-C1). Participant 4's client with a stressful job "realized pretty quickly that the level of relaxation [in her initial personal practice] that was happening straight out of bed before moving into a very busy day" didn't give "the oomph to do the things she needed to do. So, we very quickly had to adjust the level of energy. We made adjustments as she discovered how the tools affected her and how that took her into the day" (P4-C2).

Client self-observations also reveal new avenues for healing that the therapist can integrate into the daily practice. At the first follow-up yoga therapy session for participant 1's client with back pain the client reported that she noticed that when she did steps in the practice "it makes me sad… I feel a lot of grief when I do the practice". Participant 1 inferred that "the physical was just the manifestation or an expression of a big change that she had had with the loss of her partner." Participant 1 introduced some expression of grief to the daily practice "to allow her to be there and just really encourage her to express the grief" (P1-C1).

8.2 Self-Observation: Increased Self-Awareness

Self-observation during daily practice and regular conversations with the therapist during follow-up sessions often lead to increased self-awareness of how clients' behaviors relate to their symptoms. Participant 5's client who had trouble falling asleep "said that she used to be so moody, but now that she's not so moody. She's also recognized that her sinuses got worse when her arthritis got worse. So, she could recognize that inflammation was affecting her whole system. That gave her some clues of what she, you know, like, looking at things like diet. Yoga was having a lot of benefit for her insomnia, and she recognized that wine might be making her insomnia worse" (P5-C2).

Participant 12's client with intense pelvic pain reported "being able to recognize the things that made it worse and the things that she could do when she was having a flare" (P12-C2).

Self-observation during daily practice eventually extends to self-observation of how clients respond to external events. Participant 3's client with achiness, joint stiffness and tight muscles reported physical improvements that were happening and also a calmness, "going into board meetings, feeling calm by the breathing. She could see some differences in how she was dealing with the stress of being a leader of a not-for-profit" (P3-C2). Participant 14's client with anxiety and depression "noticed that she was less reactive to family members at home" (P14-C1). Participant 12's client with intense pelvic pain reported that "she had more self-awareness of how she related to her job" (P12-C2).

Self-observation enables clients to notice ways their personality and patterns are changing. Participant 3's client with high blood pressure observed subtle changes she associated with doing her practice. "She reported to me is that she's feeling stronger. She now reports is that I do feel this change. Like when I practice, I feel this change and how she reports it to me is I feel more like myself" (P3-C1). Participant 5's client who was unhappy with her job and didn't have enough space for herself observed that "she felt good after the practice. She said she now knows how she wants to feel. She commented that just breathing gave her some space" (P5-C1). Participant 12's client with extreme depression noticed a "kind of the awareness that there had never been, she had never given any attention to herself. I've never felt my feelings. I've never put my attention on how I feel. Now she is able to notice her feelings when they arise and to not turn away from them" (P12-C1).

9. State Change

Yoga therapists watch for state changes in their client (short term and sustained shifts in the direction of optimal functioning) by way of conversation and observation throughout the therapeutic relationship. Responding to the client case study interview questions, participants mentioned a few of the notable state change milestones they observed. State change can occur along any of the five interconnected dimensions of the human system. The state change analysis is organized around these dimensions.

9.1 State Change: Physical (Body and Breath)

Eighteen participants commented on physical state change milestones. These changes included improvements in capacity, physiological functions, mobility, and pain.

9.2 State Change: Physical: Capacity

As they continued yoga therapy, what was possible for clients to do during their daily practice changed. Being able to do more demanding breath and body techniques in daily practice is not the point of therapeutic yoga. But changes in capacity are indicators of state changes toward optimal functioning of the human system and they enable the client to do more advanced breath and movement practices including those that support physical strengthening and flexibility. Improvement in breath and attention capacity allow clients to do breathing practices that increase mental focus.

Participant 3's client with high blood pressure became physically stronger. "She can tolerate a wider range of physicality. She's working with her breath more with more specificity" (P3-C1). P6-C1 noted that their client recovering from a damaged diaphragm's "breath was so much longer." P8-C1 remarked their client with bone-on-bone arthritis was "gaining amplitude of breathing and possibility of movement." P14-C1 appreciated that their client with anxiety and depression "became able to link movement and breath and not get confused." P5-C1 noted that breathing gave their client who didn't have enough space for themselves a sense of more space as the client "continued to work with exhale technique."

9.3 State Change: Physical: Physiological Functions

Three participants observed physiological state changes in their clients. Participant 9's client who had hypersensitivity to touch, light, and sound reported that "the migraines are happening less often. They're happening with less intensity and she's able to recover from them more quickly. The milestones were sensitivity to symptoms, lessening of symptoms, and recovery from symptoms" (P9-C2). Participant 14's client with anxiety and depression "reported a drastic improvement/reduction of hot flashes" (P14-C1). Participant 3 observed that their client with high blood pressure's "blood pressure is now within a normal range. Her resting heart rate is within a normal range, and she continues to walk, she continues to take her blood pressure medicine" (P3-C1).

9.4 State Change: Physical: Mobility

Four participants described client improvements in mobility. Participant 8's client with back pain restricting mobility observed that "establishing more space in the spine and the hips and shoulders" was accompanied by improvements in mobility (P8-C2). Participant 7's client with knee pain from recent surgery "had shifted her perspective to being a little more kind to her body." Steps in her personal practice were designed to move her body towards extension. "She came back already and said, I walked with a normal gait to a basketball game at the big university. Some steps, long walks, and she had no pain, normal gait" (P7-C1). Participant 14's client started yoga therapy with very limited mobility. That client "was very happy to report his improvements every session (weekly or so). Mobility greatly increased and posture improved as well. After 1 month client came in with a cane instead of a walker. At 3 months he was walking without a walker" (P14-C2).

The mobility challenges for participant 6's client with a damaged diaphragm were linked to difficulty breathing. Therapeutic yoga helped bring about dramatic state change. "She didn't have as much coughing. Her breath was so much longer. Her coughing subsided. She was able to do different kinds of practices lying down. And then she was able to walk around the block, and then the next time she was able to jog slightly. Within a few months, she was jogging and doing sun salutations [a powerful sequence of breath-centered yoga postures]" (P6-C1).

9.5 State Change: Physical: Pain

Pain is a common concern that brings clients to yoga therapy. In some cases, therapists observed that the pain disappeared. In other cases, the pain lessened.

Two participants described clients whose pain disappeared. Talking about their client with bone-on-bone arthritis knee pain participant 8 reported "rather quickly the person was without pain and feeling much better" (P8-C1). For participant 12's client with severe pelvic pain, "in the first months, her pelvic pain completely eliminated" (P12-C2).

Four participants observed that their clients experienced a reduction of pain. Participant 14's client with anxiety and depression's "pain never resolved but improved" (P14-C1). Participant 13's client with joint pain and inflammation from rheumatoid arthritis "came back to our sessions feeling stronger and having reduced pain in the joints" (P13-C2). Participant 1's client with back pain initially could only do gentle movements lying on her back with feet up on a chair in her daily practice. The client gradually improved physically in ways that changed what was possible in her daily practice. She could do "similar movements and the development of the breathing, but without the feet up on the chair." Eventually, over several years, "her back improved to the point where she could do standing postures and she could work on the strengthening of her back, not just the relieving of the physical pain" (P1-C1). Participant 13's client with poor balance reported she was "feeling stronger" and was able to do more strenuous movements and postures. "Exhale increased. Her back has less pain and is strengthening, left side still weaker but feels stable" (P13-C1).

Sometimes surgery is needed to fully address the pain. Discussing their client with hip and knee pain, participant 1 explained "physically, she did get somewhat better but most of [her daily practice] stayed in a lying position for several years. Then she got hip replacement and knee replacement and what we were able to do physically changed a lot after the rehabilitation. So, then we were able to do standing postures" (P1-C2).

9.6 State Change: Mind (Intellect)

Almost all participants commented on state change milestones they observed in their client related to the mind.

9.7 State Change: Mind: Self-Regulation

The self-observation section of this content analysis gave numerous examples of how self-awareness empowered and enabled self-regulation. Clients became aware of how different activities or events made their symptoms worse motivating them to make changes to better manage their condition.

Another form of self-regulation was using tools from yoga therapy to manage stress. Participant 11 described two state change milestones for their client with anxiety. "Reduced stress is probably the main change. And that they had an experience where they had increased capacity to manage their health and condition and self-regulate which was empowering for them" (P11-C1).

Asking the breath to be long and smooth helps move the human system toward balance. Several participant's clients used a breath practice to help them cope with stressful situations. Participant 3's client with achiness, joint stiffness, tight muscles reported "a calmness – going into board meetings feeling calm by breathing, she could see some difference in how she was dealing with stress" (P3-C2). Participant 3's client with high blood pressure "reports when she's in meetings and she finds herself being activated by her boss. It's just sitting and doing some breathing and really sort of seeing it as that's the way this person is. I can't change that, but I can change how I'm reacting to it" (P3-C1). Participant 12's client with intense pelvic pain "would have these flare-ups, which she

was able to link with moments of anger" such as when she was having "a huge project at work that she was pushing and doing a lot on and getting frustrated with." The client "was able to know what was happening" and use tools from yoga therapy to calm herself down (P12-C2).

9.8 State Change: Mind: Clarity and Discernment

Clarity and discernment are symptoms of optimal functioning. Four participants commented on state change in a client related to this domain.

Participant 5's client with personal and work stress (unhappy with job, poor sleep, perimenopause, not sleeping well, not enough space for herself) observed that "right away she started to have more clarity about what her goals were" (P5-C1). Participant 2 noted that for their client with sex and love addiction, "the difference the yoga has made in his life has been that he's made better decisions. The clarity has improved" (P2-C1).

Participant 4's client whose stressful job was impacting her mental and emotional state observed that discernment required a shift from "is this the right job for me? And can I do this?' to instead asking "what needs to change in this job so that I can do it?" (P4-C2).

A big milestone for participant 10's client with pain and structural issues from a lifetime of fights and abuse "was when the pain was still there, although he could create relief, but it wasn't gone. We were able to reduce pain and have him relatively comfortable in a much more restricted range of motion. But over time, it became very clear that he needed to change his attitude, reaching the point where he understood the importance of and had the courage to get hip replacement. And now he's had one of two shoulder replacement surgeries" (P10-C2).

9.9 State Change: Mind: Perspective and Attitudes

Perspective and attitude shifts can be indications of the mind moving toward optimal functioning. Clients whose presenting problem was primarily physical and those whose presenting problem related to mental health and well-being had state change milestones involving change in attitude.

Working with physical challenges can benefit from changing lifetime patterns of pushing through. Participant 3's client with achiness, joint stiffness and tight muscles "relationship with her aging was an important issue that surfaced. She as a Type A always pushing but with aging, just having the need to have a different relationship with her body" (P3-C2). Similarly participant 7's client dealing with knee pain from recent surgery "shifted her perspective to being a little more kind to her body. She needed support with letting her no pain, no gain attitude go" which had been how she related to her body and her career" (P7-C1).

Changing perspectives related to close relationships in life can also help bring the system toward balance. State change milestones for participant 1's client with hip and knee pain included "recognizing the impact of the relationships on her life and the way that she was participating in them." The client practiced communication by the rose petal meditation. "She got better at developing boundaries and figuring out what actually worked for her and did not work for her. It didn't solve the problem of her son being addicted or of her partner being in really dire physical health, but it did kind of free her from being entwined in unhealthy ways. She was able to begin to develop boundaries for herself and show up in a way that worked for her" (P1-C2).

Participant 12's client with extreme depression, suicidal ideation, exhaustion from cancer treatment became aware that "she had never given any attention to herself. Now she's much more

relaxed in her life space for herself and for her family. There was some kind of digesting of her own identity and the practice of just breathing and having continued with the mountain meditation for some time. It was able to provide her a sense of space to understand where she was at" (P12-C1).

State changes in perspective can also enrich the experience of approaching end of life. Participant 10's client with leukemia and graft-host syndrome had a terminal diagnosis (P10-C1). Over time, "she began to embrace the reality of impermanence instead of resisting it, so that there could be more fullness in her experience as she approached the end of life. Her meditation changed from what she can do to restore balance and strength and stability to how to prepare for the inevitable end of life so that she could reach that day with kind of a sense of completion, contentment, not fear and anger."

9.10 State Change: Emotions

Therapeutic applications of Viniyoga often support emotional state change—working with negative emotions such as grief, despair, and past trauma. Of course, emotional state change in the direction of optimal functioning of the human system also shows up as positive emotions such as joy and stability.

Participant 4's client began yoga therapy to address grief over losing their husband to cancer. There was "a feeling of not being able to reengage in life and deep grief and processing the loss" (P4-C1). The participant felt that "some of what was needed was just a way, without using her thinking mind, to have some experiences that let her feel some relief. And also, to be able to grieve, to let some of that emotion move and be processed." The progression of yoga therapy "eventually worked toward a meditation that involved water coming in and out. Sitting next to a stream, bringing water in, moving that through her system, and then letting that water come out." This meditation technique can be very useful in helping someone cry and express how they're feeling. According to participant 4 the client "did that meditation for some time and I remember it being very mixed, meaning she didn't necessarily feel better. Sometimes it was an experience that left her feeling quite sad, but over time the sadness gave way to a little more integration of the loss, what her relationship to her husband was after he died and how she can go forward. So, it ended up being a very useful meditation, even though it wasn't easy."

That client "gradually developed some vocabulary around how she felt and then what she wanted her life to look like and what she could imagine as possible." As the client became clear about who she wanted to spend time with "she joined a walking group and started walking every week. And then she started to develop friendships in that group and, would stay after the walk and go to coffee. She decided she was going to join a country club and learn how to golf." This series of emotional and behavioral state changes culminated in "a sense of possibility and learning something new and something that excited or delighted her."

Participant 1 described the progression of working through grief for their client with back pain who was also grieving the loss of her spouse (P1-C1). As mentioned in the self-observation section of the content analysis, the client noticed she felt a lot of grief while doing movement and breath in her practice. The progression over many years began by including "some expression of the grief. So just to allow her to be there and just really encourage her to express the grief." The practice moved to include the water in, water out meditation for years. Finally, there was a shift where "it turned out that there were some specific things that she wanted to communicate to her partner that she

had lost." Instead of the water in, water out meditation, "I gave her a rose petal meditation as part of her daily practice where, on inhale, pick a rose petal, exhale, offer the rose petal and with each petal communicate something to your partner."

Participant 5's client who was unhappy with job, poor sleep, perimenopause, not sleeping well, not enough space for herself was Ukrainian (P5-C1). She "had some despair that came on because the war in Ukraine was very disturbing to her". After some time doing a daily practice that included engaging with that despair, "she and her husband decided to buy property in Poland to reestablish a relationship with their homeland. There was a change from feeling very disconnected to feeling connected and especially feeling in the divine no separation. There was the change in state from feeling in despair about the war and then shifting to a connection with her homeland that felt solid—not without conflict or problems—but she felt solid."

9.11 State Change: Behavior (Personality)

Because the five dimensions of the human system are interconnected, many of the prior examples of state change for breath, body, mind, and emotions mentioned behavior. Here are five more examples of behavior state changes participants observed as yoga therapy progressed.

As they healed, participant 12's client with extreme depression, suicidal ideation and exhaustion from cancer treatment decided to quit her job, "so that was interesting and gave her some more space" (P12-C1). Participant 10's client with leukemia, graft-versus-host syndrome started a new job. She "became a national cancer coach and relied a lot on the breathing" (P10-C1).

Both client cases involving addiction dramatically changed their behavior. Participant 2's client with sex and love addiction is now married "and he's in a healthy relationship from everything I can tell" (P2-C1).

Participant 12's client with intense pelvic pain "returned to having sex with partner, studying yoga therapy, questioning her identity and her relationship to God. She began writing poetry and feeling more creative expression. And then she signed up for studying yoga in the Viniyoga tradition" (P12-C2).

10. Discussion

Therapeutic Viniyoga is holistic, and the treatment, starting point, progression, and goals are unique for each individual client. This study merges theory and application to offer a tangible, conceptually grounded window into the processes and practice of Therapeutic Viniyoga. The unifying themes of daily practice, self-observation, and state change form a common thread across 29 case studies of clients with a variety of physical and mental health presenting problems. Details about how breathwork, movement, and meditation techniques were applied in the creation of personalized daily practices demonstrate extensive individualization [3, 43]. Therapeutic Viniyoga is holistic, and the treatment, starting point, progression, and goals are unique for each individual client. This study merges theory and application to offer a tangible, conceptually grounded window into the processes and practice of Therapeutic Viniyoga. The unifying themes of daily practice, self-observation, and state change form a common thread across 29 case studies of clients with a variety of physical and mental health presenting problems. Details about how breathwork, movement, and meditation techniques were applied in the creation of personalized daily practices demonstrate extensive individualization [15, 43].

Research on therapeutic applications of yoga is not the same as research on Therapeutic Viniyoga. Yoga research typically involves delivering a carefully designed but standardized yoga protocol to a population group with a common health challenge [33, 44]. Medical models of health guide the selection of standardized outcome variables. However, the process and outcomes of Therapeutic Viniyoga, which is highly individualized and experiential, are not compatible with that framework [45].

Therapeutic Viniyoga is a personalized therapy that emphasizes the observation of subtle states by both therapist and client. Self-observation of breath, movement, and attention is central to Viniyoga therapy. It fosters empowerment by encouraging the client to notice changes in their system that occur during and as a result of their practice [39, 46]. Practice nurtures a deeper connection between breath, body, and mind, and helps clients become more attuned to their patterns and needs. The Viniyoga therapist supports the client's awareness of unbalanced states and facilitates their engagement in the healing process through experience-based methods [3].

The content analysis illustrated a breadth of physical and mental health conditions in which therapists perceived they were able to help clients. These perceptions were derived from client self-reports, therapist observation of clients during practice, and ongoing follow-up sessions. The analysis revealed how yoga therapists integrated breathwork (including breath awareness, aligning movement with breath, focus on exhale and inhale, and advanced techniques), movement (including customized movement, asana, nyasa, and relaxation), and meditation (including mantra, intention, and contemplative meditation) to create personalized daily practices [43, 47].

Self-observation was seen not only as a method of assessment but as a therapeutic tool in and of itself. It enabled clients to better understand their behaviors, emotions, and symptoms. Therapists reported state changes across physical, emotional, mental, and behavioral dimensions of the human system. These state changes included increased physical capacity, improved emotional regulation, enhanced clarity and discernment, and positive shifts in perception and behavior [39, 45].

While studies have examined individual yogic techniques in isolation [2, 44, 48], this study offers insight into how Viniyoga therapists combine these tools in response to the specific needs of individual clients. One potential advantage of this personalized approach is that clients acquire knowledge and practices that can help them meet future challenges with greater confidence and self-efficacy.

11. Implications

This study contributes to the growing body of qualitative literature exploring the individualized application of yoga therapy by illustrating how Viniyoga therapists integrate breathwork, movement, and meditation techniques to tailor practices that support healing across physical, emotional, and mental domains. The findings suggest that Viniyoga therapy may offer a meaningful, client-centered approach for individuals experiencing a wide range of conditions. Its emphasis on personalization and self-observation allows clients not only to address their immediate symptoms but to develop self-regulatory tools that can be drawn upon in future challenges. This therapeutic model also appears to foster empowerment, helping clients reconnect with their inner resources and cultivate a sense of agency in their healing process.

The perceived effectiveness of Viniyoga therapy, as expressed by the therapists interviewed, underscores its potential value as a complementary or integrative modality for individuals who have not responded to conventional treatments. Additionally, the therapist-client relationship, continuity of practice, and emphasis on experiential learning are central components that may enhance therapeutic outcomes. These insights position Viniyoga as a potentially viable adjunct to both mental health and physical rehabilitation services.

12. Limitations

Several limitations of this study must be acknowledged. First, data were collected exclusively from yoga therapists, and client perspectives were not included. While therapists provided detailed descriptions of case outcomes, their interpretations are necessarily subjective and would be expected to be influenced by professional training and theoretical orientation. The lack of direct client feedback introduces a potential bias regarding the perceived effectiveness of therapeutic interventions.

Second, the study's sample consisted of practitioners who had received similar training in the Viniyoga tradition. As a result, the findings reflect a relatively cohesive philosophical framework and may not generalize to therapists trained in other yoga traditions. Furthermore, the client case examples shared by therapists were based on instances where they believed therapy had been successful. This introduces a possible selection bias, as unsuccessful cases or therapeutic challenges were not explicitly addressed in the interviews.

Finally, while the study included 29 client cases, these examples represented only a portion of each therapist's interview. A more systematic and detailed collection of case data could yield richer insights into the processes and variables influencing outcomes across a broader range of conditions.

13. Directions for Future Research

Future research should incorporate the voices of yoga therapy clients in order to more fully understand the therapeutic process from both perspectives. Including client narratives would provide important insights into how individuals experience and interpret their own progress, state changes, and perceived benefits from practice. It would also be valuable to compare the outcomes of Viniyoga therapy with other approaches to yoga therapy or complementary health interventions to better determine its unique contributions. Additionally, future qualitative studies could explore therapist-client dyads to examine how shared understanding and communication affect practice adherence and outcome.

Further investigation into the characteristics of clients for whom Viniyoga therapy is most effective—beyond just physical or mental health diagnoses—would help refine clinical indications and referral practices. Finally, although this study focused on therapist-perceived outcomes, quantitative research incorporating standardized assessment tools could complement these findings and enhance the evidence base for Viniyoga therapy.

14. Conclusion

Therapists perceived that Viniyoga therapy supports clients in achieving meaningful transformation through personalized daily practice, breathwork, movement, meditation, self-

observation, and state change. These elements, foundational to the Viniyoga tradition, were seen to foster physical, emotional, cognitive, and behavioral improvements across a wide range of presenting concerns. The therapeutic process is both adaptive and experiential, empowering clients through awareness and connection to their internal states.

While individual techniques used in Viniyoga—such as asana, pranayama, and dhyana—are widely researched, this study contributes to the growing body of literature on how those tools are integrated in individualized, therapeutic contexts. It demonstrates that the application of these tools through a customized daily practice can create a progression of durable shifts in the client's system and enhance their capacity for self-regulation and healing.

Looking ahead, future research should build upon these findings through longitudinal studies that track changes over time, providing insight into the durability of state changes and self-regulatory capacities. Integrating physiological and biomarker data, such as heart rate variability, cortisol levels, or respiratory rate, would offer a more objective understanding of how Viniyoga practices influence the autonomic nervous system and psychophysiological health. Comparative studies between Viniyoga and other therapeutic yoga modalities could further clarify the unique contributions of this approach.

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