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## Integrating Wisdom of Yoga into Casework Practice: Evidence from the Field

Digvijoy Phukan\*, Bhumesh Kumar† and Archana Kaushik‡

*Yoga is one of the six major schools of Bharatiya Darśana. It emphasises upon mental and physical discipline leading to the attainment of the state of Samādhi. Maharishi Patanjali in his thesis 'Yoga-Sūtra' has described in detail the Aṣṭāṅga Yoga (Eight Limb Path). Adherence to this path can enable an individual can achieve liberation. Although the actual meaning of Yoga is not understood by most persons in the present times, the three limbs of Aṣṭāṅga Yoga, namely, Āsana, Prāṇāyāma, and Dhyāna have gained worldwide acceptance. In view of the growing empirical evidence in support of the effectiveness of Yoga in ameliorating physical and mental problems faced by patients, social case workers in Bharat and also in the West have started including yogic techniques in the intervention plan designed for their clients. This article is an attempt to provide a framework for further integration of Yoga into social casework practice.*

### Introduction

We are in the midst of a global pandemic. While on one hand, this pandemic is causing unprecedented misery and pain, on the other hand, it is again making us question the consumption-driven model of development

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### **Integrating Wisdom of Yoga into Casework Practice: Evidence from the Field**

which originated in the West and was later adopted by countries across the world. Most problems we are encountering in the present times at micro, meso, and macro levels can be attributed to this model and the way of life associated with it. Faced with these problems, people from across the world have been searching for alternatives to this model of development and remedies to heal the wounds caused by this model to individuals, families, and communities.

Yoga and Āyurveda developed by our Rishi-s have the potential to heal this ailing world. Recognising the importance of Yoga in maintaining health, the United Nations (UN) has declared 21 June as the 'International Day of Yoga' by resolution 69/131. People from countries across the world are participating in the celebrations organised as part of the 'World Yoga Day'. The establishment of organisations like 'Arab Yoga Foundation' in the Arab World due to the laudable efforts of practitioners like Padma Shri Nouf Marwaai showcases the rising global popularity of Yoga. It can be stated that the potential of Yoga to heal the minds and bodies under tremendous stress due to the consumption-driven economic model has gained worldwide acceptance. This necessitates a deeper perusal of the meaning of Yoga.

#### **Yoga: A Brief Introduction**

Etymologically, the word 'Yoga' is derived from its Sanskrit root 'युज्' (Yuj) which means 'to yolk', 'to unite', or 'to join' (Basavaraddi, 2015). It is one of the six āstika (orthodox) schools of Bharatiya Darśana (philosophy) namely - Nyāya, Vaiśeṣika, Sāṃkhya, Yoga, Mimāṃsā, and Vedānta. Describing the aim of the schools of Bharatiya Darśana, Swami Vivekananda (1920) has observed: "All the orthodox systems of Indian philosophy have one goal in view, the liberation of the soul through perfection. The method is by Yoga. The word Yoga covers an immense ground, but both the Sankhya and the Vedantist Schools point to Yoga in some form or other." (p. xi)

While scholars may hold different opinions regarding the origins of Yoga, they are however in agreement over the fact that the Yoga-Sūtra is the foundational text of this school. Maharishi Patanjali undertook the task of compiling the Yoga-Sūtra-s (aphorisms on Yoga). According to Swami Vivekananda (1920), these aphorisms are the highest authority and textbook on Raja Yoga' (p.xi). Maharishi Patanjali defines Yoga in the first Chapter (SamādhiPadā) of Yoga-Sūtra as:

योगः चित्त-वृत्ति निरोध ॥ 1.2 ॥



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For attaining perfection, a graded discipline comprising of eight steps, called the 'Aṣṭāṅga' of Yoga (Eight Limb Path) has been expounded in the Yoga-Sūtra:

यमनियमासनप्राणायामप्रत्याहारधारणाध्यानसमाधयोऽष्टवङ्गानि ॥ 2.29 ॥

These eight steps according to this Sūtra are as follows: Yāma (restraint), Niyamā (observances), Āsana (posture), Prāṇāyāma (control of vital currents), Pratyāhāra (state of withdrawal), Dhāraṇā (concentration), Dhyāna (meditation), and Samādhi (total absorption).

### Review of Literature

The scientific community across the world has taken a keen interest in Yoga and this is evident from the finding that the 'Search results' with the keyword 'Yoga' and 'Publication Date' filter of 'five years' in the PubMed database of the United States National Library of Medicine (NLM) at the National Institutes of Health (NIH) contained 7,496 publications. A similar search in the ScienceDirect database showed 3,182 research articles.

A review of findings suggests that the practice of yoga can improve the physical condition of patients with acute myocardial infarction, epilepsy, chronic brain injury, arterial hypertension, musculoskeletal conditions such as muscular dystrophy, osteoarthritis, rheumatoid arthritis, etc. (Prabhakaran et al., 2020; Shawahna & Abdelhaq, 2020; Stephens, Puymbroec, Sample & Schmid, 2020; Cramer, Sellin, Schumann, & Dobos, 2018; Singh & Budhi, 2018; Greysen et al., 2017). It can prevent functional decline in older adults and lead to superior health status in physically inactive older adults (Kertapati, Sahar, & Nursasi, 2018; Tew, Howsam, Hardy, & Bissel, 2017).

It can also improve the psycho-social well-being of patients with epilepsy, high-risk antepartum women on hospitalised bedrest, persons with chronic non-communicable disease, HIV-positive individuals, people with Posttraumatic Stress Disorder (PTSD), physically inactive older adults, and breast cancer patients undergoing conventional treatment (Shawahna & Abdelhaq, 2020; Gallagher, Kring, & Whitley, 2020; Telles et al., 2019; Kuloor, Kumari, & Metri, 2019; Neukirch, Reid, & Shires, 2019; Tew, Howsam, Hardy, & Bissel, 2017; Rao et al., 2017).

Yoga was also found to benefit young adults in German secondary school settings, reduce life stress and increase the self-esteem of university students, decrease anxiety in school teachers, reduce substance use in people in reentry from prison or jail living with HIV and substance use problems,

### **Integrating Wisdom of Yoga into Casework Practice: Evidence from the Field**

significantly reduce acute depression severity in adults, prevent willingness to smoke cigarettes, as well as improving emotional self-control in females (Jeitler, 2020; Doi, 2019; Telles et al., 2018; Wimberley, Engstrom, Layde, & Mckay, 2018; Prathikanti, 2017; Bethany, LoRusso, Shin, & Khalsa, 2017).

These findings, based on the parameters of western science, have played a key role in the acceptance of Yoga as a 'comprehensive life discipline to harmonise body, mind, and spirit' (Prathikanti et al., 2017). Review of literature and analysis of secondary sources of information (websites and printed material provided by organisations offering Yoga courses) also reveal that while many people are acquainted with the concept of 'Aṣṭāṅga' of Yoga and few practitioners are in pursuit of Samādhi. In reality, across the world, Yoga it seems has become synonymous with the practice of Āsana, Prāṇāyāma and to some extent Dhyāna. The review further highlights the fact that not only persons with physical or mental health issues, but healthy individuals are incorporating Āsana, Prāṇāyāma, and Dhyāna into their daily life.

### **'Chitta and Vṛitti Framework' for integrating Yoga and Social Casework**

Medical practitioners and mental health professionals from across the world are including Āsana and Prāṇāyāma in their treatment plans for various ailments. Harvard Medical School in its 'Special Health Report' has stated that Yoga "can transform your health on many different levels" (Harvard University, 2016). It has also recommended 'Yoga' and 'Meditation' for coping with coronavirus anxiety' (Sharp, 2020). Given the increasing popularity of Yogic and mindfulness techniques, efforts have also been made by social work practitioners in the West to incorporate Yoga (Āsana and Prāṇāyāma to be more specific) into the profession. Sisk (2007) has discussed the possibility of Yoga (referred to as 'an ancient mind-body method) becoming an 'integral part of social work practice'. Several practitioners have highlighted the benefits of integrating Yoga into social work practice (Bennett-Pasquale, 2013; Darroux, 2017). The need for the inclusion of Yoga in the social work education curriculum has also been highlighted (Mensinga, 2011; Grossman, 2019).

The roots of social casework can be traced to the unstructured methods adopted by the 'friendly visiting among the poor' associated with organisations like the Charity Organisation Society (COS) in the United States of America in the 19th century. Their attention was focused on individuals who were trapped in poverty and were psycho-socially distressed. It can be argued that their problems were closely linked to their

inability to adapt to the demands of the capitalist system of production. Pioneers of social work like Mary Richmond studied these methods and developed a 'single method' that was fortified with the existing theories of psychology. This new method was termed social casework and became almost synonymous with the emerging social work profession. Richmond (1922) provides the first tentative definition of social casework: "Social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment." (pp. 98-99)

Social casework as a method of social work has undergone tremendous changes both in terms of theory and practice in its century-long journey. Hepworth, Rooney, Rooney & Strom-Gottfried (2017) state that before 1970, when 'fields of practice' defined social work practice, social case work was the 'predominant social work method' (p.24). According to them: "Casework comprised activities in widely varying settings, aimed at assisting individuals, couples, or families to cope more effectively with problems that impaired their social functioning." (p.24)

As stated earlier, the proposed 'Chitta and Vṛitti Framework' for social casework practice is based on the Yoga-Sūtra-s of Maharishi Patanjali. This framework consists of three steps, namely, Assessment, Intervention, and Evaluation. It is necessary for the social casework practitioner to be well versed in the theory of Maharishi Patanjali's Yoga-Sūtra-s and also in the practice of Chitta-Vṛitti Kriyā, the intervention to be implemented as part of this framework. We shall now discuss the three steps of this framework in detail.

**(A) *Assessment***

This is the first and an important step of this framework. This step can be further divided into two stages. It goes without saying that the social caseworker can adapt this step depending on the client and prevailing situation. In the first stage, the caseworker develops a rapport with the client, assures the client that s/he will be able to overcome the situation successfully, and highlights the need for the client to have Aastha (faith) in the social casework process based on the 'Chitta and Vṛitti Framework' and the social work practitioner. In this stage, the social caseworker also determines the familiarity of the client with the Bharatiya tradition of Yoga. In case the client is not familiar, s/he explains the basic philosophical tenets underlying the 'Chitta and Vṛitti Framework'.

After this s/he seeks her/his consent to proceed with the social work process. The consent form should clearly mention that all interactions

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between the social caseworker and the client with respect to this process shall be kept strictly confidential. After obtaining the consent, the social case worker gathers basic information from the client to assess the problem. This involves the preparation of the socio-economic profile and seeking information pertaining to the medical history of the client. Seeking medical information is important because the intervention plan which includes the practice of simple āsana and prāṇāyāma will be designed as per the physical condition of the client.

Once these preliminary interactions are over, the social caseworker moves on to the second stage of assessment, wherein s/he undertakes an in-depth exploration of the major concerns of the client, her/his feelings, the internal and external forces influencing her/his situation, and the coping strategies. The caseworker can also rely on a before and after assessment tool. The caseworker in this stage also ascertains the predominant form (Vṛitti) taken by the mind-stuff (Chitta) of the client. According to Swami Vivekanand, 'Vṛitti' is 'the waves of thought in the Chitta' (p.10). As per the Yoga-Sūtra-s of Maharishi Patanjali, there are five different forms of Vṛitti-s.

प्रमाणविपर्ययविकल्पनिद्रास्मृतयः ॥ 1.6 ॥

The five Vṛitti-s are Pramāṇa (Valid Cognition), Viparyaya (Misconception), Vikalpa (Imagination), Nidrā (Sleep), and Smṛtayaḥ (Memory). The caseworker needs to determine the Vṛitti of the client, as it is linked to the stress and anxiety being experienced by her/him in the present situation and forms the basis of the intervention to be administered in the next step. A brief discussion of the five Vṛitti-s is as follows:

- **Pramāṇa (Valid Cognition):** In this case, the client is experiencing stress due to her/his direct (Pratyaksha) experience of a situation, inference (Anumana) about the situation, or due to obtaining information about a situation from a trustworthy source (Agamah). Victims of domestic violence shall fall into this category. The anxious parent who has been informed by the warden of his child's hostel that his child is into substance abuse shall also fall into this category.
- **Viparyaya (Misconception):** According to Swami Vivekananda (1920), it is the 'false knowledge not established in real nature' (p.111). In this case, the root cause of the anxiety of the client is due to her/his misinterpretation of an object or situation. To provide an example of a client falling into this category, we can cite the case of the woman who is anxious because she suspects that her husband is having an affair on account of his secretive use of her mobile phone.

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- **Vikalpa (Imagination):** In this case, the anxiety is linked to a thought in the mind of the client that is neither based on valid cognition nor misconception. The case of the person who was living in an imaginary fear of losing his job because his boss mentioned in a meeting that the company may face hard times due to the Covid-19 pandemic can be cited as an example of this category.
- **Nidrā (Sleep):** According to Maharishi Patanjali, sleep is also a Vṛittias it leaves an impression on the mind. The case of a person sleeping for more than the required span of time and avoiding the duties required to be performed at that time due to anxiety caused by losing his job or of another person after the loss of a near one can be examples of this category.
- **Smṛtayaḥ (Memory):** Mental retention of our experiences can also be the cause of anxiety. The client whose cause of anxiety is due to his recollection of the car accident in which he lost his family or the case of disaster survivor remembering the events that took place during that incident can be cited as examples for this category.

The caseworker concludes the assessment step after setting a mutually agreed goal to be achieved at the end of the social work process with the client. After this step, the caseworker initiates the process of intervention.

**(B) Intervention**

This is the second step of this framework. The intervention strategy discussed in this article is primarily aimed at reducing stress and anxiety in legally mandated, voluntary, or involuntary social work clients. It needs to be pointed out that the Chitta and Vṛitti Framework provides ample scope to the caseworker to design a multi-strategy intervention plan depending on her/his assessment of the client.

Before initiating the intervention, the caseworker needs to collect the duly signed consent form from the client. The social caseworker also undertakes the following actions:

- Explains the intervention strategy in detail
- Reiterates the mutually agreed goal of the intervention
- States the number of sessions required for the attainment of the goal
- Informs the client about the cost of the sessions

The details of the intervention strategy (Chitta-Vṛitti Kriyā) which the social caseworker implements as part of this framework are depicted in Table 1. Twenty-seven sessions are conducted to implement this strategy.

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One session is conducted every day at a fixed time and place. The social caseworker has to ensure that the ambience of the place is conducive to the practice of Yoga. The client should be informed that s/he should wear clothes conducive to the practice of Yoga and carry a towel. S/he should be also informed that there should be a gap of at least four hours between the last meal and the commencement of the session.

Table 1  
Citta-Vṛtti Kriyā

Abhyāsa	Initiation of practice
Shraddha	Emphasis on the importance of conviction
Pranava	Three times chanting of 'AUM' followed by 108 jāpa
Prāṇav ayu Abhyāsa	Pūraka- Rechaka (27 Āvartana)
Yāma	Explanation in the first three sessions followed by practice
Niyamā	Explanation in the first three sessions followed by practice
Lekhan Kriyā	Initiated from the fourth session
Āsana	Vajrasana, Mandukasana, Padamasana, Tadasana, Vakrasana, Bhujangasana, Shalabhasana, Makrasana, Shavasana
Prāṇāyāma	Kapalbhati Kriyā - (Maximum 108 Āvartana)
	Ujjayi (Maximum 03 Āvartana)
	Bhastrikā (Maximum 27 Āvartana)
	Anuloma Viloma (Maximum 09 Āvartana)
	Bhramari (Maximum 03 Āvartana)
Pratyāhāra	Explanation in the first three sessions followed by practice as shown in Table 3
Dhāraṇā & Dhyāna	Practice of Sthūla Dhyāna
Prārthanā	ॐ सर्वे भवन्तु सुखिनः । सर्वे सन्तु निरामयाः । सर्वे भद्राणि पश्यन्तु । मा कश्चित् दुःख भाग्भवेत् ॥ ॐ शान्तिः, शान्तिः, शान्तिः ॥

#### Abhyāsa (Practice)

The caseworker initiates the client into 27 days long Abhyāsa. S/he confirms that the client has understood the strategy and explains the importance of Abhyāsa. According to the Yoga-Sūtra-s of Maharishi Patanjali:

अभ्यासवैराग्याभ्यां तन्निरोधः ॥ 1.12 ॥

#### Shraddha<sup>1</sup> (Conviction)

Along with Abhyāsa, the social caseworker explains the importance of Shraddha to the client. Yoga-Sūtra-s of Maharishi Patanjali states:

श्रद्धावीर्यस्मृतिसमाधिप्रज्ञापूर्वक इतरेषाम् ॥ 1.20 ॥

This is essential because only when the client is convinced about this strategy and has faith in the centuries-old knowledge of Bharat that s/he can get the complete benefits from these sessions.

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### *Pranava*

It refers to the primal cosmic sound 'AUM'. According to the Yoga-Sûtra-s:

तस्यवाचकः प्रणवः ॥ 1.27 ॥

तज्जपस्तदर्थभावनम् ॥ 1.28 ॥

Thus, Pranava is the sound that represents the Supreme Being and its repetition is one of the ways to steady the mind and attain tranquillity. Based on this understanding, the caseworker asks the client to sit in Sukhāsana or Padmāsana posture and perform three rounds of slow deep inhalation and exhalation with the sound AUM. This is followed by one hundred and eight jāpa (meditative repetition) of 'AUM'.

### *Prāṇavayu Abhyāsa*

Swami Vivekanada (1920) states that 'Prāṇa' is not the breath but refers to the energy of the universe. According to the Yoga-Sûtra-s:

प्रच्छर्दनविधारणाभ्यां वा प्राणस्य ॥ 1.34 ॥

Thus, the mind can be steadied by adopting the technique of gentle exhalation and retention of the breath. For this activity, the caseworker asks the client to sit in Sukhāsana or Padmāsana posture and perform twenty-seven Āvartana-s of Pūraka (Inhalation) and Rechaka (Exhalation). This activity cleanses the body and pacifies the mind.

### *Vimarsh - I*

After the completion of Prāṇavayu Abhyāsa, the social caseworker encourages the client to express the thoughts in her/his mind and allows the client to ventilate her/his thoughts.

### *Yāma (Moral Discipline)*

Moral discipline is essential for attaining mental peace. As part of this Kriyā, the caseworker asks the client to adhere toahiṃsā (non-violence), Satya (truth), Asteya (non-stealing), Brahmacharya (continence), and Aparigraha (non-acceptance of gifts). The social caseworker explains the deeper meanings of these concepts as discussed in the Yoga-Sûtra and asks the client to make them an intrinsic part of their life.

### *Niyamā (Rules)*

Adherence to rules is an important part of Yoga. The caseworker asks the client to follow sauca (cleanliness), saṃtoṣa (contentment), tapas

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(austerity of body, speech, and mind), svādhyāya (study), and Īśváraprañidhāna (devotion to God). As part of this activity, the client is asked to cleanse the mind of kāma (lust), krodh (anger), lobha (greed), móha (attachment), irśyā (jealousy), and ahaṃkāra (excessive pride) through the practice of jāpa. The caseworker develops the feeling of contentment by drawing the attention of the client towards newer possibilities and a better future. The client is also asked to read at least one page from a dhārmika text and above all remain devoted to Īśvára.

#### ***Lekhan Kriyā (Writing)***

In the first three sessions, the social caseworker orients the client towards Yāma and Niyamá. From the fourth session, the client is given a diary and asked to rate her/his ability to adhere to Yāma and Niyamá during the period ranging from the end of the last session to the commencement of the present session.

#### ***Āsana***

The practice of Āsana is very important to harmonise and stabilise the body and the mind of the client. Vajrāsana, Maṇḍūkāsana, Padmāsana, Tāḍāsana, Vagrāsana, Bhujaṅgāsana, Śalabhāsana, Makrāsana, and Śavāsana are practiced as part of Chitta-Vṛitti Kriyā. The social caseworker has to ascertain the physical condition of the client before starting the practice of Āsana. In case the client has undergone a major or a minor operation, s/he is asked to practice only Śavāsana for one year and six months respectively. The practice of Āsana for clients with other physical ailments like heart patients etc. is done as per the advice of the medical professional.

#### ***Prāṇāyāma***

Prāṇāyāma is much more than 'control of the breath'. It is the process of awakening the Prāṇā (vital energy). As part of Chitta-Vṛitti Kriyā is Kapālabhati Kriyā, Ujjayi Prāṇāyāma, Bhastrikā Prāṇāyāma, Anuloma-Viloma Prāṇāyāma, and Bhramari Prāṇāyāma are practiced. The duration of each Prāṇāyāma depends on the physical ability of the client. In the case of clients with a medical history, Prāṇāyāma is also practiced as per the advice of the medical professional.

#### ***Pratyāhāra (Withdrawal of Senses)***

Pratyāhāra leads to the development of mental strength and reduction in stress and anxiety. It is practiced through the steps shown in Table 2.



Table 2  
Practice of Pratyāhāra

Duration	Activity 01	Activity 02	Activity 02
Between sessions 01 to 03	The client is prepared for any of this practice	--	--
Between sessions 04 to 09	06 hours vow of silence on any one day	Observe fast on any one day	Avoid usage of smart phones and social media
Between sessions 10 to 15	12 hours vow of silence on any one day	Avoid favourite food items	--
Between sessions 16 to 21	18 hours vow of silence on any one day	Avoid caffeine	--
Between sessions 22 to 27	24 hours vow of silence on any one day	Observe fast on any one day	Avoid usage of social media

### *Dhāraṇā & Dhyāna*

When the client attains a state when s/he can sit in Dhyāna (meditative state) through the practice of Dhāraṇā, the stress and anxiety will reduce automatically. The social case worker introduces the client to Sthūla Dhyāna wherein s/he is asked to focus on an external physical object or its image in the mind.

### *Vimasrsh - II*

After the practice of Dhyāna, the client is asked to reflect on her/his present situation.

### *Prārthanā*

Each session will end with the Prārthanā -

ॐ सर्वे भवन्तु सुखिनः। सर्वे सन्तु निरामयाः। सर्वे भद्राणि पश्यन्तु। मा कश्चित् दुःख भाग्भवेत्॥ ॐ शान्तिः, शान्तिः, शान्तिः ॥

Brahmānāda will be done for three minutes with hands in Jñānamudrā before the beginning of the Prārthanā and after its completion. This Prārthanā contains the essence of Bharatiya thought. It is important that the entire creation remains happy, healthy, and prosperous because all creatures are linked to each other and one can be happy only when the part of the creation around that person is also happy.

As discussed earlier, the Citta-Vṛtti Kriyā is aimed at reducing stress and anxiety in social work clients. In most clients, the social worker may be required to design an intervention plan comprising of multi-strategies based on her/his assessment of the case and identification of the cause which is triggering the Vṛtti in the client. In such cases, each session can commence with the practice of Citta-Vṛtti Kriyā. After the Prārthanā, the social caseworker can commence the practice of the other strategy.

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### **(C) *Evaluation***

Evaluation is the third and final step of this framework. It comprises of evaluation of daily sessions and the final evaluation of the entire process after the completion of all the sessions. Daily after each session, the caseworker reviews the advancement made towards the attainment of the goal by asking the client to share her/his views pertaining to the progress made till that point in time. The client is encouraged to discuss if s/he has witnessed any change in her/his behaviour and the ability to cope with the situation. The caseworker also reminds the client to adhere to the daily practice of Yáma, Niyamá, and Pratyáhāra.

The final evaluation involves a discussion with the client regarding the outcome of the intervention and the effectiveness of the intervention in achieving the predetermined goal. In case the before and after assessment tool was used by the caseworker, then the post-intervention measurement is taken during this step. The client can also be asked to rate her/his overall experience and the individual components of the Kriyā. Feedback is also sought regarding the work of the caseworker.

After the completion of the evaluation, the caseworker terminates the process by reiterating that in order to derive maximum benefit, the client should incorporate Chitta-Vṛitti Kriyā in her/his daily routine. Based on the willingness of the client, the caseworker can assist the client in preparing a daily routine. The caseworker can also schedule seven follow-up sessions with the client after 21 days. The client is also provided with relevant printed literature and e-contents elaborating the various concepts used in the intervention strategy. The relationship can end with the caseworker applauding the client for striving hard to achieve the goal of the intervention and encouraging him to continue the practice. It is also important for the caseworker to undertake a self-assessment after the completion of all the sessions conducted as part of this Kriyā.

### **Success Stories**

Chitta-Vṛitti Kriyā has been tried by several clients who have reported anxiety and stress. In this section, we present the cases of three clients who completed all the 27 sessions. The first case is that of a 32-year-old male who was worried about losing his job in a travel agency due to the ongoing pandemic. He had increased his intake of nicotine and alcohol to deal with the stress. He had lost his appetite and he also reported that he was unable to focus even on the routine office tasks. The second case is that of a 52-year old father whose child studying in Class IX was found in

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possession of alcohol by the hostel warden. He had a lot of expectations from his son and was crestfallen. He felt as if his son will not be able to perform as per his expectations. His blood pressure has shot up due to the anxiety. The third case is that of the 35-year old female who suspected her husband of having an affair because of his secretive use of her mobile phone. She assumed that her marriage is going to end, and this thought gave her sleepless nights. After the assessment, all the three clients were ready to undertake the 27 days long Abhyāsa. The third client was also suggested 'couple therapy' to sort out the misunderstandings with her husband.

One of the major benefits of this Kriyā is that it is easily accepted by the clients. This could be because unlike western therapies it is rooted in our tradition. Even if not practiced, most people in Bharat are acquainted with Yoga. The clients also did not show any apprehension regarding this Kriyā as the practices were drawn from Yoga and its benefits were known to them. The biggest obstacle was the adherence to daily practice. Since benefits were reported only after at least two weeks of practice, it was difficult for the clients to retain their focus. All the three clients in the initial week felt like discontinuing, however, they were convinced that this Kriyā will eventually show positive results. Most importantly, they were certain that it will not have any adverse effects.

The practice of Āsana and Prāṇāyāma was done as per the physical condition of the client. Interestingly, all the clients stated that they were immensely benefited by the practice of Pratyāhāra. It was observed that in all the three cases, 'Vṛitti' i.e., 'the waves of thought in the Chitta' were causing anxiety and stress. All three clients at the end of 27 days reported significant improvement in their sleep and lowering of anxiety. The average sleep had increased from three hours to five hours. The first client reported a reduction in the consumption of nicotine and alcohol. He was more focussed. The second client reported that his blood pressure had come down to the normal range. All three reported that they were no longer in fear of the future. They also reported a significant reduction in the negative thoughts regarding their future. All three of them could also talk about the problem bothering them and this improved their relationship.

### **Conclusion**

Research has shown that Yoga can be very effective in improving the condition of persons with physical and mental health issues. Social caseworkers can adopt the Chitta and Vṛitti Framework to integrate Yoga into social work practice. The practice of Chitta-Vṛitti Kriyā focuses on Vṛitti

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which is the root cause of stress and anxiety in our clients. Controlling the Vṛitti-s through this Kriyā can lead to a state of reduced stress and anxiety. This enhances coping mechanisms, sharpens decision-making ability, and improves the physical health of the client. While the authors have noted the effectiveness of this Chitta-Vṛitti Kriyā with few clients, it is important to undertake further empirical studies to establish the effectiveness of this Kriyā.

It has to be highlighted that any efforts to integrate yoga into social work practice have to be based on a deeper understanding of this ancient discipline. A social casework practitioner planning to use Chitta-Vṛitti Kriyā should understand that yoga is much more than stretching the body and controlling the breath with the purpose of obtaining health benefits. S/he should understand the eight-limb path discussed in Maharishi Patanjali's Yoga-Sūtra-s. In order to be effective in implementing this strategy, the social caseworker should also be a practitioner of this Kriyā. Further, to enable social workers to benefit from this ancient knowledge of Bharat, all SWEIs should design and teach a course on yoga to the students of social work.

#### **End Note**

1. This word cannot be translated. The English word 'conviction' comes closest to its meaning.

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