

# Enhancing Client Agency: Bridging Yoga Therapy and Freire's Pedagogy

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## Abstract

This paper proposes integration of Freire's Pedagogy with psychotherapy to enhance client autonomy, enhance Quality of Life for individuals with mental illness and improve mental health literacy. There is an urgent need to develop accessible, culturally relevant, and accepted healthcare services, as over 150 million people in India require them. This study explores Yoga Therapy as a holistic, culturally accepted modality that enhances personal agency and fosters co-created understanding between the therapist and client in addressing distress and well-being. This theoretical paper draws on classical Yoga texts to highlight techniques that enhance client agency and examine common Yoga therapy practices that support a more balanced distribution of power between the therapist and client. The *Patañjali Yoga Sūtra-s* emphasise reflexivity and mutual engagement in therapeutic relationship while *Yoga Rahasya* of *Nāthamuni* mentions Goal setting based on students' desires. In yoga therapy, clients construct meaning of symptoms and distress, with the therapist acting as a facilitator to build awareness, mirroring the concept of "*conscientização*". The intervention is designed with the client, as suggested by Paulo Freire, creating a space of collaboration and a non-hierarchical relationship. The study is theoretical, drawing on existing literature in critical psychology and Indian Knowledge Systems. It sets the stage for culturally appropriate mental health care by attempting to create a space for common dialogue between mental health practitioners and indigenous healers. Qualitative studies and case studies can shed further light on how Freire's pedagogy can be effectively combined with Yoga Therapy to create a new paradigm in culturally relevant critical psychology practices.

**Keywords:** Complementary and Alternative Medicine, Decolonising Healthcare, Indian culture, Indigenous Psychology and Client-centred therapy.

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## **Introduction**

In India, the scale of mental health needs is significant yet deeply under-addressed. According to the National Mental Health Survey of India 2015-16, the prevalence of any mental morbidity was estimated at 10.56% in the adult population, with a lifetime prevalence of roughly 13.67%. This translates to around 150 million individuals requiring some form of mental health care (Gautham et al., 2020; Murthy, 2017). The survey further reveals a concerning treatment gap that ranges between 70% and 92% across different disorders, referring to the proportion of individuals with a diagnosable condition who are not receiving care. These figures indicate a profound mismatch between the need and the access, suggesting that while the psychological distress is widespread, professional help remains out of reach for many.

Several factors contribute to this gap. Most commonly mentioned are critical shortages of trained professionals and barriers such as stigma, limited awareness, and inadequate service delivery models, which restrict help-seeking behaviour (Kaur et al., 2023; Ministry of Health & Family Welfare, 2025). Beyond these structural challenges, there is also growing recognition of the limitations of mainstream, Western-derived psychotherapy in addressing diverse cultural understandings of distress and healing. As Moodley, Sutherland, and Oulanova (2008) observe, there has been a rising interest in alternative, complementary, and traditional healing, reflecting both dissatisfaction with biomedicine and a critique of psychotherapy's tendency to treat individuals as "talking heads", disconnecting them from their embodied and spiritual dimensions. They further highlight that traditional healing practices aim to restore harmony and balance through the integration of body, mind, and spirit, offering a holistic view of wellbeing that encompasses both the individual and their relationship with the environment.

As Sharma (2024) highlights, many individuals continue to draw meaning from classical Indian philosophical sources such as the Upanishads, Vedas, and the Bhagavad Gita, which remain influential frameworks for understanding suffering and healing. These traditions also emphasise the role of Yoga and meditation in supporting mental well-being. Yoga therapy, that aims to prevent and treat medical and psychological conditions (Stephens, 2017) has been explored as a complementary approach for a range of psychological and medical conditions; including severe psychiatric disorders (Cabral et al., 2011), developmental difficulties (Radhakrishna et al., 2010), and chronic pain (Williams et al., 2005) and has also shown potential as an affordable option for reducing mental health distress (Park & Slattery, 2021). This aligns with qualitative findings that yoga is experienced as acceptable, feasible, and helpful in reducing anxiety, depression, and trauma-related distress while fostering a sense of connectedness (Capon et al., 2021).

In India, this becomes especially relevant because clients often rely on both formal psychotherapy and longstanding traditional systems of meaning. Traditional healing continues to play a significant role in rural and tribal regions of India (Subudhi et al., 2020). At the same time, many urban clients hold blended expectations; they look for the relational warmth and culturally familiar interpersonal style which is associated with traditional healers, while also expecting Western evidence-based techniques (Gopal et al., 2024). These expectations show that people's views of what a problem is, why it happens, and how it should be solved are deeply shaped by their cultural worldview (Hernandez et al., 2009, as cited in Gopal et al., 2024). Given these blended therapeutic expectations, relying solely on either Western or indigenous approaches tends to be ineffective, making culturally responsive integration essential.

In this context, critical psychology becomes a useful lens for rethinking therapeutic practice in India by shifting attention from individual deficits to the broader social and structural forces that shape people's lives. It highlights how psychological concepts themselves hold power, and how they risk becoming reductionist or even harmful when they ignore history, context, and structural inequality (Teo, 2015). Joranger (2025) interpreted Foucault (1954)'s work, suggesting that psychological phenomena are best understood through people's lived experiences rather than through universal medical categories, and he urged psychology to become more user-centred and attentive to cultural and power relations. Instead of locating the "problem" solely within the client, critical psychology encourages examining how systemic barriers such as stigma, marginalisation, or restricted access to care can contribute to distress. It further shows that distress is often tied to situations where people have little control over the conditions shaping their lives. Holzkamp (2013) explains that real change is not only about easing inner discomfort but also about expanding a person's ability to influence their life circumstances and reducing dependency on forces they cannot control. Building on this, therapists can help clients identify where their possibilities for action are constrained and where they can reclaim influence, individually or collectively. This approach positions clients not as passive recipients of problems but as active participants in creating personal and social change.

## **Theoretical Framework**

As this paper focuses on the integration of two frameworks and their application in practice, this section presents the two frameworks in detail. Yoga texts and Freire's pedagogy come from different positions, and thus it is important to articulate their differences and then consider how they might work synergistically.

### ***Freire's pedagogy***

Paolo Freire, a Brazilian activist and educator who wrote "Pedagogy of the Oppressed" in 1968, focused on the idea of how education is political. He proposed 2 models of education – banking versus problem posing and the importance of dialogue in education (Freire, 1970). The banking model proposes that students are passive recipients of knowledge that the teacher simply emits, while the problem posing model emphasises the ability of the teacher to create a space to hold dialogue and "Create" knowledge rather than simply pass it on.

Freire believes that in the initial stage of struggle, the oppressed tend to become oppressors, and the structure of thought is full of contradictions. He advocates for a pedagogy not "for" the oppressed, but rather forged with them. Critical and liberating dialogue must be carried on with the oppressor, in a way that allows the discovery of their own contribution to the problem, leading to "conscientisation." Conscientisation is the process whereby critical thinking develops, and the oppressor and the oppressed are aware that the problems are not occurring in a vacuum and recognise the need to work on the system and space, along with working on the self. The idea is to develop a discipline grounded in an ontology of care and human solidarity and subjective epistemology (Trifonas, 2018).

There are three stages of consciousness outlined by Freire (1970) based on "transitivity." (i) Semi-intransitivity is where one is unable to understand which aspects of life are transformable through conscious human activity. People believe that they are being oppressed due to fate, and they can't change life. (ii) In naïve transitivity, people have some identification that consciousness is permeable to cultural factors. People have recognised the difference between immutable physical laws and mutable culture. However, it is caught in the traditional culturally prescribed explanations. Here, people believe that things can be changed, but they are pessimistic and try to follow leaders so that they don't have to make changes on their own. (iii) Critical transitivity is the state of consciousness where conventional explanations are rejected. Individuals are able to locate the laws, both natural and cultural, that govern the situation and rise above them. At this level, individuals believe that they can and need to make changes (Lawton, 2022).

### ***Freire's pedagogy in practice***

Freire's theory has been in the literature for over 50 years and has impacted psychology in numerous ways. Paradigms that decolonise education and psychology have emerged, creating a critical pedagogy that encourages students and teachers to acknowledge, examine and live with the paradoxes that emerge in the interaction of indigenous theories with colonial ones that are already prevalent (Trifonas, 2018).

In the therapeutic setting, too, Freire has made waves. Dearfield, Barnum and Pugh-Yi (2017) examined how a critical pedagogical approach can improve health literacy interventions. By focusing on collaboration between the health care industry and the community they serve, there is a profound impact on the quality of care, treatment outcomes, and preventive behaviours.

Some studies examine the role of critical paradigms, particularly in the face of power within the therapeutic space. Korin (1994) argues that culture, race, gender and class differences between client and therapist create a power imbalance within the therapy space, and participatory ideologies itself does not eliminate the ethical concerns. They suggest the use of Freire's "problem-posing method" to address the non-reciprocal relationship and create dialogue and reflection from both parties.

The intersection between psychoanalytic therapy and the pedagogy of the oppressed is also quite interesting (Gaztambide, 2015). The author explains that the therapist needs to surrender to the intersubjectivity and the client needs to feel heard, validated and recognised, creating a shared reality. They also examine it in reference to the intersection of transference-countertransference relations that arise because of various social identities. Gaztambide argues that the therapist-client relationship is similar to the teacher-student relationship - characterised by cycles of mutuality and asymmetry, attunement and misattunement, and the "emancipatory" moment comes in the tension between these extremes - where there is humility from the therapist, vulnerability from the client and reconciliation that creates a new reality.

The idea of "psychotherapy of the oppressed" was introduced by Piedade and Messas (Piedade & Messas, 2025). They use Freire's research itineraries: (i) thematic investigation of cultural circles to capture generative themes, trigger discussion and critical reflection. (ii) coding and decoding, that generate meaning within the context and (iii) unveiling the world, where reality is transformed by concrete actions facing the contradictions, creating a true praxis. These authors highlight the power structures that create injustice in the mental health setting. The therapist is an expert, but the client is the "knower" of their experience; their credibility is questioned due to the power struggle, and hence there is hermeneutical injustice as there is no space for the client to create their own interpretations of their experience (Fricker, 2007). They suggest that Freire's ideas can contribute to mental health in two ways. The first is in field work and research, as it can capture the "Lebenswelt" of the clients who are going through mental health conditions. It creates a form of participatory action research, creating a praxis that is co-written by the researcher and participant, bringing balance to the expressed voices and power distribution. Second, it is a psychotherapy of

the oppressed; not a new paradigm, but rather a way for therapists to engage in a therapeutic process when dealing with injustice, oppression, and allow both therapist and participant to acknowledge the socio-cultural situation. The client is given space to explore their experiences, how the external world shapes their experience and reclaim power to change their reality.

## **Research Question and Methodology**

The study examined how Freire's pedagogy can be integrated with yoga therapy to enhance client agency and therapist-client understanding. A theory-based literature review was conducted, analysing key Freirean concepts and comparing them with core principles of yoga following the Krishnamacharya tradition. This approach was used to explore how Yoga and Freire's ideas may inform more collaborative, client-centred therapeutic practice. The study results will create a common language between Yoga teachers and mental health practitioners to foster dialogue and integration.

## **Findings**

The *Yoga Sūtra*, a seminal text in Yoga, is conservatively dated to the 3<sup>rd</sup> century BCE (Desikachar, 1998). It is written in the "*sūtra*" format and thus is subject to interpretation. Yoga practice and therapy often follow the principles of this text, though practical applications vary from one Yoga tradition to another. There are 195 *Sūtra*-s in this text, and they are written in Sanskrit.

This section explores the way *Yoga Sūtra*-s can be linked to principles of Freire's pedagogy and critical psychology, along with practical notes about how this is practised within the Krishnamacharya tradition. We discuss four points - balancing power, reflexivity, collaborative goal setting and conscientisation.

## **Balancing Power**

The first *Yoga Sūtra* is "*atha yogānuśāsanam*" 1.1 (Baba, 1976). It literally translates to "Thus begins the authoritative teaching of Yoga." In the commentary by *Vyāsa*, the word "*atha*" implies "*adhikāra*" or eligibility. The eligibility of the student, as is required in Indian philosophy as a part of the *anubandha catuṣṭayam*, has been tested before the teaching begins, and the teacher implies that this student has the eligibility to learn Yoga, though the criteria are not mentioned explicitly. But interestingly, it is also the eligibility of the teacher that is included in the word "*atha*." Yoga is a tradition that is learned from a guru and cannot be "self-studied." The word "*anuśāsanam*" also implies continuity of lineage and honouring of the tradition of Gurus. Hence, with this word, the teacher is stating that he too has learned from his teacher, has faithfully practised the principles of yoga, is established in this lifestyle and thus is eligible to teach.

Additionally, the influence of the teacher is also limited. The importance of subjectivity is also established in the text. *Sūtra 4.5 pravṛttibedhe prayojakmi citamekamanekesaṁ* (Baba, 1976, p. 154). Translation - the influence of the teacher varies from individual to individual, given the differences in their state/frame of mind. The willingness of the student to understand and their own subjectivity is not just acknowledged but also encouraged.

*Patañjali* also says “*vītarāga viśayami vā cittam*” (Sūtra 1.37): Translation - to seek advice from those who have mastered similar problems when having problems. Thus, the importance of the teacher having gone through similar events is also essential. However, this does not mean the therapist needs to have gone through the same problems; it is only highlighting that the Yoga therapists are expected to be practitioners themselves. In the Krishnamacharya tradition, therapists have their own mentors who cater to their personal needs - physical and psychological - and help guide the Yoga therapists, like supervisors do in a psychological setting. Their yoga teacher training programme has a compulsory requirement of personal mentor sessions through which future teachers can adopt the “Yoga way of Life” and really practice what they preach.

The teacher-student relationship is also given much importance in the Yoga philosophy. The word comes from the root “Yuj” to yoke or to connect, and in the context of therapy, healing begins with the healthy relationship, the harmonious union of the teacher and the student (Desikachar, 1998, p. 123). The student can never be seen as “wrong,” and they matter most in the therapy context (p. 187). Healing in Yoga is a journey - (1) the place where we begin, (2) the choice of destination and (3) the effort to arrive (p. 200). The teacher begins where the student is - whichever postures they are comfortable in, whichever techniques they are comfortable with (mantra, meditation, ayurveda, chanting - are all additions based on student preference). The destination is chosen by the student, and where to drive the car is in their hands. The therapist may suggest what kind of practice to make, based on their experience, but the student’s goals are given priority. And the effort to reach the goal is completely in the hands of the student. Teachers are like “farmers who remove weeds and carve canals” (*Yoga Sūtra 4.3*). They can clear the path, but the journey is the student’s alone.

Hence, the power is shared in the therapy space - more in the hands of the student, as their healing is what brought the two people together. The only thing expected from students is trust in the teacher and commitment to Yoga.

### ***Reflexivity***

This also leads to the idea of reflexivity in therapy. Reflexivity in the therapeutic practice emphasises the internal activity of the therapist and

how it influences the “creation” of the therapeutic space (Burnham, 2018). In the *Yoga Sūtra*, this idea appears in chapter 3 *sūtra* 19 – “*Pratyayasya paracitta-jñānam*” – translation: “*Samiyama* (intense meditation) on the changes that arise in the individual’s own mind results in the ability to accurately observe/infer the state of mind of others” (Desikachar, 1999, p. 276). The following *Sūtra* asserts that the cause of those mental states cannot be found, because only the outer state can be observed. The same object can create different responses in different individuals, but the processes that occur in all minds are similar and thus can be inferred.

Hence, *Patañjali* asserts that the guru/therapist needs to do deep reflection (*Samiyama*) on their own cognitive processes (*Pratyaya*) to be able to help the student/client. Unlike psychoanalysts who take up responsibility for “interpretation” as experts of the human psyche (Gladding, 2009), Yoga therapists are encouraged not to make such interpretations for their clients, just like humanistic therapists. Their job is a facilitator, pointing out what the mind seems to be doing – flying far into the future due to rajas or staying stuck in the past because of tamas. But what it is doing, what is the reason for this activity, is beyond their scope. Only the client knows their own life and the reasons for their responses. Yoga therapists, psycho-educate their clients about the yoga understanding of the mind and create tools using which clients can monitor their thoughts and decide what to do, as we will see in the next section.

### ***Collaborative goal setting***

Goal setting is always collaborative in Yoga therapy. The client has concerns, the therapists give information about how yoga can help, and then they co-create a solution. Freire’s problem-posing model is quite similar ideologically, except there is no oppressor or oppressed in this situation. Yoga therapists in the Krishnamacharya tradition follow the rules put forth by Nathamuni in the *Yoga Rahasya* when choosing goals for their clients – *Deśa, Kāla, Vayaḥ, Vṛtti, Iccha, Śakti* (Verse 1.24) (Desikachar, 2018) Translation – geographic location, time (of day, season, etc), age (children, adults, seniors), occupation (leads to different difficulties), desire and ability. Emphasis is placed on what the client wants. While other criteria are objective, the last two, ability and desire, are decided collaboratively by the teacher and the student.

Modifications are a huge part of this tradition – modifying postures, modifying goals based on the ability of the student and also their wishes. This is reflected in the text in *Sūtra* 3.6 “*Tasya bhūmiṣu viniyogaḥ*” – the goal is set gradually, step by step, based on choice and ability.

### ***Building Consciousness – conscientisation***

Perhaps the most important confluence of the two paradigms is the importance of building consciousness/awareness of one’s own influence on

the problem and empowering the individual to take action to change their reality. Freire emphasises a social view and the importance of community action. In Yoga, the change is personal, but the impact is social.

The goal of Yoga is not to “control” the mind, but rather to be aware of its state and its changes each moment (Desikachar, 1999). This constant state of awareness is ideal, but in a practical sense, what happens in Yoga therapy is that awareness is cultivated in the moments of confusion. A student is given information about the way the mind behaves – it is ever changing, it assumes the roles and distorts the truth. What is encouraged is clarity of perception, by developing awareness of the thought process and monitoring of the biases that colour perception. In the Book *Health, Healing and Beyond*, it is said that the state of Yoga is when an “individual brings to truly know himself” (Desikachar, 1998, p. 60). In the *Yogañjalīsāram*, T Krishnamacharya says “*citte śuddhe kvabhavedrogah*” – in a clear mind, where is the question of disease? The very idea of healing in this tradition works on building clarity and strengthening the mind.

Thus, through yoga therapy, the mind becomes a mirror through which the individual can see the world as it is and take action in a positive manner, shaping their reality in a better way, which reduces distress and creates a sense of autonomy. *Samyama* on one’s habits and tendencies creates knowledge of one’s past (Desikachar, 1998, p.73) – that is, intense awareness of one’s own behaviour and thoughts, allowing the individual to understand their own contribution to the problem, much like in Freire’s conscientisation. The understanding of *Duḥkha* (sorrow) as something internal, rather than external, leads to clarity of action and thus *Sukha* (happiness) according to Yoga philosophy.

Finally, the goal of yoga is “*Kaivalyam*” – literally “freedom.” However, very simply, it can be translated to aloofness (Desikachar, 1998, p.75). In this state, the Yogi’s actions are free from the impact of others, it is free from the error of *Kleśa*-s (dysfunctional mental activities), free from *Asmita* (false or frivolous identity), and the individual is simply true to themselves. They are not influenced by social factors like name or fame, yet are able to act for the betterment of society. This is quite comparable to the third stage of Freire’s model – critical transitivity - individuals are aware of their capacity to influence the world and do it in a manner that benefits others. *Yoga’s Kaivalyam* is not like *Vedanta’s Mokṣa*, where transcendence is otherworldly. Self-transcendence is very much concrete for the Yoga therapist – it is in this life, in the same social context.

## Discussion

The study aims to identify how Yoga, as reflected in the *Yoga Sūtra*-s of *Parañjali* and Critical psychology, as envisioned by Paulo Freire, both enhance

client agency. The paper identified four areas of similarity. First, the balance of power between teacher and student as the distance between “oppressor” and “oppressed” reduces through Freire’s paradigm. The importance of power in healing has been highlighted by scholars like Foucault (2003), and hence, the balance of power allows the client to influence the therapy space. Second, there is reflexivity of the teacher to ensure their position in life does not influence the student, key for psychologists following the critical paradigm. The importance of the therapist/teacher identifying their influence on the client within the sacred therapy space allows them to pause, reflect and meet the client where they are. This leads to the third point, collaborative goal setting, much like how Freire discusses the problem posing model that evolves out of dialogue rather than the banking model that is one-way. Healing is a process “for” the client, and it cannot be done if the client’s agency is not ensured. The what, the how and the why of healing always come from the client in both Yoga and Critical psychology. Finally, we have the idea of conscientisation as the outcome of both Yoga Therapy and Freire’s pedagogy. This is perhaps the most important, as the focus is to enhance the client’s power to take charge of their environment outside the therapy space. Conscientisation focuses on raising client awareness of what is in the scope of their control and helps them shape their world. Thus, in both Yoga and critical psychology, the care seeker is empowered to make their own decisions and forge their path, first within and ultimately outside the therapy space as well.

The authors believe that the application of Yoga therapy as an emancipatory framework is possible in the contemporary mental health space only if the knowledge gap between indigenous healers and practitioners can be bridged. Terms like “*kaivalyam*” are often seen as mystical and irrelevant for clients with distress. But this paper aims to show that Yoga therapy is a practical model of healing that can be used in the Indian cultural context.

While both frameworks were developed to hold their own merit, for the sake of ease of application and research, identifying points of similarity and developing a common language is necessary to close the gap between tradition and modern science.

## **Conclusion**

This study examines the application of Freire’s Pedagogy in a therapeutic setting as a tool to enhance clients’ involvement and build their “consciousness” to drive action, rather than self-victimisation. Then, it compares the philosophy of this critical psychology paradigm with Yoga therapy, drawing from practice in the Krishnamacharya Tradition as well as classical texts like the Yoga Sūtra. The central thesis of the paper is to indicate that indigenous traditions are intrinsically emancipatory and focus

on the client. To this end, we identified four areas of overlap: (i) balancing power, (ii) reflexivity, (iii) collaborative goal setting and (iv) conscientisation as the outcome. From these points of contact, culture-informed models can be created for mental health care in the Indian context.

## Limitations and Implications

Although this study is rooted in Yoga Therapy as practised within the Krishnamacharya tradition, its implications extend beyond a single therapeutic system. As a theoretical framework, it opens doors for empirical testing through qualitative research, case studies, and practice-based investigations that can examine how Freire's pedagogy may be meaningfully integrated and applied with Yoga Therapy. Such studies could explore the therapist-client relationship, processes of conscientisation, agency shifts and meaning-making that emerge from this integration.

The goal of the paper is to show that integration of indigenous knowledge and modern systems of psychology is, firstly, possible and secondly, better when targeting the assumptions rather than the outcomes. When the principles underlying the theories can be aligned, integration and application are more seamless than when practices are simply mapped to outcome variables.

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