Yoga for Children
Laura Santangelo White

There is an increasing interest in the use of yoga for children to calm the mind and increase health and well being. Despite scant but increasing evidence supporting the efficacy of yoga in children, special yoga programs within schools are being developed for children and adolescents. This increasing popularity of the potential benefits of yoga may encourage parents to consider yoga for their children and request referrals or clarification of the purported effects. A description of the philosophical basis of yoga, the basic components of a yoga practice, safety concerns, and how to locate and evaluate a yoga program for children will be addressed.

From a school principal mandating yoga for high school seniors (Rimer, 2007) to a principal of an elementary school providing yoga to calm students and handle stress (Eagan, 2007), yoga is in the news. Schools are increasingly using this ancient therapy, including breathing and postures, to help students manage stress and influence well being and behavior.

The increased awareness of the potential benefits of yoga for children has resulted in school programs that address stress and anxiety by treating the body and mind. Emphasis on individual abilities rather than competition makes yoga appropriate for all children, including those with physical limitations and lack of involvement in organized sports. Obesity and a lack of exercise are recognized as factors in the health and well being of children, and are acknowledged as public health concerns (Budd & Hayman, 2006). Yoga provides a non-threatening and gentle method to increase physical fitness and enhance health and well being.

Encouraging anecdotal reports describe yoga calming children, reducing obesity, reducing discipline problems, decreasing anger and panic attacks, and enhancing imagination, concentration, and academic performance (Flisek, 2001). Health problems, such as headaches, stomachaches, constipation, back pain, and colds or sinus problems, are reportedly improved with a yoga practice (Luby, 1998), as well as a decreased need for medication for children with attention deficit disorder (Flisek, 2001). There is scant but growing empiric support for positive health effects of yoga (Galantino, Galbavy, & Quinn, 2008; Jensen & Kenny, 2004; Kuttner et al., 2006; Manjunath & Telles, 2001).

Despite the paucity of research, the increasing attention to yoga may encourage parents to explore yoga for their children and request referrals or clarification of the purported effects. Some children may practice yoga within physical education classes, and parents may express concern regarding the perceived religious affiliation of yoga. What exactly is yoga and should children practice it? A description of the philosophical basis of yoga, the basic components of a yoga practice, safety concerns, and how to locate and evaluate a yoga program for children will address these questions.

Philosophical Foundations Of Yoga

The root of the word yoga is “to yoke” or “to harness” (Feuerstein, 2003, p. 4). The goal of yoga was originally to provide a guide for wholeness, happiness, and well-being (Feuerstein, 2003). Wholeness, in this context, appears to mean the integration of body, mind, and spirit, and connection between the self and a divine Being that leads to self realization or one’s true identity – the authentic self. Yoga helps individuals focus attention. Humans are viewed as consciousness-energy (citta-shakti), and the physical body surrounds this underlying existence. Yoga as a traditional practice was thought to lead to self-transformation through transcendence of the ego (Feuerstein, 2003). The mind and breath are intimately connected so that influencing the one will affect the other. Yoga consists of specific postures coordinated with breathing, meditation, and concentration to focus and calm the mind (Feuerstein, 2003).

The first mention of yoga was documented in ancient Hindu scripture 5,000 years ago and influenced by Buddhist philosophy. The traditional purpose of yoga was to help transform or transcend the self. The early Hindu scriptures are reported to have been written in 2000 BCE. These early writings of the Vedic peoples who inhabited present-day India were responsible for the oldest extant literature, the Vedas (Feuerstein, 2003). The early Hindu scriptures included “philosophical texts to epic stories” (Breuilly, O’Brien, & Palmer, 1997).

The early Vedic writings included four collections of scripture. The oldest and most popular is the Rig Veda, which is a collection of hymns (Breuilly et al., 1997). These early texts concentrated on the pantheon of gods and divine belief and ritual. The

Laura Santangelo White, MS, RN, is a Doctoral Student, Connell School of Nursing, Boston College, Chestnut Hill, MA.

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Objectives and the CNE posttest can be found on pages 296-297.
Upanishads presented a more abstract philosophy, which reflected a decline in the emphasis on rituals and presented more of a personal, internal religious practice. The concept of reincarnation was presented as an important part of life described as a perpetual cycle of birth, suffering, death, and rebirth. Individuals sought a way to escape this cycle. The further evolution of Hindu scriptures moved from the abstract to the concept of devotion to a personal God (Breuilly et al., 1997).

The most famous Hindu writing is the Bhagavad-Gita, a part of the world’s oldest poem, Mahabharata. The Bhagavad-Gita describes a moral conflict resulting in the realization that the love between God and humanity is of utmost importance in life (Breuilly et al., 1997).

The yoga was originally associated with the early rituals of Hindu spirituality (Feuerstein, 2003). The postures (ásanas) are meant to increase flexibility and strength, and improve bodily functions, such as the endocrine system, gastrointestinal and immune functioning, sleep, eye-hand coordination, and balance. The practice of the ásanas may also lead to psychological findings of increasing somatic awareness, attention, memory, learning, and mood (Feuerstein, 2003).

Práṇâyáma is the coordination of breathing and postures (ásanas) to control the concentration of the mind. The breath plays a very important role in yoga and is considered energy present in all animate beings. The early yoga practitioners, yogi (male) or yogini (female), noticed that if someone was upset, the breath was rapid and shallow. At times of relaxation and calm, the breath was slow and even. Because the breath and the mind are intricately related, it was believed that deliberately controlling and slowing the breath would slow and calm the mind (Feuerstein, 2003). Eventually, yoga was codified by Patanjali into Yoga Sutras in approximately 200 CE.

Classical Yoga

The philosophical system of classical yoga was written as the Yoga Sutras by Patanjali. Yoga is presented as an eight-limb path of guidance to actions, thoughts, and morality (Feuerstein, 2003). The Yoga Sutras defined important yoga concepts through the compilation of 195 aphorisms or maxims (Sutras) (Feuerstein, 2003). The practice of yoga provided guidance on moral restraints (yamas) and moral observances (niyamas) through postures (ásanas), mindful breathing (práṇâyáma), and meditation (Dhyana), eventually experiencing the union of the self with the objects of meditation (Samadhi) (Gates, 2002). Moral teachings within yoga include the guidance of the yamas, niyamas, the four aims of life, and the five moral affictions. The Yamas include the practice of five moral restraints: non-violence (ahimsa), truthfulness (satya), non-stealing (asteya), moderation (brahmacharya), and non-hoarding (aparigraha). The Niyamas include five observances: purity (saucha), contentment (santosa), austerity or zeal (tapas), self-study (svadhyaya), and the devotion to a higher power (isvara-pranidhana).

The four aims of life include the observation of a spiritual discipline (dharma), the creation of a balanced life (artha), the enjoyment of the production from one’s work (karma), and the freedom from the cycle of suffering (moksa). The five moral afflictions within yoga are spiritual ignorance (avidya), pride (asmita), desire (rga), aversion (dvesa), and fear of death (abhinivesa) (Gates, 2002). In general, classical yoga follows the Yoga Sutras of Patanjali (Feuerstein, 2003). However, the major component of Western yoga practice is the relationship between the ásanas (postures) and práṇâyáma (mindful breathing).

Modern Western Yoga

Modern yoga refers to certain types of yoga that evolved primarily from the interaction of Western individuals interested in yoga over the last 250 years (DeMichelis, 2004). Prior to 1849, yoga was not considered an option of practice, but rather, an interesting Eastern phenomenon (DeMichelis, 2004). In 1893, Swami Vivekananda attended the Chicago Parliament of Religions and presented Hinduism and yoga to the West. The Swami is credited for “reshaping” the yoga tradition (DeMichelis, 2004, p. 3). In 1966, B.K.S. Iyengar presented yoga within the framework of Western anatomy and physiology and self-help. The ásanas were related to Western illnesses and conditions, and addressed specific body parts.

The dissemination of yoga to the West modified facets of the practice to conform to the needs and sensibilities of Western students (Feuerstein, 2003). The modern practice of yoga is very different from the classical Hindu practice that was grounded in spiritual development. Modern yoga reflects current health interests, such as fitness, stress management, and the recognition of psychosomatization, as well as the reported decline of institutionalized religion (DeMichelis, 2004). Within a secularized West, yoga began to be associated with emerging alternative medicine and personal inner private religious practice. By the 1970s, yoga was related to healing and personal growth (DeMichelis, 2004). The practice of yoga in the West is described as reductionistic and may only concentrate on the ásanas to the neglect of práṇâyáma, mental discipline, or spiritual development (Feuerstein, 2003).

The individual yoga practice depends on the needs and abilities of the yoga student and the qualifications of the yoga teacher. When practicing yoga at fitness gyms, the emphasis is likely to concentrate on its physical benefits. Yoga studios with teachers who may see yoga as a way of life rather than an exercise may include the higher practices of yoga beyond postures and breathing and meditation.

Styles of Yoga

There are 40 reported styles of Hindu yoga, which reflect different approaches and techniques of training. For example, one style may focus on meditation (Dhýáma-yoga) and another focus on repetitive sounds (Mantra-yoga) (Feuerstein, 2003). Hatha yoga is a major branch of yoga developed in 1000 CE that focuses on physical aspects and breath control and cleansing. Hatha yoga was the style that entered the West by practitioners in the 1920s. After undergoing many adaptations for the needs of Western students, Hatha yoga is the most widely practiced style of yoga in the West (Feuerstein, 2003). Practitioners tend to be primarily interested in health and fitness and less interested in self-transformation.

The goals of Hatha yoga are health, vitality, and longevity of life. The life force (prana) travels through channels in the body called nadi and can be controlled by the breath to lead to self control of the mind (Feuerstein, 2003). There are many types of yoga within the hatha style (see Table 1). The most common types are a) Iyengar, b) Ashtanga, c) Bikram, d) Integral, e) Kripalu, f) Viniyoga, g) Sivananda, h) Ananda, i) Kundalini, j) Hidden Language, and k) Somatic yoga. The underlying concept of calming the mind through postures and breath are similar, but the envi-
Table 1.
**Styles of Hatha Yoga**

<table>
<thead>
<tr>
<th>Hatha Yoga Style</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iyengar</td>
<td>Uses props, such as blocks, straps, bags, and cushions, to connect the body and mind chiefly through careful asanas.</td>
</tr>
<tr>
<td>Ashtanga (power)</td>
<td>The focus is on strength and flexibility training. May be found in gyms and health clubs.</td>
</tr>
<tr>
<td>Bikram</td>
<td>Includes vigorous postures in a standard sequence in a room heated to 100 to 110 degrees F. The practitioner must be physically fit.</td>
</tr>
<tr>
<td>Integral</td>
<td>Postures, breathing techniques, relaxation, and meditation with an emphasis on the function of the practice rather than explicit forms and techniques.</td>
</tr>
<tr>
<td>Kripalu</td>
<td>Includes three stages created for Western students. The first stage includes body and breath awareness. The second stage focuses on holding the postures for a longer time. The third stage is referred to a meditation in movement because it involves a deeply relaxed mind leading to spontaneous unstructured movements.</td>
</tr>
<tr>
<td>Vinyoga</td>
<td>Sequence of postures focused on the individual's physical and mental capacity with an emphasis on the coordination of breath and postures.</td>
</tr>
<tr>
<td>Sivananda</td>
<td>Series of 12 postures that include mantra chanting, relaxation, and breathing exercises.</td>
</tr>
<tr>
<td>Ananda</td>
<td>Gentle movements, meditation, affirmations, and specialized energetic breathing exercises called kriya to consciously direct the life force (prana) to all parts of the body.</td>
</tr>
<tr>
<td>Kundalini</td>
<td>Postures, breath control, chanting, and meditation are used to awaken the innate energy, considered coiled like a serpent within the lower abdomen.</td>
</tr>
<tr>
<td>Hidden language</td>
<td>Emphasizes physical well being and self-understanding though the study of the symbolism in the postures.</td>
</tr>
<tr>
<td>Somatic-integrated</td>
<td>Slow postures with visualization and conscious breathing with relaxation between postures joined with principles of psychophysiology to connect body and mind.</td>
</tr>
</tbody>
</table>

Source: Adapted from Feuerstein, 2003.

Yoga for Children

The yoga teacher brings his or her philosophy and style to the class, and should adapt the style to child developmental and physical needs. The focus in childhood is less on the perfection of postures than the cultivation of compassion, non-judgment, connection between breath and postures, and forging the foundations of a lifelong practice. However, certain styles of yoga may not be appropriate for children. For example, Bikram and Ashtanga styles of yoga require the practitioner to be in excellent physical condition. Bikram yoga is practiced in an excessively hot room. Ashtanga yoga focuses on strength training and rapid movements.

The effects of yoga in children remain unsupported due to small sample sizes, inconsistent intervention description, varying outcome measures, and low power. Research with adults is also limited by the lack of control groups and explication of the specific yoga intervention or duration. However, findings in adults suggest that yoga improves symptoms of anxiety (Brown & Gerbar, 2005; Gupta, Khara, Vempati, Sharma, & Bijnani, 2002), enhances relaxation (Smith, Hancock, Blake-Mortimer, & Eckert, 2007; Waelde, Thompson, & Gallagher-Thompson, 2004; Woolery, Meyers, Sternlieb, & Zeltzer, 2004), improves hypertension (Gupta et al., 2002; Sivasankaran et al., 2006), and reduces coronary artery disease (Gupta et al., 2002), stress (Brown & Gerbar, 2005; Granath, Ingvarsson, von Thiele, & Lundberg, 2006; Michalsen et al., 2005), depression (Butler et al., 2008; Michalsen et al., 2005; Woolery et al., 2004), and pain (da Silva, Lorenzi-Filho, & Lage, 2007).

A review of 24 articles of yoga for children revealed a large variety of outcomes and measures, lack of adverse reporting, small sample sizes, and low power (Galantino et al., 2008). The paucity of high quality studies of yoga in children limits the usefulness and generalizability of the findings. However, evidence suggests that yoga is associated with improved cardiovascular status, physical functioning, and behavior (Galantino et al., 2008).

Yoga may improve attention and emotional control. Jensen and Kenny (2004) studied 19 boys with attention deficit hyperactivity disorder (ADHD). Despite low power, varied attendance, and lack of determination of quality and duration of home practice, there was a reported reduction of mood swings, temper outbursts, and crying fits on the Conners Global Emotional Liability Index for the 11 boys in the intervention group compared to the 8 boys in the control group. This is consistent with a paper by Nando and Reynolds (2002) (as cited in Peck, Kehle, Bray, & Theodore, 2005) presented at the annual meeting of the National Association of School Psychologists described by Peck et al. (2005), who reported that yoga promotes self-control, attention, concentration, self-efficacy, body awareness, and stress reduction.

Yoga may play a role in the management of chronic illness. In a study of 25 participants ranging in age from 11 to 18 years (20 girls and 5 boys) with irritable bowel syndrome practicing yoga daily for four weeks, subjects reported less functional disability, decreased emotion-focused avoidance, and decreased anxiety compared with a wait list control group (Kuttner et al., 2006). The mechanism of action of yoga remains unclear.

Yoga may affect the functioning of the prefrontal cortex, including the ability to plan and execute complex functions. After one month of 75 minutes of daily yoga, breathing, internal cleansing practices, meditation, devotional songs, and relaxation, 10 to 13-year-old girls decreased the time
required to execute a mental test (Manjunath & Telles, 2001). The authors suggested that yoga in-
creased blood flow to the frontal lobe, which resulted in the rapid realization and correction of errors.

Yoga may also influence neurotransmitter function. For example, a significant 27% increase in brain y-
aminobutyric acid (GABA) levels that may affect mood was found in 8 ex-
perienced adult yoga practitioners com-
pared with 11 non-practicing controls. Decreased GABA is associated with depression and anxiety (Streeter et al., 2007).

The postures and breathing may improve the strength and flexibility of muscles while increasing circulation, uptake of oxygen, and functioning of hormones. The parasympathetic ner-
vous system may become more dom-
inant and stabilize the autonomic nervous system to enhance resistance to the effects of stress (Parshad, 2004).

Some yoga programs for children have been met with resistance to a system viewed as Hinduism and a method of spreading Eastern mysti-
cism. To compensate for these con-
cerns, yoga teachers within schools change the terminology from prānāyāma to “bunny breathing” or meditation to “time in.” Programs reported in the media, such as the “Power Moves Kids Program for Public Schools,” include character-building components, such as quotes by Martin Luther King, Jr. (CNN.com, 2007).

Components of a Yoga Practice for Children

Common components necessary when teaching yoga to children or young adolescents include the envi-
ronment and atmosphere, parts of a yoga session, and recommended length of the class. The environment may be a special location or “space” to help with relaxation and the con-
cept of removing oneself from the usual daily hassles. Shoes are usually
removed before entering the room (Metzger, 2002, 2003). If the class is in a usual classroom or gym, a night
light may be used or the lights may be turned down with soft music playing. Candles or incense should be avoided to reduce the risk of fire or allergic respir-
atory symptoms in susceptible chil-
dren. The class should be conducted with a feeling of compassion and non-
judgment, and without competition (Metzger, 2003).

The parts of each yoga class

include quieting the mind, postures and breathing, relaxation, and a read-
justment time to bring the mind and body back to normal activity. For chil-
dren, these phases may be described as a warm-up, breathing, postures, and relaxation (Schwartz, 2003).

The class may begin by laying down, sitting cross-legged on the floor, or sitting in a chair. Special objects may be used to symbolize a special time for relaxation. This may be a yoga mat, pillow used exclusively for yoga and relaxation, special clothing, blanket (DeMichelis, 2004), or stuffed animal (Metzger, 2002, 2003). Children are encouraged to shut their eyes only if they feel comfortable doing so. Yoga is not competitive and should not hurt. Children, especially if used to competition and sports, need to be reminded not to compare them-

selves to classmates. Explaining this to children in the beginning is impor-
tant to encourage children to focus on themselves without concern for being laughed at or not keeping up with the class.

The mental quieting phase focuses on leaving worries behind. For chil-
dren, this may be thinking of one thing that worries them and mentally imagi-
ning the worry flying away or throw-
ing it away. For younger children at a more concrete operational level, the worry may be written, then torn up or hung on a tree. The concept is to bring what is the most concerning issue for the child into consciousness and dis-

card it from his or her mind.

How well children feel they do yoga one day may change the next session and is not as important as doing the best they can and to concentrate on brea-
th. One technique is to focus on the breath and picture a colorful balloon in their bodies with the opening near the chest and the bottom at the

stomach. As they breathe in deeply, they are instructed to feel the

air fill the balloon. When they breathe out slowly, they are to imagine the air moving back up the balloon to the opening of the balloon at the chest (Luby, 1998).

Another example is to sit cross-

legged on the floor with hands togeth-
er at the center of the chest. After the

eyes are closed, the children are in-
structed to feel as if they can see from the center of their forehead between their eyes. At the same time, they are guided to feel a warm glow in their heart. Then they are guided to brea-
th in and out slowly and deeply through the nose three times (Khalsa, 1998). Special age-appropriate activ-
ities, such as songs, chants, or crafts

may be used with younger children (Metzger, 2002, 2003). A warm-up period of gentle movements, including stretching, will prepare the body for the

postures. This period may also include songs or chants for all ages (Metzger, 2002, 2003).

The postures (āsanas) may be classified as a) standing, b) seated, c) balance, d) twists, e) supine, f) for-
ward bends, g) backbends, and h) inversions (Metzger, 2002, 2003). The inversions include postures in which the legs are above the level of the heart. For example, a shoulder stand involves balancing on the upper shoulders while the legs and back are

raised in the air.

The postures may be held to the count of 10, but the individual’s body response needs to be the guide, and children need to be reminded that they should not force a position or be in pain. If a child is believed to be an-

xious due to stress-related symptoms, the pose may be held for one to two minutes, if possible (Luby, 1998). Children less than 6 years of age can

be encouraged to hold postures for 20 seconds to one minute. Children older than 6 years of age may hold postures for one and a half minutes (Khalsa, 1998).

Children may be instructed in the postures in relation to imitating plants, objects, or animals (see Figures 1 and 2). Some programs for children pro-

vide pictures of the object for the child to imitate. Some animals used as a guide are a pigeon, lion, mouse, mountain, or tree. For example, the

mountain pose emphasizes feeling strong and steady. The tree encour-
ges balance. Younger children may need to look at the pictures and try to make their bodies look like the pose in the pictures while following the teacher’s instructions (Luby, 1998).

During the postures, children need to be reminded to inhale and exha-

le the breath in relation to movement. Each posture should be followed by one to two deep breaths. After pos-
tures that are more strenuous or diffi-
cult, a short relaxation period of approxi-
mately 15 seconds on the floor is recommended (Khalsa, 1998). During the movements, the child needs to breathe slowly and deeply through the nose. The breath should not be forced or held. The postures may be in any order, but there needs to be a concentration on balance. For example, if the child bends forward, the next posture should involve bend-
ing backward. The postures should not hurt, and children need to be

reminded to feel their body during a
posture and only go as far as the body feels comfortable. Practice and slow concentrated effort can lead to increasing flexibility (Schwartz, 2003).

The relaxation or meditation period occurs after the completion of the postures. This may include laying on the floor supine with the eyes shut and concentrating on breathing, a sound, or the repetition of a phrase. A sound or phrase may be repeated to help children increase their concentration on breathing. Children may be encouraged to visualize a picture and hold it in their mind (Schwartz, 2003). There may also be a guided visualization, such as imaging lying on a cloud and floating through the sky. After the relaxation period, there is a slow reawakening to normal activity by stretching or wiggling fingers and toes. If they are lying down, they will be instructed to roll over to one side before slowly arising (Metzger, 2002, 2003). This may last under three minutes for children between 3 and 6 years of age, and longer in older children (Luby, 1998). As children get older, this period will increase, but this depends on the individual child.

The frequency of practice is ideally four to six times a week to best enjoy the cumulative benefits of yoga, but at least once a week is recommended. The length of a yoga class depends on the attention span and developmental age of the students. A class for adults may last from one to two hours. For children less than 6 years of age, the class may be 15 minutes. A class for children between 7 and 9 years of age may be 25 minutes in length (Khalsa, 1998).

Safety Guidelines for Yoga Practice

Primary safety issues surrounding the practice of yoga involve the safety of the environment including practicing on level ground, using a clean mat, moving slowly and carefully without pushing beyond capabilities, and contraindications to postures or practice. The yoga practice is best done on an empty stomach because some postures raise the stomach above the head, which may cause regurgitation of stomach contents. Before a yoga practice, children should wait 2 to 4 hours after a large meal or 1 to 2 hours after a light meal (Schwartz, 2003). Yoga should be practiced on level ground with as little distractions as possible to encourage focus and concentration.

To practice yoga, a mat is best to prevent slipping. If yoga is being done on a carpet, this is less important, although dust mites in carpets may be a concern for children with asthma. Scented candles should be avoided due to the potential exacerbation of asthma and fire.

The yoga mats need to be cleaned regularly. To clean mats, follow the manufacturer’s directions. Some mats can be machine-washed. In general, mats can be washed with 2 cups of water mixed with 4 drops of dish soap and wiped with a damp sponge, then rinsed, dried with a towel, and hung to dry (Raskin, 2009). Mats at yoga studios and gyms with multiple users should be washed with a disinfectant and discarded after 1 year. The label of the disinfectant should be registered with the U.S. Environmental Protection Agency (EPA), and the label should read that it is effective against Staphylococcus Aureus (Centers for Disease Control and Prevention [CDC], 2009).

Yoga mats are worth purchasing. Mats range in price from $11 to over $100 depending on size, thickness, material, and decorative features. A 1/8-inch thick standard mat is adequate ($11 to $16). A small pillow may increase comfort when sitting on the floor. Some teachers recommend a strap or foam block or thick blanket to help with postures if the person is not flexible enough to reach toes or lift legs, but this is not necessary (Metzger, 2002, 2003). To prevent injury movements must be slow, with concentration as postures are changed (Luby, 1998). A water bottle may be kept near children to sip throughout the class. The room should be heated to a comfortable temperature and the postures should not be strenuous enough to cause profuse sweating.

Yoga should not be performed when a child is sick, such as with a cold, flu, headache, or vomiting. Inverted postures (with the legs extended above the heart or head) that put pressure on the head, neck, or shoulders should be avoided. Specific postures that increase pressure or twisting motions should be avoided in certain circumstances. For example, children suffering from migraine headaches or from any condition that is affected by extra pressure to the head or neck, such as hypertension or cardiac problems or menstrual period, should avoid shoulder stands. Children with back pain or problems should also avoid shoulder stands as well as the boat position (lying on the stomach with arms behind the back holding up bent legs at the ankles).
that strains the back. Problems such as asthma or bronchitis may be exacerbated by special yoga breathing techniques; therefore, concentration may need to focus only on a simple awareness of the breath going in and out at a normal depth and frequency.

Children with any hernia should avoid forward bending postures (Schwartz, 2003).

Children limited to wheelchairs are able to participate in yoga by focusing on the breath and movements of the upper body and head. An experienced yoga teacher should be able to adapt the postures for children with special needs. If a child cannot do a standing stretch, he or she may be able to adapt it to lying down or sitting (Schwartz, 2003).

### Locating a Yoga Program For Children

To locate an appropriate yoga class for children, parents may ask physical education teachers, dance teachers, and sports coaches; talk to people already practicing yoga; refer to books or yoga magazines (Schwartz, 2003); and ask at mothers’ groups or the local YMCA (Metzger, 2002, 2003). Yoga studios can be found in local phone books and Internet resources, such as those listed in Table 2.

Certification may be inconsistent, and a minimum of a weekend or week-long training in yoga for children is suggested. Some reputable training in yoga for children is also listed in Table 2. The teacher should practice yoga regularly and have basic knowledge of yoga, safety, benefits of yoga, and contraindications of postures (M. Metzger, personal communication, January 22, 2009).

Specific questions to ask the teacher depend on the age and special needs of the child, and parental expectations from yoga. The parent needs to notify the teacher about any health problems and concerns, and assess the experience of the teacher with these issues. Additional questions to consider are listed in Table 3.

Parents may observe the class prior to registration to determine what types of activities are performed, the teacher’s manner, and the environment. The children should appear to be having fun and receive kind attention from the teacher. Age-appropriate activities, such as singing, chanting, crafts, or make believe play, may be noted in classes for younger children. The atmosphere should feel peaceful, supportive, calm, warm, spacious, level, and uncluttered. Music is usually playing. There should not be any candles burning. The teacher should demonstrate the posture first and not focus on perfection (Metzger, 2002, 2003).

The age range of the children in the class and the number of children per

<table>
<thead>
<tr>
<th>Web Site</th>
<th>Description</th>
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<tbody>
<tr>
<td><a href="http://www.yogaalliance.org">www.yogaalliance.org</a></td>
<td>Provides information regarding certified programs and teachers.</td>
</tr>
<tr>
<td><a href="http://www.colomeyoga.com">www.colomeyoga.com</a></td>
<td>Provides trainings and classes specializing in yoga for children.</td>
</tr>
<tr>
<td><a href="http://www.yogajournal.com">www.yogajournal.com</a></td>
<td>Provides basic information about yoga issues.</td>
</tr>
<tr>
<td><a href="http://www.yogafinder.com">www.yogafinder.com</a></td>
<td>Assists in locating yoga programs internationally.</td>
</tr>
<tr>
<td><a href="http://www.specialyoga.com">www.specialyoga.com</a></td>
<td>Provides information and trainings for children with special needs.</td>
</tr>
<tr>
<td><a href="http://www.yogaseeker.com">www.yogaseeker.com</a></td>
<td>Lists teachers and yoga schools.</td>
</tr>
<tr>
<td><a href="http://www.yoga.com">www.yoga.com</a></td>
<td>Finds classes and studios.</td>
</tr>
<tr>
<td><a href="http://www.childrensyoga.com">www.childrensyoga.com</a></td>
<td>Provides trainings and classes specializing in yoga for children.</td>
</tr>
<tr>
<td><a href="http://www.yogakids.com">www.yogakids.com</a></td>
<td>Provides trainings and classes specializing in yoga for children.</td>
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### Table 3. Questions to Consider When Assessing a Yoga Program

<table>
<thead>
<tr>
<th>Teacher Characteristics</th>
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<tbody>
<tr>
<td>What is the teacher’s experience with this age group?</td>
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<tr>
<td>For how many years has the teacher practiced yoga?</td>
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<tr>
<td>Where did the teacher train and what certification does he or she have?</td>
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</tr>
<tr>
<td>What special needs training and experience has he or she had?</td>
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<tr>
<td>What should the child expect to learn?</td>
<td></td>
</tr>
<tr>
<td>What are the benefits of the class?</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Policy</th>
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<tbody>
<tr>
<td>What is the policy for behavior and discipline?</td>
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<tr>
<td>What are the policies regarding fees, cancellations, and make-up classes? Is there liability insurance?</td>
<td></td>
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<tr>
<td>Are guardians expected to stay?</td>
<td></td>
</tr>
<tr>
<td>For toddlers, are diapers allowed?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Logistics and Routine</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>How many children are in the class? What is the age range of the students?</td>
<td></td>
</tr>
<tr>
<td>How many teachers are in one class? Are there any assistants?</td>
<td></td>
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<tr>
<td>How long is the class?</td>
<td></td>
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<tr>
<td>What is the routine of the class?</td>
<td></td>
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<tr>
<td>What does the child need for the class?</td>
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<tr>
<td>Is a snack provided?</td>
<td></td>
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<tr>
<td>Is a bathroom on site and what supervision is available for bathroom use?</td>
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</table>

Source: M. Metzger, personal communication, January 23, 2009.
class may vary by the availability of classes. In areas where there are many classes, single-class sessions may be offered. Other locations with less interest in yoga classes may only offer classes with mixed ages. According to a pediatric yoga expert (M. Metzger), it is recommended that toddlers, as well as children younger than 5 years of age, have their own class. Children between 5 and 11 years of age may be taught together, but 10 to 11-year-old children may not want to share a class with younger children. By 11 years of age, children may also desire single gender classes. The ideal number of children per class is 6 to 10. Over 10 children may necessitate a second teacher (M. Metzger, personal communication, January 22, 2009).

Once having attended classes and learned basic postures, children may practice yoga at home with the same safety requirements. An area in the home may be designated as a special place for calmness and yoga practice. Despite practice at home, formal classes are recommended to periodically check proper postures and breathing (Schwartz, 2003).

Nursing Implications

Children use complementary and alternative medicine (CAM), including yoga. Therefore, nurses need to ensure child safety and assess parental knowledge regarding expectations and interactions. A recent survey of 281 families in general pediatrics and specialty care reported a high percentage of children using CAM therapies. The survey reported that 61.9% of children with epilepsy, 55% of children with cancer, 50.7% of children with asthma, 47.4% of children with sickle cell disease, and 36% of general pediatric patients used a CAM therapy (Post-White, Fitzgerald, Hagenes, & Sencer, 2009). Despite this reported use, many patients do not report their use of CAM to health care providers (Shakeel, Little, Buce, & Ah-See, 2007).

Tindle, Davis, Phillips, and Eisenberg (2005) reported that yoga is one CAM therapy that has increased in use between 1997 and 2002. When asked which CAM therapies they would be most willing to use, adolescents with chronic pain reported a willingness to try yoga (Tsao, Meldrum, Kim, Jacob, & Zeltzer, 2007).

Nurses need to be knowledgeable about evidence-based practices, patient safety, and all methods of care that may enhance health and healing. CAM practices incorporating mind and body are consistent with nursing theory and practice, which focus on wholeness and healing (Fowler & Newton, 2006). Yoga may be a promising nursing intervention to enhance well being for children of many ages and capabilities.

Research is greatly needed to evaluate the purported health claims of yoga in children and provide evidence for the best styles and practices for children at specific ages and health needs. For children, yoga should be a fun way to learn how to relax their minds and exercise their bodies. The practice of yoga may serve as a foundation for the nurturing of inner resources and strengths to facilitate lifelong health and well being.

References


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Yoga for Children
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Additional Reading
Rodgers, B., & Yen, W-J. (2002). Re-thinking nursing science through the understanding of Buddhism. Nursing Philosophy, 3(3), 213-221.