

The Introduction of Yoga in German Schools: A Case Study

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Abstract Yoga styles develop according to the target group, goals, and underlying social conditions. This process can be clearly observed in the way that yoga training for children has been implemented in some schools in Germany. In 1999 this training was developed and named *Körperorientiertes Programm* (body-focused program). Initially it aimed to help children of kindergarten and elementary school age, successively integrating a number of objectives. Its original goal was to offset deficits in motor skills, concentration, and social behavior through a specifically adapted form of yoga training. It will be shown that initially yoga was not yet generally accepted by German society. Only when yoga was classified as a technique for improving health did it become viewed more positively, and funding was then allocated for conducting projects in schools. The objectives were expanded at the same time. Over the course of 10 years, by integrating accompanying measures it was possible to refine the original program into a method compatible with the emerging trend towards “healthy schools.” The chapter concludes that yoga in German schools has evolved from an exotic fringe discipline into one where there are high hopes of its capacity to solve complex problems, indeed it is currently subject to excessive expectations.

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Introduction

An investigation of the spread of yoga in German schools shortly before the millennium demonstrated that yoga training could be found in all types of school.¹ At that time yoga was offered in schools by committed individuals who knew very little about the situation elsewhere. In 1999 working groups were formed at a national level that led to an exchange of information about children's yoga.² The term *Kinderyoga* (children's yoga) was introduced and gradually accepted for practicing yoga with children. Still, the prevailing attitude at the time suggested that yoga was more tacitly tolerated than officially recognized. I received an email from a teacher on 19 March 2000 that was typical in this respect:

I tell the school authorities and the parents that my yoga exercises are concentration exercises, just like any other exercises. . . I would be worried about causing resistance with the term yoga because it is often associated with a complete ideology. Why should I provoke unnecessary conflict when it can be so easily avoided?³

Two years later there were still reports of difficulties in accepting yoga:

There can be serious reservations against yoga in schools. One mother was alarmed . . . by a leaflet produced for parents, for example. As a member of a fundamentalist Christian group she feared that her child would be in great danger of being possessed by the devil during the silent periods.⁴

In connection with my doctoral thesis on the spread of yoga in German schools two conferences were organized at the University of Essen in 1999 and 2000 with the aim of revealing more about the current state of development of children's yoga. There was no difficulty getting teachers of yoga for children to confirm their attendance, as it was their first opportunity to meet fellow professionals in a field that still operated in virtual isolation. However, it proved extremely problematic to find well-known speakers with academic backgrounds who were prepared to publicly acknowledge that they practiced yoga and were thus "devotees" of the art. They feared that it would impede their academic careers in the future. These fears were not entirely without justification; yoga practitioners in Germany at the end of the twentieth century were easily suspected to be a "member of a cult." The assumption that "psychotechniques" could be harmful to the general population even led to a committee on "alleged cults and psychogroups" being formed by the German government to investigate the potential danger for German people, and which might have necessitated political intervention. However, the committee was

¹ This investigation was part of Augenstein's (2003a) doctoral dissertation. Furthermore, the spread of yoga in German schools has been documented in several final theses at diploma, masters, and teaching qualification level.

² There were similar networks on an international level organized by REY (Research on Yoga in Education) and the Brahma Kumaris.

³ Quoted in Augenstein (2003b, 42).

⁴ A second teacher, quoted in Augenstein (2002, 22).

not able to determine any possible danger from groups (and new religious movements) offering yoga. Against all expectations, far from being rejected, the psychotechniques under investigation were accepted and received positively by the German public. As a consequence, in its concluding report in 1998 the committee recommended that the German government should no longer obstruct this “area of the health sector,” either through prejudice, or through professional or personal interests.⁵ It also advised that as the field was obviously extremely significant it should be given more attention, and proposed that more information be gathered by conducting further research.⁶ The conditions were thus ripe for yoga to undergo a gradual transformation in legal terms from a “psychotechnique” to a “technique for improving health.”

Development and Evaluation of the Körperorientiertes Programm (KOP)

At the first conference on children’s yoga at the University of Essen an initiative to enhance quality control was formed, concluding that “data and facts” were prerequisites for assisting yoga on the path to social recognition.⁷ It was acknowledged that parents, school authorities, and teachers were justified in seeking transparency concerning the contents of courses. Therefore providers of yoga training programs had to be requested to explain their choice of method and approach. Moreover, when dealing with authorities it would be sensible to adopt terminology familiar to them in order to break down practical and language barriers.⁸ As part of the general aim towards establishing a scholarly basis for yoga, from 1999 to 2001 I developed and evaluated a yoga-based training program for children within the framework of my doctoral thesis.⁹ This program later became a central element of the projects implemented and carried out in schools. Acknowledging that yoga in schools needs to be communicated in an appropriate way, the language used was adapted to avoid difficulties in being accepted. Thus the training program was called *Körperorientiertes Programm* (KOP, literally: body-focused program) rather than yoga training. Not only did this strategy increase the acceptance of the program, but it identified KOP as a specific training program

⁵ See Deutscher Bundestag 1998. *Endbericht der Enquete-Kommission “Sogenannte Sekten und Psychogruppen.”* Printed matter 13/10950. An expert on cults from the Catholic Church also attended the conference in Essen, seeking a substantiated approach to yoga.

⁶ *Ibid.*, 55.

⁷ The first meeting took place in Ratingen on 5 December 1999. Among the participants were the author and Klaus Engel (1999), who later founded the Society for Meditation and Meditation Research and the *Journal of Meditation and Meditation Research*.

⁸ See also Augenstein (2002, 24).

⁹ Augenstein (2003a).

within the wider context of children's yoga. The latter phrase only very generally refers to practicing yoga with children and represents a diverse range of directions and techniques. The term KOP, by contrast, stands for a special, very precisely defined form of training.

Trials were conducted to demonstrate the effectiveness of KOP using test and control groups from parallel school classes, which were assessed on several occasions by standardized research methods. The test group received 10 weekly yoga training sessions, each lasting 45 min. The control group was given the same amount of common psychomotor training. Standardized test procedures were applied to ascertain the effect the training had on body posture in general, on concentration, and on social behavior. It was hence proven that children who participated in the KOP had significantly improved their motor skills. Improvements in concentration and social behavior were also observed but could not be ascribed solely to the training program.¹⁰

Selection of the Target Group

KOP is aimed at children in kindergarten and elementary school, and its goals are to improve posture, concentration, and social behavior. The target group and goals were selected according to structural conditions and the special needs of children in Germany. My research on the distribution of yoga in German schools had shown that yoga was mainly adopted with great success in institutions that offer a high degree of freedom in their teaching methods: in preschools, kindergartens, elementary schools, and special schools.¹¹ By contrast, it is more difficult to integrate yoga into the secondary education level as these schools have tight schedules and highly specialized classes.¹² Given the favorable initial conditions in elementary schools and kindergartens, the training program was developed for a target group of 5–10-year-old children. Several other arguments supported the choice of this target group. First of all, elementary school training in Germany generally finishes at noon. Hence in the afternoon school facilities are open to be used when needed;

¹⁰ Augenstein (2004b).

¹¹ Augenstein (2003b, 37). In Germany children at the age of 3 years can attend a *Kindergarten* (preschool, nursery), generally run by private organizations that receive state subsidies for their work. *Vorschulen* (English: kindergarten) are institutions that directly precede elementary schools with the specific task of preparing children for school. Compulsory schooling begins in Germany between the ages of five and seven. Children spend either 4 or 6 years at a *Grundschule* (elementary school), depending on the federal state they live in. Children with special educational needs—since they may be mentally handicapped, speech impaired, or behaviorally challenged—attend a *Sonderschule* (special school), taught by specially trained teachers.

¹² After elementary school, children are distributed according to their cognitive ability to the *Hauptschule*, the *Realschule*, or the most academically challenging *Gymnasium*. In several federal states there are also a number of non-selective comprehensive schools, called *Gesamtschule*, which run parallel to these three selective school forms.

staff and respective financial resources can be made available. Therefore every child in this target group could potentially get the chance to participate in the program, and thus a large number of children would profit from it. In addition, from a pedagogic standpoint it is preferable to begin development programs for children as early as possible, thereby enabling neural pathways to be forged in the brain that will facilitate the later acquisition of knowledge.¹³ Learning programs in early years can also help prevent developmental problems becoming engrained that would be extremely difficult or even impossible to resolve at a later date. This concerns the development of motor skills as well as attitudes.¹⁴

Motor Function as a Development Goal

Findings on motor function development in children present an inconsistent picture of the current situation.¹⁵ Even if existing studies do not allow us to draw clear-cut conclusions, it is generally acknowledged that children in Germany do exhibit problems with their motor skills and that these difficulties need to be addressed with appropriate measures.¹⁶ Locating the source of the problem has proved difficult. Families with only one child, single parent families, working mothers, differing styles of parenting, changes in spatial experience among children, too little movement, and diseases of civilization have all been investigated and excluded as single, ultimate reasons, as Gaschler has shown, warning of a “simplification of the facts and a preference for ‘what if’ scenarios.”¹⁷ Several observations of children made during their participation in the KOP confirm the necessity of developing motor skills such as strength, suppleness, coordination, stamina, and speed. The issue with motor skills becomes particularly apparent with the tiger pose (a variant of *cakravākāsana*), see Fig. 1.¹⁸ In this posture the children kneel down in order to stretch their right leg and left arm, and respectively, the left leg and the right arm.

¹³ See Caspary (2006) and Spitzer (2002).

¹⁴ Dordel and Welsch (1999) and Wahl (2004).

¹⁵ Gaschler (2000).

¹⁶ The Ministry of Education in the federal state of Baden-Württemberg acknowledged the importance of scheduling daily exercise as part of the curricula it introduced in the academic year 1994/95. Teachers in all school types and of all age groups were explicitly asked to rotate activities and learning methods, and thus to balance concentration and relaxation periods. Similar programs were set up by the Ministry of Education in Bremen and in 1998 by the Ministry of Education in Lower Saxony (called *Niedersachsen macht Schule durch Bewegte Schule*) in which over 1,000 schools participated. Other federal states followed with their own initiatives.

¹⁷ Gaschler (1999, 14), see also *ibid.*, 8–13.

¹⁸ The diagnostic potential of posture in connection with KOP was investigated in a diploma thesis by Braun (2007).

Fig. 1 The tiger pose (Photo: Proßowsky 1999, courtesy: Kamphausen)

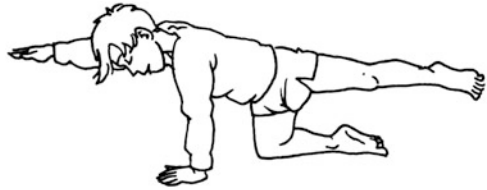


Fig. 2 Girl trying to perform the tiger pose (Photo: Augenstein)

Figure 2 shows how the exercise is in fact being carried out by a school child, illustrating several characteristics frequently observed in practice that suggest impairment in all areas of motor function:

- **Strength:** The back muscles are not strong enough to hold the back straight. The arm and leg muscles are also insufficiently developed to hold the arm and leg outstretched.

- **Suppleness:** Inadequate elasticity in the leg muscles makes it difficult to stretch the leg fully, so that the leg remains bent when carrying out the posture.
- **Coordination:** The child cannot coordinate arm and leg movements properly. The right arm and right leg are stretched out instead of the right arm and left leg.
- **Stamina:** There is also a deficiency in the level of stamina when carrying out the posture. The child's open facial expression in the photo reveals that although she is making an effort, a sustained performance—in this case meaning a frequent repetition of the posture—is rendered impossible due to her lack of strength.
- **Speed:** Practicing postures quickly is not one of the goals of yoga. Nevertheless, the capacity for speed can be deduced from exercises such as this one by observing the ability to change posture quickly. Speed would not be possible for this child as she lacks strength and coordination.

Meanwhile artificial aids are used in KOP to make it easier for participants to coordinate their movement. For example, a striped sock called “tiger sock” is placed over both one hand and one foot of the practicing child, and the group is instructed to stretch “once with [hands and feet covered by socks], once without.”

Social Behavior as a Development Goal

Criteria for judging good or bad social behavior can differ greatly between societies and are also subject to change within one and the same society over time.¹⁹ Generally speaking, “good behavior” stands for behavior that corresponds to the norms within a society or social group—in other words, it is regarded as normal. By contrast, “bad behavior” represents social behavior that deviates from the norms and is seen as abnormal. To put it simply, “good behavior” by children in a school setting means that children are able and willing to follow the lesson, allowing the teacher to teach in an atmosphere that is as free from disruption as possible. This is because the primary function of school is to make the children learn.

Recent research and a number of observations made by myself point to the immense difficulties in schools caused by disruptive behavior among pupils.²⁰ Disruptions to lessons can become so severe that learning is rendered impossible. In several cases, the school board members themselves complained about this situation in public. Disruptive behavior can present itself in many forms. At the University at Bamberg scholars developed a list of “disruptive behaviors” (*Verhaltensauffälligkeiten*) identified among children. This list is given to elementary school teachers as an up-to-date and simple tool for assessing disruptive behavior. This list mentions problems such as lack of concentration, fidgeting, lack of precision, impaired performance, low motivation to do well, low

¹⁹ Elias (1976).

²⁰ Augenstein (2004a) and Holtappels et al. (1997).

self-confidence, depression, angry outbursts, anxiety, mood swings, oversensitivity, deceitfulness, disobedience, difficulties making contact, damaging one's own property and that of others, attention-seeking, overly conforming, aggressive behavior towards other pupils, being bullied by other pupils, psychosomatic disorders, and speech or language impairment.²¹ The causes for disruptive behavior are complex and cannot be reduced to simple and ultimate factors, just as in the case of deficiencies in motor function. However, in this context it is sufficient to point out that the problem exists and solutions need to be found. Given this background situation, the issue of concentration is given particular significance as a development goal.

Concentration as a Development Goal

Concentration is a basic prerequisite for learning at school. Maria Montessori (1870–1952) in her educational theory also discussed the systematic development of concentration and highlighted an interesting phenomenon.²² She observed something that had previously been ignored by educationalists, namely the capacity of children to concentrate totally on a task and become fully absorbed by it. She called this process “polarization of attention.” After children resurfaced from their deep concentration Montessori noticed a change of behavior that she labeled “normalization.” Before the polarization of attention, antisocial characteristics such as “caprice,” “disorder,” “timidity,” and “sloth” are apparent. After the attention is polarized, positive qualities such as “concentration,” “work,” “discipline,” and “sociability” are exhibited.²³ Montessori argued that the polarization of attention is raised in connection with an external object that the child finds extremely attractive. Looking for methods of generating this polarization of attention subsequently became one of the central concerns of Montessori pedagogy.

It is hardly known whether Montessori in the development of her theory was inspired by observations in India. It is, however, certain that she wrote her main work during her stay in India 1939–1946.²⁴ There are some interesting parallels between her interpretations and, conversely, core concepts of yoga philosophy. The latter includes virtually identical stages of development compared with Montessori's steps towards the polarization of attention (and normalization), although the terms differ. An equivalent to the polarization of attention is described

²¹ This list is known as the *Bamberger Liste von Verhaltensauffälligkeiten für Lehrerinnen und Lehrer* (BLVL), see Augenstein (2003b, 275–277).

²² Montessori (1973).

²³ The aspects of social behavior listed by Montessori (1973, 182) would be termed differently today. The transformation from antisocial to social behavior is nevertheless clear.

²⁴ Possibly Montessori self-avoided any explicit reference to other cultures in order to prevent her work being rejected in the West.

in the ancient *Yogasūtra* as *saṃyama*, a phenomenon of perception that can be summed up as “immersion.”²⁵ Immersion is completed in a multistage process that begins with concentration (*dhāraṇā*), giving way to absorption (*dhyāna*), before finally merging with the object of perception (*samādhi*). *Saṃyama* leads to a gradually increasing bond with the object of perception that culminates in the disappearance of self-awareness and acquired categories of perception. A space is created that is free of thought, characterized by immediate presence and pure perception, in which the real goal of yoga can be realized—a direct view of reality. The *Yogasūtra* was assembled about 2,000 years ago and is ascribed to Patañjali. He came to the fundamental conclusion that every thought process leaves behind a trace in one’s consciousness called *saṃskāra*.²⁶ What is interesting in this connection is the exceptionally strong and changing power of immersion as described by Patañjali, which displays great similarities to Montessori’s normalization. The merger (*samādhi*) between consciousness and the object of perception dissolves old impressions in the consciousness and subsequently leads to it taking a completely new direction. The mind is completely cleared through the merger and thus succeeds in attaining a state beyond consciousness.

Given that yoga techniques are specifically intended to develop concentration, it seems an obvious step to apply these techniques in the case of children, too. The quest for methods that children find attractive and that bring about a polarization of attention is by no means complete. For yoga classes with children, techniques need to be developed that focus not only on external objects (like the “tiger socks”) but also on internal processes. These include techniques for raising sensory perception, for instance, massages that stimulate tactile awareness, or singing to increase the auditory sense and thus improve children’s concentration on certain melodies.

The KOP Exercises

The primary aim for developing KOP was to identify yoga exercises that were suitable for implementing the development goals of good posture, concentration, and social behavior. The exercises should be simple but effective. They should be suitable for children of kindergarten and elementary school age, as well as for children with special requirements (particularly in the case of obesity). These exercises were selected from those yoga postures that were already documented in reference works on Hatha Yoga. In case existing postures were not considered

²⁵ The *Yogasūtra* is ascribed to Patañjali, one of the most important Sanskrit sources on yoga, see Bäumer (1985).

²⁶ This observation has also formed one of the basic assumptions in research on the brain for the last few decades in the West, leading to a paradigm shift whereby mental and physical processes are now regarded as a single unit.



Fig. 3 Children enjoying the swing dance (Photo: Proßowsky, source: Augenstein 2003a, b)

suitable to achieve the development goals, specific exercises (or versions of a pose) were created.

As the polarization of attention is largely dependent on the interest shown in the object, the degree to which children find the exercise attractive was an important criterion for selection. Petra Proßowsky was closely involved in trying out various exercises during a pretest phase in order to identify techniques that make the posture (*āsana*) accessible for children. As one of the pioneers of children's yoga in Germany, Proßowsky had developed many yoga techniques specifically suitable for the needs and abilities of children. Some of her suggestions initially seemed unusual, but they were so well received by the children in practice that they subsequently became an essential part of KOP. One example is the “dog obedience school” (*Hundeschule*), which accompanies the introduction of the dog pose (*adhomukhaśvānāsana*) in the second KOP session. In this dog obedience school the children are ordered to “sit!” and “beg,” which encourages a playful attitude to the dog pose. In another KOP session the tiger's “birthday” is celebrated, combining the tiger pose (*cakravākāsana*) with a “swing dance” (see Fig. 3). When selecting meditation exercises, well documented techniques were preferred in the name of transparency.²⁷

Based on these criteria, a total of 32 exercises were chosen for KOP, supplemented by group exercises in a circle, massages, pair work, meditation, and games. The session begins, in analogy to the sun salutation, with a greeting to the world (*Gruß an die Welt*) as invented by Proßowsky.²⁸ The greeting to the world is a dynamic series of movements particularly suitable for children. The 11 exercises stretch the spine in all directions and increase physical flexibility.

²⁷ These exercises are described in *Traumgeschichten* (Dream Stories) by Proßowsky (2003, 2005), c.f. Proßowsky (2007, 2008).

²⁸ Proßowsky (2005, 10). The greeting to the world consists of the following exercises: Mountain pose (*tādāsana*), raised hand pose (*hastauttānāsana*), standing forward bend (*uttānāsana*), half moon pose (*ardhacandrāsana*), tree pose (*vrkṣāsana*), lotus mudra, and as new developments: Sun, moon, stars, greeting, circling arm.

Within the context of KOP, the greeting to the world serves both as a ritual for starting off the exercise session and as a warm-up exercise in preparation for the postures still to come. Integrating two forward bends from a standing position also improves pelvic mobility, which is an important prerequisite for achieving the postures. The greeting to the world is followed by 13 basic exercises which are integrated in a playful manner.²⁹ As with the greeting to the world, these exercises are repeated in each session. Eight supplementary exercises of increasing difficulty are then successively introduced.³⁰ Most KOP exercises are performed dynamically as this best fulfills the children's need to move about. Reciting the accompanying verses focuses the children's attention and generates a feeling of belonging. Here too, Proßowsky's techniques proved highly attractive for children. The dynamic tiger pose, for example, is accompanied by spoken rhymes: "The tiger stretches and makes himself round, he is getting his back healthy and sound!" Adapting static exercises by combining them with incentives motivates the children to maintain their postures. Children can be motivated to maintain a posture in a simple way by integrating sound into the process of practicing an *āsana*. A posture is maintained until a signal is given to stop with a singing bowl.

The interaction between the participants in the course of KOP generates a social situation that allows addressing issues of behavior. Behavioral training is thus an integral component and also constitutes the basis of all the selected exercises. The children learn in a structured manner and also by means of the structure itself. Care is taken that the children enter and leave the room in an orderly manner. They are reminded to stay on their mats during the session, and not to disturb other children while they are exercising.

Yoga Projects in Schools: Against Violence and Racism

Before new ideas get implemented in the German education system, they generally have to undergo a trial period in the form of short-term projects that are carried out when sufficient funding is available. Similarly, after the development and evaluation of KOP a number of projects could be realized in schools from 2001 onwards. The first opportunity to apply KOP on a larger scale was provided by the federal state of North Rhine-Westphalia with the campaign "Municipalities against the Far Right" (*Kommunen gegen Rechtsextremismus*). The state granted the municipalities one Deutsche Mark per citizen to support initiatives against right-wing extremism. In 2001 the small town Ratingen received 90,000 Deutsche Mark. Equipped with a budget of 3,000 Deutsche Mark KOP was implemented in three elementary schools and two kindergarten facilities, teaching a total of 95 children for 4 months. This provided the first opportunity to train school teachers in KOP techniques.

²⁹ Basic Hatha Yoga postures and, as a new development, the butterfly pose.

³⁰ Including a new development: The starflower pose.

The KOP was implemented in school through a local initiative against violence and racism (*Ratinger Initiative gegen Gewalt und Fremdenfeindlichkeit*).³¹ The first aim in their application was to establish a plausible link between practicing yoga and preventing right-wing extremism. In order to avoid difficulties in being accepted, the term “yoga” was explicitly mentioned only once in the application:

The [KOP] training program is characterized by a highly interdisciplinary and intercultural approach. The physical exercises have been derived from Hatha Yoga, a discipline that originates in India and that has received a great deal of research since the 1920s. The didactic implementation of these exercises is based in particular on Montessori pedagogical theories.³²

The project was advertised with the help of the local adult education center. Every school and kindergarten in Ratingen was offered the implementation of KOP for free. School teachers were asked to join a yoga course at the adult education center, and after participating in further teacher training qualified as KOP instructors. In order to underline the legitimate nature of the project, a leaflet described KOP as a “scientifically proven” training program. Several examples were given as to how the yoga-inspired exercises would achieve the goals of the initiative against violence and racism:

Transforming aggression into strength: The example of the lion. The children are first asked which characteristics a lion has. Depending on the children’s previous experience the lion might take on a terrifying appearance. Then the children are presented with a lion which has a very different nature: the exceptionally strong and noble king of the beasts. He would never attack another animal without reason. He needs only to roar to send his enemies fleeing. After the explanation the children adopt the posture and roar like lions, thus discovering a new posture in a playful manner.³³

Although the information for schools was delivered at very short notice, there was nearly three times as much demand for KOP as there was capacity. With only a few exceptions, all the elementary schools and kindergartens that had been contacted were interested in participating. However, due to limited funding the KOP training could be offered only at five institutions. After the completion of the training, the participating teachers assessed the KOP with the best grade, demonstrating their complete acceptance of the project. Following the project a qualification program was established to train these people to teach KOP. In the concluding report to the municipality, the term “yoga” was again mentioned only with care. Similarly the accompanying yoga course for prospective KOP-instructors was presented in very general terms as a way of gaining the necessary teaching qualifications:

³¹ This initiative was formed in 1992 as the merger of various municipal institutions and the family life centers of the local Catholic and Protestant Churches.

³² Translated from the German application; see Suzanne Augenstein, “Antrag auf Projektförderung. Förderprogramm des Landes—Maßnahmen der Kommunen gegen Rechtsextremismus,” dated 25 October 2000.

³³ This exercise was inspired by the lion pose (*siṃhāsana*).

The teachers and educators in charge of the groups were able to learn how to carry out the program themselves by attending a course at the local adult education center, where the subject matter of the [KOP] course was addressed in detail.³⁴

Improving Health Through Yoga

By 2003 the level of acceptance of yoga had changed completely, and a new source of funding provided the opportunity to continue KOP in schools. After reforms in the healthcare sector, a preventive health care system was established, promoted, and implemented by means of health insurance companies, who also offered and partially financed courses in yoga. In this manner, a subsidized market for yoga developed in accordance with supply and demand over a period of nearly 20 years.³⁵ For initiatives that hitherto operated at the margins of the private service sector, these newly established structures offered a good opportunity to introduce yoga, Tai Chi, or Qigong to new audiences, particularly in the preliminary phase preceding the healthcare reforms from 1989 to 1996. Since yoga was now recognized as preventive care, it became widely accepted in society, replacing its association with a cult. A reference to yoga was now no longer a hindrance when implementing subsequent KOP projects, indeed there was an explicit demand to do so.

When the Healthcare Reform Law (*Gesundheitsreformgesetz*) was passed in 1989 the German health insurance companies received a mandate for the first time to run schemes aimed at improving the health of their members, combined with the option of financing preventative healthcare measures, and it was within this context that the insurance companies first paid for yoga courses. A pragmatic approach was taken for the implementation: A method's potential for improving health was sufficient in order to grant its funding. Thus the number of subsidized yoga courses increased substantially. With reference to Germany's largest insurance company AOK (*Allgemeine Ortskrankenkasse*) Deutzmann observes:

According to figures given to me by the AOK central administration, in 1996 there were a total of 56,538 courses to improve health, booked by 756,386 participants per year. Yoga was offered in the "relaxation" category, along with autogenic training and progressive muscle relaxation (as developed by Jacobsen). In this [latter] category the AOK ran 7,110 courses per year, with 102,024 participants.³⁶

³⁴ Translated from German, see Rateringer Initiative gegen Gewalt und Fremdenfeindlichkeit. 2002. *Dokumentation: Aktionen gegen Rechtsextremismus. Landesprogramm "Anders Miteinander. Kommunen gegen Rechtsextremismus."* Ratingen: Franz-Rath-Weiterbildungskolleg.

³⁵ From 1989 to 1996 and then again from 2000 to 2010. Presently, the conditions for funding are again renegotiated and it is not clear whether yoga will be subsidized in the future as well.

³⁶ Translated from Deutzmann (2000, 221).

There was such a high demand for yoga that these programs became marketing tools for the health insurance companies to recruit new members. However, the exploding costs in the health sector led to political intervention. When the Reduction of Healthcare Contributions Law (*Beitragsentlastungsgesetz*) was passed, the subsidization of yoga stopped. Deutzmann critically remarks:

Expenditures on improving health increased from 0.6 billion Deutsche Mark in 1992 to 1.3 billion Deutsche Mark in 1995, and thus effectively more than doubled. A wide range of marketing activities labeled as “health improvements” are currently being financed from combined compulsory contributions, although their primary function is to promote the health insurance companies rather than systematically improve health and prevent illness.³⁷

Needless to say many yoga teachers who had been dependent on subsidized courses experienced financial difficulties. Yet the laws changed once more. The preventative healthcare sector was revived after the healthcare reforms were passed in 2000. This time guidelines were produced to guarantee quality control in the preventive care. Its effectiveness had to be proven scientifically. Moreover, only some providers of preventative measures were eligible to offer subsidized courses. Hatha Yoga as a recognized “relaxation method” had to be taught by qualified instructors with a background in education and/or therapy.³⁸ In addition a prospective instructor should have passed at least 500 h of teacher training. This training had to be carried out by under the auspices of the professional association. The first (and initially only) recognized organization to do so was the BDY (*Berufsverband der Yogalehrenden in Deutschland e.V.*) whose training standards corresponded to those in the health insurances’ guidelines.

Preventative measures based on yoga can be funded in two ways: Following the “individual approach” and the “setting approach.” In the case of the individual approach, insured members can be partially reimbursed for yoga courses by their health insurance companies.³⁹ The setting approach, in contrast, allows the funding of institutions, for instance schools to qualify as a “Healthy School” (*Gesundheitsfördernde Schule*). In the latter case, the effectiveness of a particular method has to be proven in particular. Whereas in the first period of funding preventive care, the criteria for quality control were rather low, there were extremely high following the new guidelines. It was impossible for health insurances to redistribute all respective funds to their members. Finally, in 2006 several other organizations besides the

³⁷ Ibid., 222.

³⁸ The basic qualification required was an educational background recognized by the state in psycho-social health. Suitable candidates included: Trained psychologists; graduates with a diploma or masters degree in education; qualified social education workers; graduates with a diploma or masters degree in the social sciences; graduates with a diploma or masters degree in health sciences; qualified sports teachers; graduates of sport sciences; sport and gymnastics teachers (qualified teachers or masters graduates) with a focus on health; doctors.

³⁹ According to current rules health insurance companies can reimburse their members 75 euros per calendar year for measures to promote relaxation.

BDY were approved to offer adequate teacher training and the list of recognized basic qualifications was extended.⁴⁰

Similarly the private market for yoga was expanding dramatically. Following the weekly magazine *Stern*, for example, the BDY estimates that in 2006 three to four million people practiced yoga in Germany.⁴¹ Shortly afterwards, the magazine *Focus* assumed that on the basis of a market research in the city of Hamburg, up to 2.5 million people practice yoga in Germany.⁴² The main reason given was the belief that yoga had a positive effect on health.

Yoga Projects for “Healthy Schools”

The developments in the healthcare sector allowed conducting over 20 KOP trainings in German schools during the period 2003–2010.⁴³ At this time, the German school system became increasingly decentralized and the schools themselves were accorded more independence and decision-making power than ever before. School boards were now able to cooperate on projects with external partners. The healthcare reforms gave the insurance companies both the means and the opportunity to offer financial support to schools; it was thus an auspicious time to implement new plans. Besides, school teachers were searching for help to handle behavioral disorders, lack of concentration, and motor skills dysfunction in children. Relaxation and forms of movement were also regarded as new ways of “rhythmizing” study periods in school.⁴⁴ Yoga already had a reputation for solving these kinds of problems, yet the existing range of yoga techniques again needed to be adapted according to the demands.

The Healthy School project was carried out by another large German insurance company, the TK (*Techniker Krankenkasse*). The respective school board had to send their application to the TK, and after its approval could receive up to €5,000. This budget served to pay external yoga instructors and buy equipment. However, the school board had to find another donor who was willing to contribute 10 % of the total expenditure. The aim of the Healthy School project was to initiate a sustained movement towards promoting health and health consciousness among school children. As the requirement for being implemented in schools was the documented

⁴⁰ E.g., DYG (Deutsche Yoga Gesellschaft), EYA (European Yoga Alliance), and the Iyengar Yoga Vereinigung Deutschland. The following are now recognized as having appropriate basic qualifications: Teachers, physical therapists, physiotherapists, sports and gymnastics teachers, ergotherapists, remedial teachers, healthcare teachers, and educators. It is also possible to recognize nurses, elderly care assistants, disabled care assistants, family care assistants, social welfare assistants, midwives, masseurs, healthcare managers, and speech therapists.

⁴¹ *Stern*, 3 January 2007.

⁴² *Focus* 22, 2007.

⁴³ KOP was offered by the GZP, Gesellschaft für Zentrierung und Pädagogik, founded in 2003.

⁴⁴ “Rhythmizing” refers to structuring the school day and curriculum in a way that alternates phases of concentration and relaxation in accordance with children’s needs.

efficacy of the program, KOP did not face difficulties in being accepted. Moreover, KOP could be taught to elementary school teachers who, at a later stage, could develop and modify the program according to their needs. This sustainable effort had to be proven by the school administration in their school profile and also by their membership in the Healthy School national network. KOP was one of the few projects in Germany to fulfill all the criteria and benefit from the funding. Still a great deal of work had to be done by individuals on a voluntary (and unpaid) basis. According to the health insurances' report, in 2003 a total of 148 projects implementing preventive health care (including yoga) were carried out in elementary schools to make them Healthy Schools.⁴⁵

In three cases of KOP in Healthy Schools, the implementation of yoga exercises was again modified in order to include the insights and experiences from earlier programs. KOP had proven to be a highly suitable diagnostic tool for motor skills, psychological, and social disorders. Hence in the recent development of KOP the focus turned even more to postures (*āsana*) suitable for identifying disorders regarding perception, social behavior, and coordination. Moreover, the long-term relationship with one school that participated in both the Municipalities against the Far Right and the Healthy School project allowed for the investigation of long-term effects of KOP conducted solely by the teachers themselves.⁴⁶ However, it turned out that Hatha Yoga alone was not sufficient in reaching the high demands raised by schools. Hence two subsequent forms of training were developed and tested, based on drumming and on dance. Respective exercises were integrated and shaped a new form of KOP that now was renamed as training based on Centering Pedagogics (*Zentrierungspädagogik*). New training programs were invented to prepare staff for the many challenges of working on projects in schools, still based on Hatha Yoga, yet also including other methods.

Conclusion

In the 1990s, when only a few individuals were promoting Hatha Yoga methods in school, the process of establishing yoga exercises as a legitimate tool to help children develop started at the bottom of the school hierarchy and gradually

⁴⁵ Medizinischer Dienst der Spitzenverbände der Krankenkassen (MDS). 2009. *Präventionsbericht 2008: Leistungen der gesetzlichen Krankenversicherung: Primärprävention und betriebliche Gesundheitsförderung*. www.mds-ev.de. Accessed 20 January 2011.

⁴⁶ The evaluation of KOP revealed the extent to which Hatha Yoga postures must be carried out correctly if they are to achieve a certain effect. Improvements were recognized in all aspects of posture practice, with the exception of pelvis mobility. It turned out that one teacher suffered from intermittent back pain and had modified the respective postures—seated forward bend (*paś cimottānāsana*), forward bend (*uttānāsana*)—to avoid a personally painful situation. The children had merely imitated her wrong performance of the *āsana*.

achieved recognition among the school management. Now the situation is reversed. Schemes have now been set up by the school at management level and teachers are being encouraged to implement them. Moreover, just as the health insurance companies once used healthcare courses as a marketing tool, many schools now advertise yoga in their school profile, thus attracting potential pupils in times of decreasing population and new competition between schools.

The history of the body-focused program KOP illustrates how the development of yoga in schools has been contingent on the nature of action needed in and by society, and the opportunities that are available for taking this action. The need for action is a prerequisite for the readiness to change within a longstanding environment such as a school. Schools are among the social institutions that are most resistant to change, because they are generally reactive rather than proactive. They accept new content only if there is no other alternative. The openness with which yoga is currently being received in schools would be unimaginable if a need for action did not also exist. Given the serious need for special educational programs aimed at improving concentration, yoga's potential in this sphere will be of great interest to schools. Teachers in Germany frequently complain that their pupils are finding it increasingly difficult to sit still and follow lessons. This is because the musculature of the body's supporting structure must be sufficiently developed in order to be able to sit straight up and still for long periods of time. Moreover, the capacity to concentrate is a precondition for dealing attentively with learning content.

Developing KOP to meet the needs of children and schools entailed a complex process of selecting, adapting, and creatively refining existing yoga methods. As a new method for addressing children's special needs in Germany, yoga was associated with analogous and homologous educational methods that were an established part of the European tradition, such as those propounded by Maria Montessori. Following this approach, I have developed a distinct style within Germany that bears its own name: The specific technique is called *Körperorientiertes Programm* (KOP, body-focused program) within the general field of *Zentrierungspädagogik* (centering pedagogics). The existence of a structural institution was an essential precondition for introducing yoga in German schools, which led to the founding of the non-profit organization *Gesellschaft für Zentrierungspädagogik e.V.* (GZP). A transformational process has seen the term "yoga" being subsumed into the concept of *Zentrierung* (centering). As German state-run schools would not accept the Indian system of teaching yoga in an ashram, a non-profit organization (*eingetragener Verein*) was chosen as the appropriate form for communicating with the schools.

Financial and structural resources are always required if new techniques are to be established. The conditions have been particularly favorable for this since 2003 when yoga was officially recognized as a technique for improving health in Germany. This has led to a significant increase in prestige for yoga, and courses are now subsidized by the German health insurance agencies. Thus, governed by a set of general social, political, and economic conditions, yoga in Germany has managed to take the first steps towards being accepted in important social institutions such as state schools. If this position is to be retained it is essential that efforts to maintain quality control in children's yoga are continued.

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