PREScribing yoga to supplement and support psychotherapy

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As the flame of light in a windless place remains tranquil and free from agitation, likewise, the heart of the seeker of Self-Consciousness, attuned in Yoga, remains free from restlessness and tranquil.

—The Bhagavad Gita

The philosophy of yoga has been used for millennia to experience, examine, and explain the intricacies of the mind and the essence of the human psyche. The sage Patanjali, who compiled and codified the yoga teachings up to his time (500–200 BCE) in his epic work Yoga Darsana, defined yoga as a method used to still the fluctuations of the mind to reach the central reality of the true self (Iyengar, 1966). Patanjali’s teachings encourage an intentional lifestyle of moderation and harmony by offering guidelines that involve moral and ethical standards of living, postural and breathing exercises, and various meditative modalities all used to cultivate spiritual growth and the evolution of consciousness.

In the modern era, the ancient yoga philosophy has been revitalized and applied to enrich the quality of everyday life and has more recently been applied as a therapeutic intervention to bring relief to those experiencing physical and mental afflictions. For example, empirical research has demonstrated the benefits of yogic interventions in the treatment of depression and anxiety (Khumar, Kaur, & Kaur, 1993; Shapiro et al., 2007; Vinod, Vinod, & Khire, 1991; Woolery, Myers, Sternlieb, & Zeltzer, 2004), schizophrenia (Duraiswamy, Thirthalli, Nagendra, & Gangadhar, 2007), and alcohol dependence (Raina, Chakraborty, Basit, Samarth, & Singh, 2001).
This chapter explores various methods for incorporating yoga into a psychotherapy treatment regimen to help psychotherapists achieve short-term symptom relief for their clients as well as long-term solutions for mental health and balance. The philosophical underpinnings of yoga, as they relate to the therapeutic process, are briefly described before current research on the psychological effects of yoga is addressed. Methods for using yoga classes in conjunction with traditional psychotherapy to enrich the therapeutic process and facilitate growth (e.g., enhanced self-awareness, self-understanding, self-acceptance), along with guidelines for its introduction to clients, are outlined. Next, the methods of Iyengar yoga, kundalini yoga meditation, and Sudarshan Kriya yoga are explored as potential techniques psychotherapists can learn to use during and in between psychotherapy sessions to help clients reduce anxiety and depression and address other psychological and psychiatric disorders. Finally, this chapter examines the utility of yoga for psychotherapists seeking professional development and burnout prevention strategies.

**YOGA PHILOSOPHY**

Yoga philosophy recognizes an inextricable link between the mind and the body. The buildup of mental stress, resulting from the strains of ordinary life, can produce negative effects in the physical body and vice versa (Rama, Ballentine, & Ajaya, 1976). The tension resulting from chronic stress can affect not only the body’s musculature but also cardiovascular functioning and neuroendocrine responses (Matthews, Gump, & Owens, 2001), immunity (Segerstrom & Miller, 2004) and the nervous system (Ottaviani, Shapiro, Davydov, & Goldstein, 2008).

Yoga’s emphasis on addressing the strains of ordinary life is particularly pertinent in a modern society that continues to increase in complexity and pace. A lifestyle of stress and perpetual haste, particularly prevalent in industrialized countries and urban areas, can keep the body in a constant state of arousal that can foster adrenaline dependency, which can be damaging both mentally and physically (Hart, 1991). An inability to handle stress can lead to an insistent pursuit of external gratification that may provide temporary relief from overwhelming stress yet exacerbate the problem over time.

The aim of yoga practice is to reduce the buildup of mental stress and detach the practitioner from the strains of ordinary life. Yoga postures have been shown to improve blood flow to the body’s cells and to rejuvenate and strengthen the nervous system, which increases one’s ability to endure stress (Iyengar, 2001). Yoga breathing exercises (pranayama) can develop elasticity in the diaphragm and awareness and control of one’s breath, cultivating emotional regulation and stability (Iyengar, 1985). Through the practice of yoga,
one learns to draw the senses inward and detach from the endless fluctuations of the mind. As this is achieved, the practitioner of yoga becomes calmer, senses come under greater control, and clinging to maladaptive coping strategies (e.g., substance abuse, destructive relationships, overindulgence in external gratification) in response to stress can diminish. People learn to reflect and analyze their own emotional states and take action in an appropriate, intentional manner, as emotional reactivity is reduced. Overall, yoga can provide clients with a method to develop the tools needed to help manage the stressors of daily living and cultivate nonreactive self-analysis, which they can draw from to grow in psychotherapy.

A client practicing yoga quickly learns in class that fighting against the stretch or discomfort of the pose only creates more tension. With guidance, the practitioner learns how to breathe into the discomfort and simply let go, releasing habitually contracted musculature and allowing blood flow to circulate throughout the body, enhancing health and healing (Iyengar, 2001). Once a client has experienced the benefits of breathing through difficult yoga postures, this yogic experience can be used as a metaphor for life. The client can be encouraged to perceive each moment in life as a yoga posture and to soften and breathe into the moment to allow tension to release (Eliot, 2008). Life’s experiences can be accepted for what they are, and by viewing their lives from a distance, clients are able to release their attachment to the discomfort and experience it dispassionately. When emotional turmoil is recounted repeatedly, it gains strength and one becomes attached to the story as a sense of identity. The experience of anger, sadness, or whatever emotion is attached to the story reignites with each repetition (Eliot, 2008). Similar to gripping a tense muscle in yoga class, hanging on to the emotional turmoil can create more tension and strengthen the disturbing emotion. A psychotherapist can help clients use the experience in class of letting go of gripped muscles by breathing into and accepting the tension by urging them to apply the same technique to manage emotional distress.

RESEARCH ON THE EFFECTS OF YOGA

As yoga has gained exposure and popularity in the West over the past several years, research has demonstrated its positive effects on mood and general functioning. Schell, Allolio, and Schonecke (1994) set out to uncover the physiological and psychological effects of yoga in healthy women. Subjects participated in a routine of yoga postures, breathing exercises, and meditation. When compared with the control group, the yoga group showed higher levels of positive mood states, such as life satisfaction, a sense of well-being, openness, and extroversion and lower levels of negative mood states.
In coping with stress, the yoga group used more self-supporting strategies, whereas the control group used more negative coping strategies.

Research suggests that positive mood alterations achieved through yoga practice are influenced by factors involving more than just exercise. Berger and Owen (1992) compared mood alterations prompted by yoga practice and swimming and showed a greater decrease in the negative mood states of anger, confusion, tension, and depression compared with those of the control group. The authors concluded that exercise does not need to be aerobic to facilitate positive mood alterations and may be important for people with exercise restrictions.

Studies have been conducted on the benefits of yoga specifically for children. Peck, Kehle, Bray, and Theodore (2005) sought to discern whether yoga could be used as an intervention for elementary school children with attention problems. A videotape was used to engage the students in a 30-min routine of yoga postures, deep breathing, and relaxation exercises twice a week for 3 weeks, with positive results. Though the study had limitations (e.g., small sample, no control group, possibility of investigator bias), the treatment was easy to implement, and the children were compliant with the intervention. This intervention, with the ease of application, has potential to be used in a variety of school and treatment settings (e.g., group therapy, residential treatment facilities).

Researchers have also explored how yoga can be applied to depression, anxiety and other psychological disorders. Vinod et al. (1991) investigated the role of yoga in reducing anxiety in youth. A 2-hr yoga program was used, consisting of meditation, yoga postures, relaxation, and brainstorming sessions that deepened subjects' understanding of yoga philosophy and how to apply the philosophy to daily life and stressful situations. Yoga training helped participants increase self-confidence, develop a more realistic self-concept, improve decision making, and actively reduce work tension.

Broota and Dhir (1990) compared the effects of Jacobson’s Progressive Relaxation with those of Broota Relaxation in a control group. In the Broota relaxation group, participants were given a 20-min routine consisting of deep breathing and exercises adapted from yoga combined with autosuggestion. Both progressive relaxation and Broota relaxation showed reduced depression in comparison with the control group. The Broota relaxation was more effective than progressive relaxation. The authors concluded that the movement involved in the Broota relaxation accelerates the circulatory processes and releases anxiety, which makes this form of relaxation ideal for both lethargic and agitated depression.

Researchers have also studied the effects of yoga on alcohol dependence (Raina et al., 2001). In this study, which was conducted in the psychiatric
wing of a military hospital, 50 subjects diagnosed with alcohol dependence (based on Diagnostic and Statistical Manual of Mental Disorders, 3rd ed., rev. [DSM–III–R] criteria; American Psychiatric Association, 1987) were assigned either 40 min of yoga or physical exercises. In both groups, patients were treated with psychotherapy and forced abstinence. Participants in the yoga group were taught by a qualified yoga instructor in a class setting 6 days a week for 8 weeks. The yoga consisted of 15 min of yoga postures, 5 min of yoga breathing exercises, and 20 min of yogic relaxation. The results were based on established criteria for recovery (e.g., reduced alcohol consumption, observed increase in functioning) and indicated that at the end of 8 weeks, 40% of subjects recovered, 40% improved, and 20% were unchanged or declined in functioning. These results were better than in the physical training group. Raina et al. (2001) speculated that the yoga techniques can directly decrease state levels of arousal and, over time, reduce general arousal levels. In this way, yoga acts as a substitute for the stress-reducing function of alcohol.

Research has also been conducted on the use of yoga as an add-on treatment for clients diagnosed with schizophrenia and prescribed antipsychotic drugs (Duraiswamy et al., 2007). One group was given a 1-hr routine of physical exercises, and the other group was given a 1-hr treatment program developed by Swami Vivekananda Yoga Anusandhana Samsthana (Nagarathna & Nagendra, 2004). The yoga program consisted of loosening exercises, poses, breathing exercises, and relaxation techniques. Both groups received the training 5 days a week for 3 weeks and continued the training on their own for the next 3 months. The results indicated that at the end of 4 months, patients in the yoga training group demonstrated superior ratings on different symptom dimensions of schizophrenia than those in the physical training group. Participants in the yoga group also showed a greater increase in their social and occupational functions as well as their general quality of life.

Khumar et al. (1993) showed that relief from depression can be obtained using 30 min of savasana (yoga relaxation pose) alone for 30 days. Results indicated a significant decrease in depression at the midpoint of treatment and an even more pronounced decrease by the end of treatment for the yoga group. In a significant number of cases, depressive symptoms were reduced to a near-normal level, and in one case depression was completely alleviated.

Other research suggests that savasana is contraindicated for depression in the beginning stage of treatment (Vicente, 1987). Participants on psychotropic medication for anxiety and depression practiced yoga postures for 2 to 3 hr per week for a year. Many participants (42%) completing the study discontinued medication, 52% had a significant reduction in medication, and 6% had no change in medication. Evidence indicated that because of the different mechanistic underpinnings of anxiety and depression, savasana should be prescribed at different stages of treatment, depending on the...
primary symptoms. For those experiencing anxiety and tension, savasana can be recommended during the first session. But for cases in which the primary symptom is depression, savasana should not be introduced until the third or fourth session.

Woolery et al. (2004) explored the use of Iyengar yoga (a style often used to address chronic injuries, developed by B. K. S. Iyengar) to treat mild levels of depression. Because depression has been linked to abnormal levels of the hormone cortisol, these researchers explored possible changes in morning cortisol. Cortisol level in the morning is especially important as a measure of chronic stressfulness that has not abated with sleep. Subjects were assigned a waiting list control group or attended two 1-hr yoga classes each week for 5 weeks. These classes, taught by a certified Iyengar yoga teacher, and which I (VGV) have found helpful in my own clinical and teaching experiences, were specifically designed to emphasize postures that are thought to alleviate depression, such as back bends, standing poses, and inversions. Results showed an overall reduction of depression and trait anxiety compared with the control groups, in addition to significant before- and after-class reductions of negative mood, confusion, and fatigue. Participants in the yoga group demonstrated higher morning cortisol hormone levels than the control group, which lends some support to the notion that the benefits of yoga may be linked to hormone regulation.

INTRODUCING YOGA

With various mental health benefits for personal growth, reduction of stress, and the treatment of psychological conditions, yoga can be an effective, cost-efficient complement to almost any psychotherapy treatment. The general public has been increasingly exposed to yoga through media, literature, and a host of consumer products, gradually demystifying and destigmatizing the practice. Today, many people in Western society have either tried yoga or know someone else who has experienced it. Even with increased awareness of yoga’s health benefits and decreased speculation about the practice, it is advisable for psychotherapists to proceed with sensitivity when suggesting the practice to clients as a complement to their traditional psychotherapy.

Some individuals, especially members of particular orthodox or conservative faith communities, may presume that practicing yoga will impinge on their own belief system. In such cases, it may be helpful for the psychotherapist to demystify the practice of yoga and to educate them about the method to enhance receptivity. The psychotherapist may begin the process by asking clients what they know about yoga. In this way, yoga can be discussed generally and the client’s religious perspective assessed and respected. For a client
who has an initial negative reaction to yoga being introduced or negative fixed views regarding yoga in general, it may be advisable to disengage from the subject and either discuss breathing exercises from a Western medical model or conclude that a yogic type of treatment is contraindicated for the client at this time. If the client seems receptive, the psychotherapist can move on to dispel misconceptions about yoga and begin to educate about the benefits of the practice. Receptive clients may benefit by learning that yoga practice does not require one to follow any specific religious doctrine and can be compatible with any or no religious orientation or spiritual belief. Yoga is a system of mental and physical practices aimed at intellectual, personal and spiritual growth. It is important to educate about yoga’s secularity clients with established religious beliefs, as well as those who are agnostic, atheist, or skeptical of organized religion.

Clients may also feel apprehensive about trying yoga because of physical limitations, lack of confidence, or the fear of the unknown. These situations can become excellent therapeutic opportunities to explore general underlying issues. Of course, good clinical judgment is needed to assess when, if ever, a client is ready to complement their treatment with yoga, and a basic explanation of the method is key. All relevant medical conditions should be assessed by a physician prior to engaging in yoga. Most yoga studios have beginner or Level I classes suitable for people with no prior experience. Unfortunately, yoga is not adequately regulated in the United States, and anyone can claim the status of a yoga teacher with little experience. To make helpful referrals, the psychotherapist should familiarize himself or herself with the reputation of the local yoga studios and teachers, available classes, and the methods taught.

There are many different styles of yoga, and a basic understanding of the prevalent styles can help a psychotherapist make the appropriate referral to meet the client’s needs.

- *Hatha yoga* is a general term, encompassing many of the physical forms of yoga.
- *Vinyasa yoga* is vigorous and centered on a fluid series of poses. The movements in and out of postures are often synchronized with the breath.
- *Ashtanga yoga* is centered on a series of postures performed in the same order. The style tends to be physically demanding because of the constant movement from one pose to the next.
- *Kundalini yoga* emphasizes using the breath in conjunction with physical movement and involves rapid, repetitive movements and chanted sounds or phrases.
- *Bikram yoga* is referred to as “hot yoga” and practiced in heated room.
- Iyengar yoga instructors must complete rigorous training and evaluation before they achieve certification. The Iyengar style is unique in its prescription of time spent in various poses and selected sequences of poses used to produce specific physiological and psychological effects.

People come to yoga, just as they do to psychotherapy, with different expectations, preferences, and needs, so psychotherapists would be wise to encourage clients to try a few different yoga studios with different teachers before they decide whether yoga is worth pursuing. Helping the client overcome prejudices or perceived personal limitations in order to consent to trying yoga as a complementary therapy is often the most difficult step of the process and must be approached slowly and sensitively. Once a client has agreed to participate in yoga classes, the psychotherapist can draw on these experiences and insights for therapeutic use in session.

**USING YOGA TO SUPPLEMENT PSYCHOTHERAPY**

Self-awareness, self-understanding, and self-acceptance are all central parts of the therapeutic process. Self-awareness facilitates personal growth on its own and as a component of self-understanding and acceptance. The development of self-awareness is a core objective of yoga and, therefore, a good starting point for the exploration of insights gained through yoga practice. During yoga class, students are frequently prompted to evaluate the body’s positioning and discover sensations in the body as different postures are performed. With practice, students gain better control of their body by softening and activating different body parts simultaneously. As these elements are mastered, the student is trained to observe his or her thinking from a position of detachment and to notice the subtle effects of postures on the mental states. This internal focus and self-evaluation can cultivate self-awareness on visual, auditory, kinesthetic, and cognitive levels. Thus, a client’s yoga practice can become a valuable tool to facilitate self-exploration in psychotherapy.

A focus on increasing self-awareness can start with the first yoga class. A psychotherapist can facilitate the process by asking clients to write down their impressions, feelings, and sensations immediately after class to bring to the next psychotherapy session. Here is a list of possible questions for the first class:

- Did the class match your expectations? If not, how was it different?
- Which postures were the most difficult and which came more naturally?
What did you learn about your body from the process?
What did you notice about your breath as you attempted the different postures?
What did you notice about the tension in your body and mind before class compared with after class?

Asking clients to keep the questions in mind during class and reflect on them immediately afterward helps to enhance the self-awareness and self-exploration characteristics of the yoga class. Psychotherapists can direct the discussion around these questions to help clients connect their findings and experiences in class to their everyday lives. For example, yoga students often find that they hold their breath or breathe rapidly during difficult postures. The psychotherapist can help clients connect these experiences to the patterns of their breathing during difficult interactions or stressful situations in their daily lives. As they learn in yoga to keep the breath deep and steady during challenging postures, they can extrapolate the experience to use the breath to help them stay calm during stressful situations occurring outside the yoga room.

It is common for students to feel a lightness and calmness of body and mind after class compared with before class. This experience can be used as a starting point to explore the relationship between mental and physical tension. One realizes the cycle in which habitual muscular contraction resulting from continuous stress creates muscle and joint pain, which in turn causes more stress. Yoga can be used to break this cycle in two ways. First, the postures can help to relieve the muscle and joint pain. Second, the postures can reduce the stress that leads to habitual muscular contraction. Yoga practice provides clients with experiential learning opportunities about the mind–body connection that can go beyond an intellectual understanding.

As clients gain more experience with yoga, the psychotherapist can deepen self-exploration. Here is a list of possible questions to ask the client after four or five classes:

- Did you notice any pattern of tightness as you attempted the different postures?
- What did you notice about your mind as you engaged in the class?
- What specific thoughts, emotions or memories came up during the practice?
- How did your mind react to the discomfort experienced during the class?

As clients develop a keener awareness of the sensations in their bodies, patterns often emerge. Specific types of postures are thought to provoke certain emotional states and releases (see Exhibit 10.1). The psychotherapist can then explore these patterns of tightness or body positioning as techniques
The following postures are examples of common yoga poses that may evoke specific emotional states and releases.

**Standing Poses**
- *Tadasana* (mountain pose)
- *Utikatasana* (fierce pose)
- *Vrkasasana* (tree pose)
- *Utthita trikonasana* (triangle pose)
- *Utthita parsakonasana* (side-angle pose)
- *Virabhadrasana I and II* (warrior pose)
- *Ardha chandrasana* (half-moon pose)

People may experience feelings of empowerment, self-confidence, and enthusiasm, as well as mental and emotional stability.

**Inversions**
- *Adha mukha vrksasana* (downward-facing tree pose)
- *Sirsasana* (headstand)
- *Salamba sarvangasana* (shoulder stand)

Initially when a student is first learning, feelings of fear may surface with these postures. After the student gains competency, these postures can engender feelings of empowerment and self-confidence, often inducing a reflective, inwardly drawn mental state.

**Chest Openers**
- *Urdhva baddhanguliyasana* (upward bound hand pose)
- *Supta baddhakonasana* (reclining bound angle pose)
- *Supta virasana* (reclining hero pose)
- *Supported Dwi pada viparita dandasana* (two feet, inverted staff pose, through the chair)
- *Ustrasana* (camel pose)
- *Supported matsyasana* (fish pose)

People may feel exposed, vulnerable, expansive, overwhelmed, liberated, or relieved.

**Hip Openers**
- *Baddhakonasana* (bound angle pose)
- *Upavista konasana* (seated angle pose)
- *Adho mukha virasana* (downward facing hero pose)
- *Supta padangusthasana I and II* (reclining foot and big toe pose)

People may experience feeling of sadness, fear, anger, or may feel exposed.

**Twists**
- *Marichyasana III* (a pose dedicated to an ancient sage)
- *Bharadvajasana I and II* (poses dedicated to an ancient warrior)
- *Artha matsyendrasana* (half lord of the fish pose)

These postures may give rise to feelings related to body image and esteem issues.

**Seated Forward Bend**
- *Paschimottanasana* (intense backside stretch)
- *Janu sirasana* (head to knee pose)
- *Trianga mukhaikapada paschimottanasana* (three limb, face to leg, intense backside stretch)

People may feel resistance to sitting still and letting go, especially when the posture is held for a longer period of time. During these postures, resistance to change in their lives may surface, as well as feelings related to body issues and esteem.

*Note.* Helpful photos of each pose can be found at [http://www.bksiyengar.com/modules/iyoga/asanas.htm](http://www.bksiyengar.com/modules/iyoga/asanas.htm)
used to protect or shield oneself from difficult emotions or uncomfortable types of interactions. For example, the client may discover that she or he has developed a habitual protective stance from situational or emotional threats by rolling the shoulders forward and sinking the chest and head down. This position not only creates tension in the neck and back on the physical level but may also be perceived by others as a depressed mood or lack of confidence on the psychological level. This discovery can prompt a discussion about habitual reactions to perceived threats and stress and the effects on the body and mind. The client can be urged to notice emotional and psychological states experienced during postures that open the chest and roll the shoulders back, and he or she can be urged to practice this posture in daily life to gain confidence and emotional strength when approaching challenging situations.

As clients gain the ability to observe their internal experience while participating in yoga, they may recognize a shift in their experience, provoking catharsis. As they explore these shifts, clients are able to access and process issues that may have been under the surface or previously inaccessible. In this way, yoga acts as a catalyst to create movement toward balance, which can then be used to initiate change through an exploration of these issues in psychotherapy.

As a client gains experience with yoga, questions directed at observing the mind become important. Mindfulness is discussed in detail in Chapter 9 of this volume. It is helpful for the psychotherapist to normalize the wandering mind and help the client notice that the ability to keep the mind still increases with practice. Exploring where the mind wanders to often reveals important life themes and teaches the client how to observe the mind from a detached distance. Clients often discover that they spend a vast amount of mental energy ruminating about their problems and spend relatively little time in the present moment. This discovery, combined with the practice of detachment, can help the client learn to decrease negative rumination and focus on more adaptive thinking patterns.

The psychotherapist can direct the client to observe the body and the wanderings of the mind in yoga class from a place of acceptance and nonjudgment. For example, even though yoga is traditionally practiced in a noncompetitive environment, it is natural for students to find themselves comparing their bodies and abilities with those of others. When the psychotherapist provides space for these reactions to surface, the experience can be normalized, and clients can be encouraged to accept where they are in their yoga development and in their lives generally. This can enable the client to deepen self-awareness, develop self-acceptance, and cultivate a more realistic self-concept. Self-confidence can also increase as the client gains mastery of the body, thoughts, and emotions and begins to interact with the environment in a more thoughtful, purposeful manor. Through a process of passive and attentive
observation of thoughts and emotions, the client learns to react to situational crises in a more comprehensive and deliberate way and is able to gather information without taking psychological or emotional positions leading to better decision making (Vinod et al., 1991).

As one gains the ability to maintain a thoughtful yet unattached position during crises or challenging situations, emotional reactivity is reduced. Helping clients work from a place of reduced emotional reactivity is an important feature of psychotherapy. For example, research has indicated that yoga can help clients working on family-of-origin issues by fostering the ability to connect emotionally with others while remaining autonomous in one’s own emotional functioning, which is the essence of differentiation (Valente & Marotta, 2005). Clients who are supplementing psychotherapy with yoga classes can use these tools to progress further in psychotherapy when addressing other interpersonal difficulties as well.

Though some of the benefits of yoga may arise quickly (e.g., reduced anxiety, improved mood, increased internal awareness), like many other disciplines, yoga requires a consistent practice to obtain the most profound effects. In a society where instant gratification is strongly promoted, the discomfort and consistency that one must endure to reap the benefits of yoga may shadow the appeal. Nonetheless, a psychotherapist can help clients transform impatience and discomfort into growth opportunities. For example, leading the client to discover the more immediate benefits of yoga can motivate him or her to continue, yielding the consistency necessary for more profound effects to eventually occur. The patience and discipline gained through this perseverance can be used to address other personal and interpersonal challenges.

The whole spectrum of yoga experiences can be used to facilitate the therapeutic process, from the first contemplation of taking a yoga class to the deeper experiences of detaching from and analyzing thoughts. Psychotherapists can use the ancient discipline of yoga in a sensitive manner with their clients to promote stress reduction, self-awareness, self-acceptance, self-confidence, personal and relational growth, and ultimately, union of the mind, body, and spirit.

MARK: A CASE OF ANXIETY AND ISOLATION

Mark was a 41-year-old single Caucasian male who lived alone in an isolated area in the country.¹ He started his own business at home, which isolated him further from regular contact with others. He was seeking psychotherapy to manage increasing anxiety, loneliness, and low self-esteem. He was initially

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¹Case example provided by Katherine Freeman, MFT. The name and details have been changed to protect the identity of the client.
diagnosed with generalized anxiety disorder and dysthmic disorder. Mark was bothered by the absence of a meaningful intimate relationship in his life and hoped to work on himself so he could one day find a partner and have a family of his own.

One of the treatment goals for Mark was to increase his social interactions. During the second session of psychotherapy, the topic of supplementing psychotherapy with a yoga class was raised by the therapist and openly received by the client. He was encouraged to go to a yoga class before the next session, but at the beginning of the third session it was discovered that he had not done so. On further inquiry, Mark disclosed that he often consumed alcohol while working from home and did not feel comfortable driving to or participating in the yoga class after he had been drinking. He hoped to gain control of his daily use of alcohol and marijuana by developing healthier coping skills. Mark was drawn to the relaxing benefits of yoga and expressed a deep desire to attend the class. He expressed disappointment in himself for not following through with yoga and revealed that he felt ashamed for not taking better care of himself.

At the fourth session, Mark reported that he had started going to yoga and felt more self-aware and connected to others. He indicated that the sense of community he felt at the private yoga studio and the nonjudgmental approach of this yoga teacher helped motivate him to continue attending. Mark noticed the mental freedom achieved in yoga while focusing on his body in the yoga postures. Being “in-the moment” helped free him from his thoughts of anxiety and from his depression-inducing ruminations.

During this session, Mark revealed that the yoga classes had helped him gain a greater awareness of his breathing patterns and the effects of the breath on his mental state. Because he was responding well to the breath work in the yoga classes, breathing exercises were incorporated into the psychotherapy sessions and given as homework to help him manage his anxiety. At this point, there was a noticeable shift in the sessions and more authentic conversations began about Mark’s feelings of self-hatred and how to move toward increased compassion for and acceptance of himself.

During the sixth session, Mark disclosed that he had started using alcohol and marijuana again, which deterred him from going to yoga and psychotherapy. Mark’s yoga teacher, who knew he was trying to relieve symptoms of anxiety and depression, had noticed he had stopped attending class and contacted him. The teacher’s care and concern left a strong impression on Mark and affirmed the necessity of treatment to help resolve his issues. He indicated that the yoga classes helped elevate his mood in the moment but when he returned home he became more aware of his loneliness. This realization fostered discussion around Mark’s difficulty managing emotions and the use of substances as a maladaptive coping strategy.
The yoga experience was a catalyst for the discussion of many relevant topics including self-acceptance, feelings of connectedness, self-awareness, self-care, fear of disappointing others, and his use of substances to self-medicate. During the yoga classes, Mark caught a glimpse of what it was like to feel content in the moment without substances. The feelings, sensations, and insights gained in class were highlighted during psychotherapy, with a focus on helping him apply these experiences to his daily life. These discussions served as a non-threatening way to help Mark direct his attention inward to gain self-awareness and to develop positive emotional regulation strategies. As Mark experienced the increased capacity to regulate emotion during yoga class and these experiences were integrated during psychotherapy, he was able to develop positive methods of managing his emotions and replace his tendency toward deprecating self-talk with a more constructive and compassionate way of treating himself.

By supplementing psychotherapy with yoga classes, Mark was able to gain awareness of his interior self and connect with others in meaningful ways over a short period of time. These experiences provided relief from symptoms of anxiety and depression and evoked the positive sentiment and connection needed to help him uncover healthier methods of emotion management.

**USING YOGA PROTOCOLS TO ADDRESS PSYCHOLOGICAL CONDITIONS**

A growing amount of scientific evidence suggests that yoga postures and breathing exercises can be specifically tailored to address psychopathology. Psychotherapists treating clients diagnosed with psychological disorders may be able to use specifically sequenced yoga postures to relieve symptoms and prompt long-term healing. If the benefits of yoga do work on hormonal and biochemical levels, as research suggests (e.g., Duraiswami et al., 2007; Janakiramaiah et al., 2000; Shapiro et al., 2007), then it is possible that a yoga practice may be able to help rebalance neural–chemical disturbances that influence psychological disorders (Brown & Gerbarg, 2005a; Vedamurthachar et al., 2006;). Iyengar, kundalini, and Sudarshan Kriya yoga methods have been specifically tailored to address psychopathology and promote healing.

**Using Iyengar Yoga**

B. K. S. Iyengar has been instrumental in making the therapeutic value of yoga accessible to the West. A hallmark of the Iyengar method involves using specific technical instruction, sequencing, and timing of the yoga postures and breathing exercises to create a specific effect. The detailed instructions given
by Iyengar yoga teachers are tailored to produce desired effects of the postures. Poses can be taught in different ways, depending on the intended result.

Proponents of the Iyengar model assert that the sequence of postures is intrinsically important to achieving the greatest possible benefit. When specific sequencing is given, combined with intentional instruction, accumulated benefits can be produced, and the overall effect of the practice can be augmented (Perre, 2001). This method also highlights the importance of spending the appropriate amount of time in each pose. Similar to specific instruction and sequencing, specific timings in various postures are used to maximize the benefits.

Iyengar yoga uses various props (e.g., blankets, blocks, chairs, straps) that help beginners accurately learn the postures, despite limitations due to lack of experience, inflexibility, or injury. These props also allow the practitioner to achieve the time objectives necessary to receive the full benefits of certain postures. In his book Yoga: The Path to Holistic Health, B. K. S. Iyengar (2001) illustrated detailed sequencing of yoga postures that may be used to treat physical and psychological ailments (e.g., irritability, mental fatigue, insomnia, anxiety).

Iyengar yoga sequences have been used to reduce depression and anxiety (Woolery et al., 2004). Shapiro et al. (2007) investigated the Iyengar yoga method as a complementary treatment for patients with depression in partial remission who were receiving antidepressant medications. Because of the association between the functioning of the autonomic nervous system and emotional regulation, measures of heart rate variability and baroreflex sensitivity were taken. Participants attended a 60- to 90-min yoga class 3 days each week for a total of 20 classes taught by a certified Iyengar yoga teacher. These classes were specifically designed to emphasize postures thought to alleviate depression based on the Iyengar method of yoga. One class each week focused on inverted poses such as salamba sarvangasana (shoulder stand) and viparita karini (a supported reclined pose with the legs up a wall). The specific sequencing of the postures chosen for each class was based on the ability and needs of the participants. As the participants learned the more basic postures, the classes progressed to incorporate more complex inversions such as adho mukha vrksasana (handstand) and sirsasana (headstand). The second class of each week concentrated on backbends, with and without the use of props such as chairs, bolsters, and blocks. These postures were taught with emphasis on expanding and opening the chest. During the third class each week, participants were taught inversions and backbends in a restorative manner.

Shapiro et al. (2007) found an improvement in the symptoms of unipolar major depression and general subjective mood reports (e.g., reductions in anxiety, expression of anger, neurotic symptoms, emotional difficulties; more effective social behavior). These improvements were demonstrated over the
course of treatment and were present before and after treatment measures. In this study, 65% of the participants ended the study at symptomatic remission level for depression. Differences in autonomic functioning were found between those who achieved remission with the yoga treatment and those who did not. Because of these findings, the authors concluded that it may be possible to predict which individuals will benefit most from receiving yoga treatment based on measures of autonomic functioning. They also speculated that the benefits of yoga treatment may involve reduction of the stress response associated with the activation of the sympathetic nervous system.

Iyengar yoga teachers are required to undergo a 3-year training program and are certified by the Iyengar Yoga National Association of the United States at different levels, depending on their experience, knowledge, and abilities. This level of overseeing and training (uncommon to the training of most yoga teachers in the West) brings a certain level of standardization to Iyengar yoga. Because of this standardization and the emphasis on therapeutics, Iyengar yoga can be a desirable choice for psychotherapists looking to use specific yoga protocols in conjunction with traditional psychotherapy to treat certain psychological conditions.

When working with clients who are currently attending Iyengar yoga classes, specific Iyengar protocols can be prescribed to practice in conjunction with psychotherapy to help relieve the condition. For clients with little to no experience with yoga, it is recommended that they take several Iyengar yoga classes before they attempt practicing specific yoga protocols for their condition on their own. Even after some competence has been acquired and a home practice has been established, it is recommended that the individual still be monitored by a teacher weekly or monthly, at the very least. The instruction received from an Iyengar yoga teacher to refine the precision of the postures will greatly increase the benefits of the practice and minimize harm caused by incorrect practice. Another approach for clients not versed in yoga is for the client to consult with a private Iyengar yoga instructor. This approach allows the instructor to collaborate with the psychotherapist in designing a yoga sequence catered specifically to the client’s condition and her or his goals for psychotherapy. As instruction and repetition make the client a more proficient practitioner, a home practice can be established to perpetuate the benefits and bring continued relief from the presenting condition.

Using Kundalini Yoga

In the past, yoga therapy and other Eastern methods of healing such as acupuncture, meditation, and Reiki were only known at the fringes of Western society. Without a common framework for understanding the principles of Eastern science, the Western scientific community these methods were received
by with skepticism. At present, Eastern remedies and practices have shifted from marginal use by people on society’s periphery to much more widespread use by people in the mainstream. This has occurred in part because of empirical studies bridging gaps in understanding to make these ancient healing methods palatable and accessible to the West.

In *Kundalini Yoga Meditation: Techniques Specific for Psychiatric Disorders, Couples Therapy and Personal Growth*, Shannahoff-Khalsa (2006) outlined kundalini yoga protocols that psychotherapists can use to treat mental health disorders. Clinical trials using kundalini yoga and meditation protocols have demonstrated significant improvement for the treatment of obsessive-compulsive disorder (OCD), discussed later (Shannahoff-Khalsa & Beckett, 1996; Shannahoff-Khalsa et al., 1999). Shannahoff-Khalsa also asserted that several other mental health problems and disorders can be treated using kundalini yoga meditation, including (a) acute stress disorder, (b) panic attacks, phobias, (c) major depressive disorder, (d) grief, (e) bipolar disorder, (f) addiction, (g) impulse control and eating disorders, and (h) posttraumatic stress disorder. Kundalini yoga meditation can also provide techniques for couples therapy (Shannahoff-Khalsa, 2006). It should be noted that empirical research has not yet been conducted to provide support for these claims.

Mantras are an essential part of kundalini yoga techniques of treatment. Methods involving mantras are not well understood in the West and still have connotations of mysticism. Therefore, mechanisms underlying the purported healing properties of mantras warrant some explanation. According to yoga philosophy, in the upper palate of the mouth reside 84 meridian points that interact with the tongue when sound is uttered (Shannahoff-Khalsa & Bhajan, 1988). When a mantra is chanted repeatedly, the tongue is thought to stimulate the points of the upper palate in a specific sequence. Proponents speculate that the sequential stimulation is transmitted to higher brain centers through the hypothalamus and thalamus, creating direct effects on the psyche (Shannahoff-Khalsa & Bhajan, 1988). Kundalini yoga meditation uses specific sequences of sounds, phrases, and tongue placement to alter the psyche and bring health to those experiencing mental afflictions. Though empirical studies have not yet been conducted to verify and explain these physiological connections, these theories do provoke important questions and may promote future scientific research.

For psychotherapists who have experience with or practice yoga or meditation techniques and for those interested in learning, the kundalini yoga meditation protocols outlined by Shannahoff-Khalsa (2006) can serve as a tool to be used in session. After a psychotherapist gains competency, these techniques can be combined with traditional psychotherapy to maximize the benefit clients receive and provide swift symptom reduction. An uncomplicated technique, “when you do not know what to do” (Shannahoff-Khalsa,
2006), is given as part of a six-part protocol for treating acute stress disorder but can also be used alone to reduce mental and emotional stress and to prevent anxiety-related disorders (see Exhibit 10.2). This technique can help the client learn to induce a quiet, clear, and stable mind and to deeply relax the entire body.

As mentioned earlier, Shannahoff-Khalsa (2006) has published two scientific studies demonstrating the success of kundalini yoga in the treatment of OCD. In the first study, which had no control group, patients were given an 11-part kundalini yoga meditation protocol specific to the treatment of OCD (Shannahoff-Khalsa & Beckett, 1996). All participants had been treated with psychotherapy, medication, or both without receiving significant improvement. Results demonstrated that three of the five participants on medication who finished the study safely discontinued medication 7 months into the 12-month study. A 1-year follow up showed that four of the five participants had stopped using medication altogether. Five out of the eight original participants finished the study and showed a mean improvement of 55%.

The second study was a controlled experiment that compared the 11-part kundalini yoga meditation protocol with a combination of relaxation response (Benson, 1975) and mindfulness meditation (Kabat-Zinn, 1990) for treating OCD (Shannahoff-Khalsa, 1997; Shannahoff-Khalsa et al., 1999). Results indicated a mean improvement of 71% for the yoga group, and this group also showed a 48% reduction in stress levels and a 20% increase in the amount of personal meaning the patients perceived in their own lives. On a scale measuring mood, the kundalini yoga group showed an improvement of 62%, whereas the control group declined 2%. On another scale that measured somatization, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, psychoticism, and paranoid ideation, the yoga group improved 48%, and the control group regressed 6% in the first 3 months of the study. The researchers

EXHIBIT 10.2
Kundalini Yoga Meditation: “When You Do Not Know What to Do”

Sit on the floor in a cross-legged position with your back straight. Hold your hands about two inches in front of the sternum with your palms facing toward you and the back of one hand resting in the palm of the other. The thumb of the hand farther away from your chest should rest in the palm of the hand closer to you. And, the thumb of the closer hand should cross over the thumb of the farther hand. Let your shoulders relax and your elbows touch the sides of your body. Let the eyes focus gently on the tip of the nose. Breathe slowly and with control in the following four-part pattern: (a) inhale and exhale through your nose, (b) inhale through puckered lips and exhale through relaxed lips, (c) inhale through your nose and exhale through your mouth, and (d) inhale through puckered lips and exhale through your nose. Repeat this breathing cycle for 11 to 31 minutes.

speculated that a strong factor in the retention of the participants in this 1-year study was the rapid relief felt from the kundalini yoga therapy. The outcomes of these studies show significant promise for the use of kundalini yoga to reduce suffering quickly and effectively among clients with difficult-to-treat disorders.

Using *Sudarshan Kriya Yoga*

*Sudarshan Kriya* yoga (SKY) is another yoga method that has been researched by the scientific community and has produced favorable results in the treatment of stress, anxiety, and depression (Janakiramaiah et al., 2000; Vedamurthachar et al., 2006). This method, developed by Sri Sri Ravishankar (1994) of the Art-of-Living Foundation, consists predominantly of breathing techniques. Research has compared the antidepressant effects of SKY with those of electroconvulsive therapy (ECT) and drug therapy (Janakiramaiah et al., 2000). Inpatient participants hospitalized for depression were treated with ECT, SKY, and the tricyclic antidepressant imipramine. The SKY treatment consisted of 45-min sessions 6 days a week for 4 weeks. Results demonstrated that the SKY group experienced a 67% remission rate by the end of the study. The SKY treatment was not as effective as ECT but was comparable with the medication group receiving Imipramine. Though no studies have reported the effects of SKY in comparison with newer forms of antidepressants, such as selective serotonin reuptake inhibitors, SKY was shown to produce significant results compared with the standard treatments of depression, without any of the side effects common to those treatments.

Another study explored the antidepressant effects of SKY on participants diagnosed with alcohol dependence (Vedamurthachar et al., 2006). Participants that were recently admitted into an inpatient detoxification program were give SKY treatment or continued inpatient care for 2 weeks. Results showed that groups improved on measures of depression, with the SKY group demonstrating a significantly greater improvement than the control group. The SKY group also demonstrated a significant reduction in stress hormone levels (i.e., cortisol, ACTH), leading the authors to conclude that the effects produced by SKY may have a biological base.

The SKY treatment program contains four components: (a) *ujjayi* (slow breathing), (b) *bhastrika* (rapid inhalation and exhalation), (c) chanting “om,” and (d) *Sudarshan Kriya* (cyclical breathing; Brown & Gerbarg, 2005a). All components are practiced in a seated position with the spine erect and the eyes closed with the breath flowing in and out of the nose. *Ujjayi* is a technique used in many schools of yoga, including Iyengar. Research on *ujjayi*-type breathing has indicated that mechanisms responsible for the healing effects may include improvement in cardiovascular and respiratory function.
(Bernardi, Gabutti, Porta, & Spicuzza, 2001) and increases in parasympathetic activity, which can leave the practitioner feeling calm, yet alert and rejuvenated (Brown & Gerbarg, 2005a).

In SKY, ujjayi is practiced slowly (two to four cycles per minute) in three phases with mild air resistance. There are four parts to each ujjayi cycle: (a) inspiration, (b) breath holding at the end of inspiration, (c) expiration, and (d) breath holding at the end of expiration. The three phases involve three arm positions to emphasize expansion and awareness in different parts of the lungs. In the first phase, the hands are placed on the waist, and the breath is focused in the lower portion of the lungs. In the second phase, the hands are held at chest level with the focus on the middle of the lungs. The third phase brings the palms on the upper back with the elbows pointing up and the breath concentrated on the upper lungs. Each phase consists of 10 breaths with 20-s rests between each phase.

The second component of the SKY treatment is a breathing method called bhastrika (bellows breathing). This involves forceful inhalations and exhalations through the nose with strong abdominal contractions at a rate of approximately 30 breaths per minute. The arms are raised upward during the inhalation and down with the exhalation. Bhastrika is performed for three rounds of 15 to 20 cycles per round with a 20-s rest after each round. Studies suggest that bhastrika may activate the cortex (Kwon et al., 1999), provide stimulation of the sympathetic nervous system (Roldán & Dostalek, 1985), and increase one’s capacity to cope with acute stress without feeling depleted (Brown & Gerbarg, 2005a). After practicing this technique, one often feels simultaneously calm, energized, and mentally alert.

The next component of the SKY treatment involves chanting om three times with a prolonged exhalation and a 15-s rest period between each chant. Brown and Gerbarg (2005a) proposed that chanting om may produce increases in activation of Wernicke’s area of the brain and the thalamus, promoting relaxation.

The final and most complex breathing technique of the SKY treatment model is Sudarshan Kriya, a particular form of cyclical breathing (Brown & Gerbarg, 2005a). During this technique, the inhalations and exhalations are equal in length, and three rates of breathing are used: slow (8–14 cycles per minute), medium (30 cycles per minute), and rapid (150–180 cycles per minute). The sequencing of the cycles may vary, but a typical sequence includes three repetitions of 20 slow, 40 medium, and 40 rapid cycles. The rapid cycles are always followed by slow cycles for rest. Sudarshan Kriya ends with a 5-min period of rest in a supine position. Special instructions are given after Sudarshan Kriya has been completed, which include getting up slowly and drinking water to prevent dizziness or headaches (Brown and Gerbarg, 2005a).
Brown and Gerbarg (2005a) suggested that the benefits of medium and rapid cycles of *Sudarshan Kriya* may involve similar mechanisms to hyperventilation, which include stimulation of the vagus nerve and thalamic projections. The effect of this stimulation may account for the ability of this technique to produce sharp improvements in mood in a short period of time. Effects are also linked to decreased excitation of the frontal and parietal cortical areas, which are engaged in executive functioning and may reduce worry and anxiety. These authors proposed that SKY may increase the release of the chemicals prolactin and oxytocin in the brain, promoting feelings of calmness and enhancing social bonding.

In addition to the treatment of depression, SKY can be effective in the treatment of various other psychological disorders. Brown and Gerbarg (2005b) noted that SKY can be an effective complementary therapy in the treatment of anxiety and phobic disorders and that *ujjayi* alone can rapidly reduce anxiety and insomnia. SKY has been used to help patients release painful emotions related to posttraumatic stress disorder without having to consciously reexperience the trauma (Sageman, 2002). Positive effects have been demonstrated using SKY for the treatment of addictions (Vedamurthachar et al., 2006), and it may have potential for the rehabilitation of violent criminals and terrorists in maximum-security prisons (Brown & Gerbarg, 2005b).

Proponents of the SKY model emphasize that because of the complexity of the model, especially *Sudarshan Kriya*, proper instruction is necessary to maximize benefits and avoid harm. *Sudarshan Kriya* requires a precise description of instruction, and individual modifications may be recommended, depending on the needs of the student. Modifications may be required for those who have cardiovascular disease, high blood pressure, seizure disorders, panic disorder, severe depression, and bipolar disorder and for those who are pregnant (Brown & Gerbarg, 2005b). Overall, psychotherapists interested in incorporating SKY into their treatment regimen are encouraged to acquire the proper training and gain personal experience with the method before treating clients with it. This valuable firsthand knowledge will help clients avoid and work through roadblocks that may occur during the course of treatment.

**USING YOGA TO DEVELOP THE SELF OF THE THERAPIST AND PREVENT BURNOUT**

Thus far, this chapter has outlined ways in which yoga can enrich the therapeutic process. However, the benefits of yoga are not limited to clients; they are also useful for psychotherapists who have unique needs with respect to self-care issues and professional development. A regular practice of yoga can help psychotherapists prevent burnout, enhance professional development, and
improve the services they provide. Internal balance and personal integration are vital to a psychotherapist's work. Psychotherapists who nurture these aspects of themselves are able to engage their clients with a greater range of options, insights, and creativity and are less likely to allow their own personal issues and inadequacies to hinder the therapeutic process (Aponte & Winter, 2000). To foster balance and integration and to achieve greater competency, psychotherapists are encouraged to engage in self-exploration and self-awareness activities. Studies have indicated that higher levels of therapist self-awareness are linked to therapeutic efficacy and positive therapy outcomes (Mahoney, 1995; Strupp, 1996). When psychotherapists are dedicated to uncovering their own biases, beliefs, and prejudices, they decrease the likelihood of hampering or obstructing their clients' growth as a result of their own limitations and emotional reactivity.

Psychotherapists are at risk of a particular type of burnout labeled caring burnout (Skovholt, 2001), which is the result of a diminished capacity to professionally attach to a client. Caring burnout may stem from a cumulative depletion caused by many cycles of attachment and detachment between psychotherapist and client. This depletion, combined with difficulties regulating stimulation, energy, and stress, often presents challenges to psychotherapists to attain balance in life. Highly demanding and frantic schedules can lead to a lifestyle that is consuming and keeps the mind and body in a constant state of arousal. This type of “hurry sickness” produces adrenaline surges in the body that can eventually lead to dependency, physical and emotional damage, and dysfunction (Hart, 1991).

Research has indicated that regular practice of yoga can have a positive impact on psychotherapists' personal and professional lives (Valente & Marotta, 2005). Regular practice can foster the self-exploration and self-awareness necessary to enable psychotherapists to engage clients more fully and sensitively without being limited by their own needs, biases, or reactions. Incorporating yoga into one's life has proven to provide relief from high stress levels and, more important, stimulate a lifestyle conducive to the demands of the profession. The ability to empathically attach to a client while remaining autonomous in one's own emotional functioning was enhanced by the practice of yoga and seen as a key element of burnout prevention (Valente & Marotta, 2005).

Along with all the physical and mental health benefits, psychotherapists with a regular yoga practice generate a rich base of experiences to draw on when working with a client interested in the healing effects of yoga. This common experience can be an excellent platform from which to use the self of the therapist to connect with the client while maintaining appropriate professional boundaries. These experiences give the psychotherapist experiential knowledge of processes clients may discover during their yoga exploration and insight to help lead them in a constructive direction.
CONCLUSION

Though the discipline of yoga is more than 4,000 years old, it was only recently discovered in the West and applied to treat mental disorders. Yoga treatment can be used in various ways and degrees, depending on the capacity and inclination of the psychotherapist. As a supplementary treatment, yoga can deepen the exploration of various issues (e.g., self-awareness, self-understanding, self-acceptance, body image, mind–body connection). A regular yoga practice, as well as specifically tailored yoga routines, can be used with the support of psychotherapy to reduce stress and relieve anxiety and depression, along with other physical and mental conditions.

For psychotherapists with yoga training and meditation experience, as well as those curious about using these methods, Iyengar yoga, kundalini yoga meditation, and Sudarshan Kriya yoga offer unique tools that can be used in session to bring quick symptom relief and long-term resolution for those experiencing psychological and psychiatric disorders. Yoga benefits can be generalized to various populations, including psychotherapists and other healthcare professionals, to guard against burnout and facilitate professional development. As more people find meaning and have positive experiences with such practices, they too may find a path to a healthier future.

REFERENCES


