



Yoga Therapy for Depression and Burnout

Final project for KHYF Yoga Therapy Course in
Austria with Internships in Chennai, 2007-2011

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I. Introduction

Today's world of increasing time pressure, material expectations and environmental tensions has resulted in a sense of enormous stress for many people. The original 'fight-or-flight response' of increased adrenalin as a reaction to a stressful situation has become a constant agitated state for many people, who are not able to expell the accumulated stress-hormones in a healthy way. Psychological illnesses such as burnout, depression or anxiety are all on the increase, and for the afflicted, successful treatment is often elusive. The causes are complex and unclear, but many experts cite a link between elevated levels of constant stress and these illnesses (Benson, pp 78 and 118). Hence, the need to understand and offer a solution to deal with these stress-related illnesses in an intelligent, holistic way is more important today than ever before.

Although perhaps starting to change, mainstream western understanding of the world is still largely characterized by an empirical, scientific analysis of the environment around us and is profoundly influenced by Rene Descartes' rationalism and later by the philosophy of the Enlightenment, aptly called the 'Age of Reason'. Tested solutions based on observable and logically deduced facts are often considered the only acceptable approach. Moreover, in our increasingly fast-moving, technological lives many people now rely daily on email, mobile telephones and information delivered by satellite instantaneously across the globe. We are thus subject not only to time pressure, but also to information overload. As a society we seem to have developed not only a broad acceptance, but perhaps subconsciously even a deep rooted faith in science and technology, and we have integrated this thinking into the very fabric of modern existence. Many cannot imagine life today without these developments, and often we do not even question the perceived superiority of these new, reliable tools of science to solve our problems.

Many scientific advances are certainly positive: life-saving antibiotics, surgery for emergencies, medication to address extreme mental distress can all be necessary and welcome measures. However, they can also be seriously limited in other cases where they impose an artificial separation of the measurable, material universe from all its other aspects. Despite the more expansive work of western scientists such as Dr. Herbert Benson, author of the famous *Relaxation Response*, and the contemporary philosopher Ken Wilber, who seeks a universal theory of psychology incorporating the relevant elements of eastern and western thinking (discussed later in this paper), we have nonetheless not yet managed to move very far from the scientific method in overall western approaches. Other western holistic schools such as

homeopathy, Rudolf Steiner's anthroposophy and other systems have sadly been increasingly marginalized as cost-factors, time pressure and the big-business of the medical industry standardize and limit treatment options. Western medicine still tends to generally employ an approach which is often based on pharmaceutical, short-term solutions aimed more at stilling symptoms than at achieving lasting cures. This perhaps partly explains the inability to achieve a satisfactory method of treating depression and burnout for many long-term sufferers.

My goal for this project was to address this situation as I sought to explore alternative ways to help solve the widespread problems our society faces today. I therefore posed the following research question: **‘To what extent can Yoga therapy help mitigate individually perceived and/or clinically diagnosed symptoms of mild depression or burnout?’**

Depression and Burnout widespread today

As a society we at times appear unable to handle the more subtle aspects of being, which remain outside of materialistic, measurable horizons. We are often left unable to deal with the hard to measure inner world of feelings and even more importantly, we have few solutions to offer when this subtle inner world spins out of balance, for example into the emotional exhaustion of burnout or the anguish of depression. The empirical, clinical approaches of traditional psychotherapy and/or medication have often proven inadequate in handling the great crisis of meaning which has become pervasive in modern society.

Hence, depression has become an affliction for many sufferers today, and more and more doctors and therapists are quick to suggest pharmaceutical treatment. Indeed we seem to be approaching almost a pandemic of this condition. A respected online website for depression writes:

“Antidepressants such as Prozac, Paxil and Lexapro are now the third most widely prescribed group of drugs in the United States, and Americans are popping more antidepressants than ever before... More than 10% of Americans now take antidepressants in any given year. Using data from annual surveys by the U.S. Centers for Disease Control and Prevention, the researchers reviewed the records of 233,144 adult patients who made doctor visits between 1996 and 2007. The study found that the percentage of prescriptions for antidepressants written by non-psychiatrists more than doubled from about 4% to almost 9%

over the 12 year period. This included 9,454 antidepressant prescriptions for patients without a diagnosis of depression or other mental illness typically treated with the medication. For that group, the rate jumped from 2.5% at the start of the study period to 6.4%.” (Source: The Great U.S. Depression: Antidepressant Pill Popping Numbers Up, by Sy Kraft, 5 Aug 2011 on <http://www.medicalnewstoday.com/articles/232287.php>)

Burnout is often perceived as a stepping stone to full-blown depression. It is also on the rise and therefore also needs to be better treated to avoid increasing the already widespread dilemma of depression. Wikipedia defines it thus: “*Burnout is a psychological term for the experience of long-term exhaustion and diminished interest. ...Burnout is not a recognized disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) although it is recognized in the (International Classification of Diseases, 10th revision (ICD-10) as "Problems related to life-management difficulty". ...Maslach ...and Leiter defined the antithesis of burnout as engagement. Engagement is characterized by energy, involvement and efficacy, the opposites of exhaustion, cynicism and inefficacy... ,*”
([http://en.wikipedia.org/wiki/Burnout_\(psychology\)](http://en.wikipedia.org/wiki/Burnout_(psychology)))

When reading this definition it becomes evident how widespread aspects of burnout have become in modern society. Interestingly, a clue to its possible treatment is offered: the opposite of burnout is given as ‘engagement’. This is described as having qualities very similar to an essential quality on the path of Yoga, *shraddha*, a sense of trust which gives us energy to pursue our goals in life (YS, I.20).

Two different world models

Two different world models are available to address fundamental questions of human suffering. In the western model, scientific realism with tested, proven methods is the main paradigm. Illness is often categorized by symptoms differing from normal conditions, and if the cause of an illness or condition cannot be determined, then steps are taken to address the symptoms. Depression, for example, is treated as a complex condition, in many cases having multiple causes which often cannot be clearly identified. Treatment is thus often focused on alleviating symptoms, either through some form of spoken therapy (i.e. psychoanalysis or

mental reprogramming of bad habits) and/or medication to address chemical/hormonal imbalances. Emotional suffering is treated here at the mental and/or physical levels; feelings are reduced to mental and/or brain-related issues. A spiritual dimension to these illnesses is usually not addressed.

What is Yoga?

Yoga is one of the six philosophical schools (*darshana*) arising from the ancient understanding of the Vedas. Probably practiced for more than 5000 years, it was succinctly expressed in Patanjali's Yoga Sutra (YS), a cogent text of 195 aphorisms composed in roughly 300 BCE. Here Patanjali explains the nature of mind, the problems which can arise out of a disturbed mind and how to address these problems so that one can experience the truth of reality and become free from that which binds us. The state of Yoga, here also called '*nirodha*', is described as the experience when the movements of the mind come into a steady, dynamic flow of stillness (YS I.2; *all sutra interpretations are based on TKV Desikachar's and/or R. Sriram's translations listed in the bibliography*).

In this state of Yoga we are able to perceive the truth of reality, as it is then that the seeing capacity within us (*drashta*) is finally in its true place (*svarupe avasthanam*), and can therefore see truth unhindered by the otherwise constantly moving impressions of the mind (YS I.3). Mind which is in a state of Yoga is in contrast to the other normal, everyday state of mind which is constantly in movement, and as such does not have the capacity to project anything independent of its own movements. Indeed, we normally see that which our mind projects as reality, our own personal version of truth, rather than reality purely itself (YS I.4).

The Yoga Sutra is based partly on Samkhya philosophy, another one of the six schools arising from the Veda. Samkhya (literally meaning 'number', or also *khya* 'to know' and *sam* 'well'/'exactly'; hence 'to know exactly') divides the universe into two main categories: matter (*prakriti*) and spirit (*purusha*). It is here in Samkhya that we find this critical distinction, which Patanjali maintains in his text. In the Yoga Sutra a careful distinction is therefore made between mind (*citta*), which is part of matter and hence transitory, impressionable and changing, and, as already mentioned above, our seeing capacity (*drashta*, also called *purusha* or *cit*), which is constant, timeless and unchanging. Both of these levels within us form our notion of consciousness; we shall see below why a distinction between the two is so important.

What is Yoga Therapy and how can it help?

In the Yoga Sutra Patanjali describes the origins of human suffering and various means to address this suffering and reach a state of absolute freedom. Here Yoga sees the state of suffering as a pervasive problem all around us (...*dukkhameva sarvam*, YS II.15), and it states that the root cause of all suffering is due to a fundamental misunderstanding of who we really are. We mistakenly identify with a constantly changing, superficial persona (*citta*) rather than with that within us which is timeless and unchanging (*cit*). Another view is to say we usually mistake that which sees (*drashta*) with that which is seen (*drshyam*) (YS II.17). We therefore suffer when our perceived identity or connection to something around us, which we yearn to be constant, instead changes, as the nature of matter dictates.

A solution to this mistaken identity, and the suffering it subsequently causes, is to connect instead to the far more profound, constant level within ourselves, which is our true, absolutely conscious self (*cit*). The difficulty, however, is that in order to do that we must have the ability to bring our normally active, constantly moving mind into a state of Yoga, which is a level of alert stillness – a very subtle and profound state.

The teachings of Yoga help achieve this by advocating an individualized, step-by-step process of practice which must take place over a long, steady period of time (*abhyasa*), as well as cultivating an attitude of acceptance and detachment (*vairagya*). This process generally starts at more external, material levels such as considering our moral/ethical framework (*yama*, *niyama*) and working with the physical body (*asana*), and then moves onto ever more subtle levels, such as addressing the breath (*pranayama*) and reducing our external sensory links (*pratyahara*), and finally moves on to even greater levels of mental/emotional concentration, contemplation and meditation (*dharana*, *dhyanam*, *samadhi*). This encompasses Patanjali's eight-fold path as described in the Yoga Sutra.

Healing models in Yoga therapy

1. Pancamaya model of the Taittiriya Upanishad

The Taittiriya Upanishad also holds significant teachings regarding Yoga therapy as it contains a description of human nature as a multi-faceted, interconnected web of dimensions

(*maya*). Essentially, here the coarsest dimension of a person is the physical body (*annamaya*) while the most subtle aspect is our deepest emotional core/spiritual center (*anandamaya*).

This *pancamaya* model describes five dimensions to human existence as follows:

1. The physical body: *annamaya*
2. The breath, or the energetic or vital body: *pranamaya*
3. The mind: *manomaya*
4. The personality/character: *vijnanamaya*
5. The spiritual core, boundless joy: *anandamaya*

Each of these five dimensions is again broken up into five categories using the analogy of a bird with the five parts of a head, left wing, right wing, body and tail, with special importance being on the head, body and tail as shown in Figure 1:

	the head: ☺ the general direction or focus	the heart: ♥ the real topic, the heart of the matter	the base: ▼ the foundation
<i>annamaya</i>	head; straighten up upper spine / neck	heart; diaphragm; sternum	pelvis; stability in lower body
<i>pranamaya</i>	breath: prana vayu (breathing is steady)	space: akasha (heart area is open, relaxed)	earth: prthivi (a solid connection to that around you)
<i>manomaya</i>	yajur veda: correct action in life, also rituals	upanishads: spiritual instruction	atharva veda: knowledge
<i>vijnanamaya</i>	shraddha: trust (faith and interest in life itself)	yoga: discernment (the inner voice sees truth vs. confusion)	mahat: matter and origins (your culture, your predispositions)
<i>anandamaya</i>	priyam: love; loving connection	ananda: continuous, independent joy	Brahman: that which always expands; ultimate joy; God

Figure 1: summary of the maya model (source: TKV Desikachar lecture, Piesendorf April 2007 and R. Sriram lecture, July 2010, Munich)

In a therapeutic approach one generally starts with the outermost or grossest level, as this is usually the most accessible. This often (but not always) means starting with physical postures (*asana*) at the body level of *annamaya*, and often combining this with conscious breathing or following it with seated breathing exercises (*pranayama* to address *pranamaya*). At the mental level of *manomaya* it could be taking up a conscious action (i.e. doing something daily, or learning something new).

Within the more subtle sphere of *vijnanamaya*, practise leads to developing the finer levels of intuition and refining character and personality traits to hear our inner voice (this is the meaning of *yoga* here). This often leads to increased trust (*shraddha*) in something, for example, in the practice of Yoga, which in turn might then bring forth a deepened interest in yoga philosophy. It also means to respect our cultural setting and our own personal background (*mahat*).

The innermost level of *anandamaya* is a core emotional state which is almost a connecting point between the worldly, external *citta* and the timeless, internal *purusha*. This involves the ability to truly feel and experience love at various levels, which of course is not something we can consciously or directly practice, but is a state we can hope to become more open to as barriers in the other levels are gradually removed. Experiencing a loving connection (*priyam*), or a state of continuous joy with no cause (*ananda*,) or a sense of expansive joy, perhaps arising within an awareness of a divine consciousness: these are all states of true healing, beyond suffering or limiting ties to the material world.

2. *Vyuha model of the Yoga Sutra*

The *vyuha* model in the Yoga sutra starts with identifying symptoms of suffering (*heyam*). Patanjali lists numerous such examples in the first chapter in YS I.30 (illness, doubt, laziness, etc.). Only when we have identified a specific symptom (such as back pain, sleeplessness, anxiety, etc.) can we be prepared to tackle this particular problem.

Patanjali says that there are multiple general causes (*hetu*) for suffering such as change, desire for a specific outcome or past conditioning (II.15). Furthermore, there is the root cause of ignorance of our true selves (II.24). Yoga therapy takes the view that it is essential to understand both the general causes as well as the specific (i.e. individual) causes, and to also identify which dimension these causes are rooted in. By doing this one can more effectively

determine a plan of treatment, which ideally reaches the same dimension where the original cause is located. For example, if tension about a work-related problem is the cause for someone's sleeplessness, ultimately that will have to be addressed for the problem to be solved. If, however, the problem is caused by lack of exercise during the day, a very different approach might be needed. We can illustrate this with another example of constipation. If someone has lower back tension and extreme stiffness, this might also lead to constipation. However, this problem could also be caused by something completely different such as an inappropriate diet. We must therefore be careful to consider multiple factors, always get feedback from students and continue to be open to various causes for a single problem. At any rate, it is important to be clear on the problem so that we can also clearly identify the goal (*hanam*); for instance, freedom from back pain.

Once we have identified the goal and the causes of the problem, we can then select the appropriate means to address the problem (*upayam*). We often have short-term and long-term goals. Within Yoga we have a wide range of tools, such as a particular asana sequence, or a certain breathing technique or a specific meditation focus, etc. We can summarize this model in the following way:

Hetu (the cause) leads to *heyam* (suffering).

If we apply the right *upayam* (the yoga tools),

we reach *hanam* (the goal, lack of suffering).

Even though it might not always be practical or even possible to treat the same dimension (i.e. *annamaya*, the physical body, or *manomaya*, the mind, for example) which contains the cause of the problem, the understanding is that all emotional suffering ultimately comes from the deepest spiritual core. Eventually we hope, therefore, to reach *anandamaya* (the deepest emotional core) with illnesses such as depression or burn out.

Comparing East and West

In Yoga there are therefore several key distinctions of emotional and mental levels within yoga philosophy, which are key to understanding how yoga therapy works. First, there is the distinction between our everyday mental behavior (*citta*) which is liable to be mistaken and develop negative, delusional habits, and a far deeper, more profound, truthful consciousness

(*drashta* or *purusha*). Secondly, there is the maya model which makes the distinction between the different dimensions of being, moving from a physical self (*annamaya*) to an energetic self (*pranamaya*) to a mental self (*manomaya*) to a personal self (*vijnanamaya*) to an emotional core (*anandamaya*).

When comparing traditional western therapeutic approaches with yoga therapy using the yoga philosophy framework, we find that western therapy is generally concentrated within the first area of distinction at the level of *citta* meaning there is no real concept of and thus no interaction with the level of *drashta*. Furthermore, according to the maya model, western therapy focuses on three of the five dimensions: the physical, mental and to a certain extent personal levels (thereby generally leaving out both the energetic self and the deepest emotional core). Hence the limitations of traditional western methods become obvious.

This is therefore the reason for my research into yoga therapy for the psychological aspects of illness, especially for burnout and depression. A subtle problem requires an equally subtle solution. Can we truly solve a deeply internal crisis with tools aimed mainly at the mental (i.e. mental reasoning/psychotherapy) or physical (i.e. medication) levels? The more subtle the suffering, the more subtle the tools needed to counter it. Can a holistic approach, such as yoga therapy, sometimes be more effective in dealing with these deep, subtle levels? On the other hand, are there other instances where another approach (medication or western psychological treatment) might be more appropriate?

II. Literature Review

There is a wealth of literature currently available which discusses the illness or conditions of depression, burnout and general anxiety or malaise. There is also a vast supply of psychological theories to address these illnesses according to modern medical and therapeutic theories. Additionally, there is a huge amount of literature available to discuss Yoga philosophy and increasingly even Yoga therapy as well. However, the amount of literature available which looks critically and intelligently at both fields is much more limited.

Against Depression by Peter D. Kramer

This is a comprehensive text studying the illness of depression by a clinical professor of psychiatry and one of the widely respected experts on the topic. His knowledge and insights into the disease are extremely helpful in gaining understanding of this widespread condition. He has also written another book on the topic 'Listening to Prozac'.

On the one hand I feel I deeply agree with the author: no one should have to accept depression as a lifetime sentence. However, on the other hand, I disagree with his means to this end. While Dr. Kramer seems to support liberal use of medication, I would like to explore a different self-activating path to freedom from this condition: yoga practice every day with a skilled teacher. So while Dr. Kramer and I agree on Hanam (the goal is freedom from depression), we differ greatly on upayam! (prozac vs. yoga therapy.)

Timeless Healing. The Power and Biology of Belief, by Herbert Benson, M.D.

In contrast we have a very different approach to mental illness and healing by Dr. Herbert Benson. Here he gives detailed explanations of the stress response in humans (including the 'fight or flight' reaction) and he further builds on his now-famous 'relaxation response', which is a relatively simple method to teach people to relax. He works with the widely spread transcendental meditation techniques to do this. My concerns with this approach are the simplification and the assumption that all people can apply a similar method and achieve similar results. How is that possible when we are so different and our experiences so varied?

The Heart of Yoga, by TKV Desikachar

This is simply a classic among the Yoga texts with a timeless wealth of information on Yoga practice and Yoga philosophy. The first section offers a succinct overview of important Yoga

techniques ranging from asanas (including key aspects of course planning) to pranayama to bandhas. The second section delves into psychological aspects of mind and Yoga's answer to many problems in this sphere. It is a continual support to the serious practitioner and teacher of Yoga.

When Freud meets Patanjali. Yoga and Psychoanalysis: a Dialogue, by TKV Desikachar and H. Krusche (German edition referenced in bibliography)

This is a very interesting work which compares and contrasts Yoga philosophy and psychoanalysis through a series of discussions held between Yoga teacher TKV Desikachar and his student Dr. Hellfried Krusche in 2003 and 2004 in Chennai. The different tools of Yoga and psychoanalysis are differentiated and certain similarities are pointed out. For example, the power and necessity of relationship to facilitate any kind of lasting transformation in both of these systems is highlighted. Desikachar underscores this point at the end of chapter one by saying, 'without real relationship, no transformation is possible.' (*English translation in progress by myself; this quote comes on the last page of chapter 1*). This discussion illustrates, however, some of the problems we have in finding a coherent cross-cultural definition of consciousness. At times both authors are using the same word, but different aspects of consciousness are meant. It is this problem which Ken Wilber seeks to address in his works (see below).

Yoga for Depression by Amy Weintraub

In Amy Weintraub's book, *Yoga for Depression*, the author presents a comprehensive study of Yoga as a method to help treat both mild and severe cases of depression. Focus is on a daily practise and working directly with a teacher; however it seems many participants might have also only joined group classes. Although Weintraub is herself in the Kripalu Yoga tradition, the book explores a variety of Yoga schools and their different approaches to the application of Yoga (including 'Viniyoga', as she calls it, Iyengar and other schools).

Due to the inclusion of numerous case studies and the author's own personal story of using Yoga to recover from her own long-term depression, the book is a useful starting point for exploring Yoga Therapy as a way to help treat and heal those suffering from depression or other psychological illnesses. The author herself calls for aid from interested readers and expressly asks for more people to join her and conduct further research on this interesting topic. Although there are a number of differences between Weintraub's Yoga style and the

tradition of TKV Desikachar (in everything from asana to pranayama etc), there are still many useful insights in this book which we can build on.

However, in my opinion there are a number of areas missing in this book. Firstly in our tradition, we are trained to focus even more acutely on the individual needs of each and every student. Secondly, I believe a practice needs to develop over time and this should be considered in much more detail. Finally, it needs to be made even clearer that each person ultimately needs to recover from these deep-rooted emotional or psychological disorders in their own individual way.

Yoga for Wellness by Gary Kraftsow

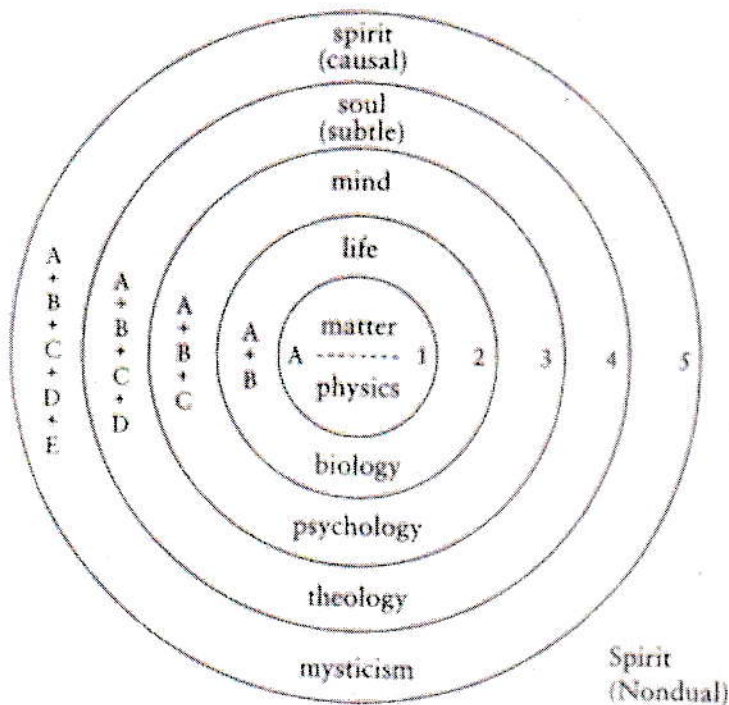
In Kraftsow's detailed book we find a useful overview of yoga practices and then a number of case studies showing individual applications of Yoga therapy for specific needs. In many cases asanas are shown in adapted forms and the reasons for these adaptations are carefully explained. Kraftsow also takes some of the fundamental ideas from Yoga therapy, such as combining sound or mental intention with movement, and at times he even adapts this approach to suit different cultural needs. For example, he treats a woman suffering from chronic anxiety who had a very deep link to her devout, Catholic grandmother. He found that asking her to recite the 23rd psalm, "*The Lord is my shepherd, I shall not want...*" and incorporating this within her practise had a powerful healing result for this woman. I was touched by this cultural adaptation and was heartened to read that it brought about a lasting improvement for this student.

Ken Wilber's study of consciousness (various texts, see bibliography)

The contemporary philosopher Ken Wilber has conducted an exhaustive study over the past several decades comparing eastern and western philosophies and psychologies, and has developed a new approach called 'integral psychology', which draws on key ideas from both world views and develops them further into a comprehensive understanding. He has pointed out the deficiencies of many existing approaches, especially within western psychology, usually caused by limiting the multi-faceted phenomenon of consciousness to merely one aspect. He explains, for example, that behaviorism reduced the field of consciousness to measurable, observable actions, and that psychoanalysis reduced consciousness to the activities of ego and id. (Wilber, IP, p 1). Transpersonal psychology (as influenced or developed by Jung, Maslow, Assagioli, etc.) was a later branch of psychology that grew out of an attempt to expand the previous psychological understanding of consciousness to include a

spiritual dimension. Although Wilber originally supported this movement, he later distanced himself from this as well, citing that the limitations of transpersonal psychology were that they focused primarily on altered states of consciousness and that it lacked a logical theory of development. (Wilber, IP, p.1). Wilber expresses deep respect for eastern philosophies of mind and consciousness and incorporates many of these ideas, but claims that a limiting factor of eastern approaches is that they focus on highly advanced states of mind and consciousness, and do not adequately describe earlier developmental stages and hence do not have the tools to address developmental problems at earlier stages (see overview chart in summary section). Finally, Wilber cites the limitations of cognitive science as being a reductionist view which limits its scope to observable phenomena, such as neurotransmitters, etc. (Wilber, IP, p. 2). Thus, Wilber makes the case for our current need to take the most relevant elements of these individual truths and piece them together into an expansive, integral psychology.

Wilber says an intrinsic factor of the ,perennial philosophies‘ of the ancient world is the notion of various levels of existence, which he calls the ,great nest of being‘. He describes the five levels of annamaya as matter, pranamaya as life, manomaya as mind, vijnanamaya as soul and anandamaya as spirit and links these to related fields:



Wilber I - The Great Nest of Being, source: Ken Wilber's online overview to his upcoming ,Kosmos Trilogy': <http://wilber.shambhala.com/html/books/kosmos/excerptG/part1.cfm/>

However, Wilber then goes on to say that this model must be adapted to incorporate modern scientific understanding. He therefore makes an argument to augment this model according to, for example, discoveries of the functioning of the brain (including the complex system of hormones, neurotransmitters, etc.).

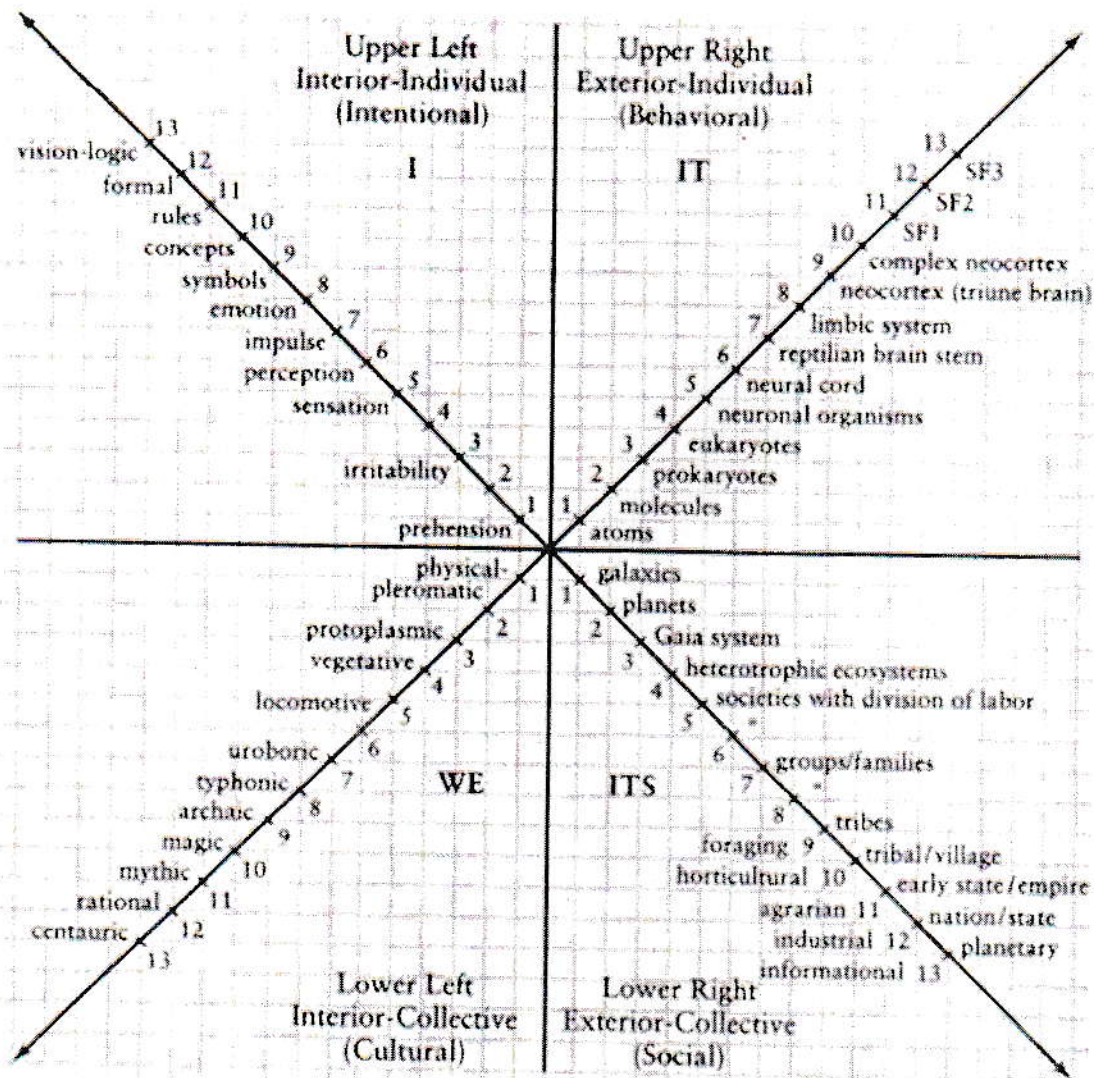
Wilber attempts to combine the best of both ancient eastern philosophy, on which Yoga is based, and the modern insights of scientific discovery, especially in relation to the functioning of the brain. He describes the limitations with the traditional view in an introduction to his upcoming trilogy available online in the following passages:

... the modern and postmodern world has added several profound insights that need to be added or incorporated if we want a more integral or comprehensive view. ... Part of the problem is that the relation of human consciousness to human neurophysiology is something that is not obvious (and not even available) to introspective phenomenology (i.e., to meditation or contemplation), which means that items such as dopamine, serotonin, synaptic pathways ... were not generally available to the ancients. ...

What might Plotinus or Shankara have concluded about the relation of spiritual realities to material realities such as the brain? ... In the manifest world, what we call "matter" is not the lowest rung in the great spectrum of existence, but the exterior form of every rung in the great spectrum. Matter is not lower with consciousness higher, but matter and consciousness are the exterior and interior of every occasion...

Thus, what the premodern sages took to be META-physical realities are in many cases INTRA-physical realities: .. not beyond matter but interior to it...

He depicts some of this model in his 'four quadrants' chart already published in his 'Integral Psychology' and also contained in his online introduction and shown here on the next page.



Wilber : *The Four Quadrants* (online introduction to *Kosmos Trilogy*, figure 5).

In the upper right quadrant he lists the development of material forms and then in the upper left quadrant he matches this to their correlating levels of consciousness. He is attempting to show that matter is not at the base with other non-material levels developing on top and beyond matter, but instead matter and consciousness are both included in every form and in every level. This means that ,every mind has a body, or every state of consciousness has a corresponding signature state of matter-energy, or every interior prehension has an exterior form' (Wilber, KT). Wilber goes on to explain this idea further; in addition to listing all forms in the world, as he does above, he also shows this concept in the development of human beings (not included here as this section would otherwise be too long; see his KT online for more info).

By comparing and contrasting vast amounts of scholars in psychology and philosophy, both eastern and western thinkers, Wilber is working on creating a ,master template' of human

consciousness, which can be applied to help accurately treat psychological disorders and help healthy consciousness reach new levels of insight and awareness. This is still a work in progress, but I feel his insights to date can be helpful in attempting to correctly apply the right mixture of Yoga therapy and/or additional psychological therapies to address conditions of psychological suffering. I find Wilber particularly relevant because he has a deep understanding of both the eastern philosophy on which Yoga is based and of western psychology and the world in which we operate here in the West. I will suggest later in the conclusion section how his approach to classify levels of consciousness, characteristic pathologies and various treatment options might be helpful in helping us decide how to intelligently apply different types of treatment according to different levels of psychological disturbances.

III. Objectives of Study

Depression and burnout seem to be increasingly afflicting more and more people worldwide today. However, western therapy seems to often either stop short of solving the deeper layers of mental illness, and in the case of depression, it must often also resort to medication which treats only symptoms of a perceived chemical imbalance. While this is at times of utmost necessity (especially in critical phases of depression where suicide or other self-harm is a threat) it can in turn foster a new kind of dependance. Furthermore, as medication suppresses symptoms, many now claim it can also hinder the ability to think and feel clearly, and hence delay or prevent any real cure.

In my personal experiences with a close friend afflicted with minor depression, I saw that she was quickly administered a combination of drugs and talking therapy, which she then became dependant on for many years to come. After years of taking these pharmaceutical treatments, she was unable to stop. I asked her, „What does it feel like when you don't take the medicine?“ She responded: „It feels like being permanently in bad weather.“ She said she felt groggy and sad, and was not able to function properly.

This information shocked me profoundly because it came from someone I knew to be energized, proactive, independent and clear-thinking. I thought to myself that if she has become a victim of this widespread tendency to quickly medicate, and has such enormous difficulties now to free herself from it, how many countless others will suffer for a lifetime from this quick, short-term reliance on drugs? Hence my decision to do this study.

The more I thought about these two illnesses of depression and burnout, the more I realized that they are closely linked to our inner subtle levels of being. If our Western reliance on drugs and talking therapy do not consider these levels, how can they possibly hope to cure them?

My research question, as already mentioned in the introduction, was the following: **„To what extent can Yoga therapy help mitigate individually perceived and/or clinically diagnosed symptoms of mild depression or burnout?“**

Furthermore, I wanted to know if there were some cases where Yoga therapy would not work, or if it could even be counter-productive. How could we as Yoga therapists make this distinction in order to best help people afflicted with these conditions?

IV. Methodology

Approach taken for my project

Between Jan 2009 and Feb 2011 I carried out a Yoga therapy project focused on addressing people who perceived themselves as suffering from the conditions of either mild depression and/or burnout. I presented a summary explanation of the project in a flyer format (contained in the appendix; this was done jointly with Gabriele Bruckner). People interested in taking part contacted me and we set up an initial session to discuss in more detail and get to know one another. All seven participants who set up an initial session decided to participate.

The structure of the project was to have on average seven individual lessons (in some cases, this was reduced to five or six sessions) over a six month timeframe (in some cases this was extended to up to nine months). The participants agreed to practice Yoga at home for 30 minutes daily based on the lesson I devised for them in our private sessions. They also agreed to fill in three surveys over the course of the project describing their symptoms, and to answer a number of qualitative questions.

As part of the project the lessons were offered at a discounted rate of roughly €20 per lesson. Seven people took part in this project (one male and six females.) Six out of seven participants completed the project, and one person dropped out half way through due to work pressures and travel away from home. Interestingly, several participants later told me that they signed up because they liked the idea of intense practice over a limited period of time. One woman told me: 'I thought, OK, let's try Yoga and in this six months, maybe you can finally solve this depression problem once and for all!'

I advised all participants that Yoga therapy was in no way a substitute for the medical advice of a doctor or psychotherapist. It could, however, be applied in parallel to traditional treatment. If a participant was engaged in therapy work with a doctor or psychotherapist, I always advised them to tell their doctor or psychotherapist about the Yoga project and that they would now be practicing Yoga regularly. Several participants did have a doctor or psychotherapist; in no case did the doctor or therapist express any concerns about the parallel yoga therapy, however, one psychotherapist expressed doubt that it ,would help'. (This scepticism caused great resentment in the patient when she spoke to me about it during one of our sessions.)

I asked participants about medication but of course I never gave any advice to change either the medication or the dosis of the medication. I did, however, suggest that if they felt their symptoms change, they should speak to their doctor about this who might then decide to alter something in the dosis or the medication itself. In one case a participant in the project gave up their long-term anti-depressants half-way through the project without telling either me or their doctor. When the participant later told me about this (at the end of the project), I asked them to please tell their doctor about the change in medication. At this point the person, who had years previously even suffered from serious depression and at one point spent 3 months in a stationary clinic, was stable, working and optimistic that the medication was no longer necessary. The participant promised to inform their doctor, but said they had wanted to wait long enough, so that they themselves knew the changes were permanent. This person at the time attributed the ability to finally give up medication as a result of their increased sense of empowerment and energy derived from their daily yoga practice. Unfortunately, this participant did not respond to the email follow-up survey held approximately one year later, so I do not know if this improvement was permanent or not.

General guidelines for developing Yoga practices for psychological healing

There are numerous overall guidelines for yoga therapy which I studied during the four-year KHYP course in Yoga Therapy in Piesendorf, Austria and in Chennai, India from 2007-2010. Some of these principles include how we meet with a student, how we observe (i.e. the body, the spine, etc), how we gain specific information (i.e. how is their sleep, digestion, etc), and how we go on to develop a suitable individual practice. It also includes important next steps like gaining feedback and modifying and developing practices over time. I will not include all of these guidelines here as it is beyond the scope of this paper to give an overview of all yoga therapy guidelines.

I will, however, outline some general principles I relied on for developing the practices for people suffering from psychological disturbances as is relevant to this paper. I learned these principles both on the above mentioned KHYP course and from my teacher R. Sriram in supervision settings and during the 3-year graduate yoga training I completed with him during 2006-2008 in Munich and Chennai.

These are general guidelines only; of course they always need to be applied in an individual way, meaning we must first and foremost look at the student before us. As one of our teachers

said during a KHYF yoga therapy module in Austria: *‘The solution to every problem is always standing in front of you in the form of your student. Look **carefully** at them and you will find the answers and the direction you should take.’* The below overview is therefore a general guideline only, and must always be individualized and adapted according to the person involved.

10 areas to give special attention to when conducting yoga therapy:

1. breath
2. eyes
3. neck (specifically neck tension)
4. belly/stomach (specifically tension in the area)
5. balance when standing and moving
6. coordination
7. touch/gesture/pulse
8. voice
9. special body points (traditionally associated also with cakras)
10. intention/attitude

Specifically for people suffering from psychological disorders we should generally focus on:

1. improving exhalation
2. reducing tension in the neck and in the belly/stomach
3. improving ability to do standing postures (increases stability)
4. improving coordination
5. soothing *‘vayu’* (our yogic system of wind and movement in the body)
6. helping develop a connection to the bhavanas of the yoga sutra: love/friendliness (*maitri*), compassion (*karuna*), enthusiasm (*mudita*), non-judgement/discernment (*upeksha*).

Furthermore, always verify effects of the yoga practice. Keep observing, keep a neutral perspective and seek to achieve slow, gradual change. This is most likely to be lasting.

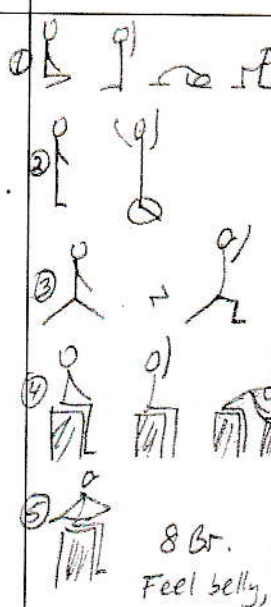
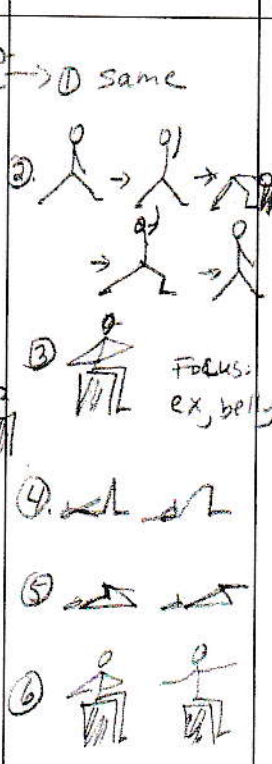
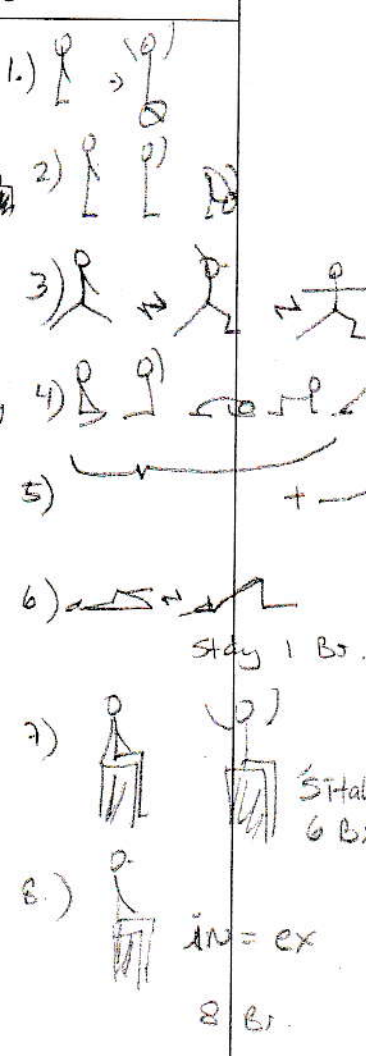
V. Results and Discussions

I. Analysis of the yoga therapy project.

In the first section (a) I will give a summary for each of the seven participants of the program. This includes key problems identified or important observations, the Yoga practice direction taken initially, mid-way through the project and the final practice direction. I also list key feedback and changes under 'comments'. In the next section (b) I will show quantitative results which measured symptoms as perceived by the participants at different stages of the project (at the start, mid-way through and at the end). Finally, in the second part (II) of the results section I will show qualitative feedback from a follow-up email survey conducted roughly one year after completing the initial research.

a. Overview of issues stated by the participants and practices given:



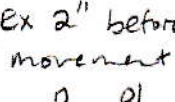





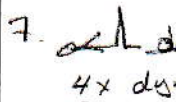



	key problems identified	initial practice, goals (morning practice)	mid-term practice, goals Comments:	final practice, goals Comments:
P. (fem., burnout) female, 28, medical student (almost finished)	<ul style="list-style-type: none"> stress (especially due to pending exams to end her medical degree) stomach problems (acidity) excessive burping lower back pain 	1) 2) 3) 4) 5) rest 6) 7) 8) 8 br. ujjayi on ex	<ul style="list-style-type: none"> Now extremely nervous due to imminent exams. sleeplessness doubt. Task: have a nice flower in her apartment Morning practice same. <hr/> Evening practice: (think of flower)	<ul style="list-style-type: none"> feeling much better passed exams! already working as doctor. Neck tension. 1) 2) 3) 4) with mantra 5) Rest 6) 7) 8) anuloma ujjayi


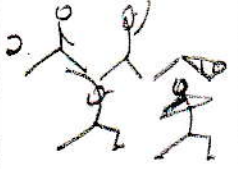

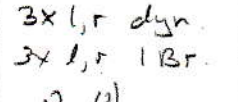




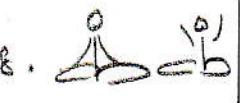








	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
<p>J. (male, 42 depression) also burnout. Currently unemployed; in treatment by psychiatrist; taking anti-depressants;</p> <p>(mother committed suicide when he was 5.)</p> <p>He is tall and relatively fit. Likes sports but lately out of practice.</p> <p>Rounded upper back.</p>	<p>Low energy. Worried. No daily plan since no job.</p>	 <p>8 Br. Feel belly, Focus on ex.</p>	 <p>Focus: ex, belly</p> <p>gave advice: • have a plan for every day i.e. go for walk, clean flat, get shopping, search internet for jobs).</p>	 <p>Stay 1 Br. Sittah 6 Br. in = ex 8 Br.</p> <p><u>feedback:</u></p> <ul style="list-style-type: none"> • he stopped taking medicine(!) • feels much better • started to play saxophone again <p><u>6 months later</u> <u>telephone follow up:</u></p> <ul style="list-style-type: none"> • he has a job! • still does yoga several times per week.


	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
<p>S. (fem., depression)</p> <p>female, 36, 2 children, works as engineer</p>	<p>she hopes to end the mild depression which started after 1st child</p> <p>• sleep is light and very disturbed, not restful</p> <p>• very stiff in morning</p> <p>• she already practices yoga in an advanced weekly class</p> <p>• works part-time as an engineer (only women in office)</p>	<p>1) </p> <p>2) </p> <p>3) </p> <p>4) </p> <p>5) </p> <p>6) </p> <p>7) </p> <p>8) </p> <p>9) </p> <p>ŚTtali (with arm movement) 8 Br.</p>	<p>Comments:</p> <p>• she feels good, likes practice</p> <p>1 + 2 same</p> <p>3) same + </p> <p>4) same, extend mantra to 'maa aham'</p> <p>5) </p> <p>6) </p> <p>7) </p> <p>8) </p> <p>9) </p> <p>in=ex 8 Br. (2x) 5" / 6" / 7" / 8"</p> <p>10) </p> <p>in: ŚTtali ex: uttari (with head movement) 8 Br.</p>	<p>comments:</p> <p>• she still feels better</p> <p>• requests short practice to "de-stress" at office (morning practice same).</p> <p>office practice:</p> <p>1) </p> <p>2" breathe 0" move 2" breathe (movement in breath)</p> <p>2) </p> <p>3) </p> <p>mentally: "maa aham maa"</p> <p>4) </p> <p>in = ex 2 Br each. 5" / 6" / 7" / 8"</p>


	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
<p>K. (fem., burnout/dep)</p> <p>female, 38, lives with partner, works as a psychologist</p>	<ul style="list-style-type: none"> • lethargy (all) • movements possible with no pain except right shoulder • slight pulse discrepancy R 54, L 58 • general exhaustion 	<p>1. 8 Br. observe → same</p> <p>2. → same</p> <p>3. →</p> <p>4. </p> <p>5. 6x1, r</p> <p>6. </p> <p>7. </p> <p>8. 8 Br. observe</p>	<p>→ same</p> <p>→ same</p> <p>3. </p> <p>4. </p> <p>5. </p> <p>6. </p> <p>7. </p> <p>8. </p> <p>a) 4-0-4-0 x 2 4-0-4-1 x 2 4-0-4-2 x 2 4-0-4-3 x 2</p> <p>b) 1' rest</p>	<p>1. 2x 2x</p> <p>2. 3x2</p> <p>3. </p> <p>4. </p> <p>5. </p> <p>6. </p> <p>7. </p> <p>8. </p> <p>9. </p> <p>10. </p> <p>a) 4-0-4-0 x 2 4-1-4-1 x 2 4-2-4-2 x 2 4-3-4-3 x 2</p> <p>b) 1' rest</p>

	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
I. (fem., burnout) female, 52, lives with partner, works as a graphic designer	<ul style="list-style-type: none"> stressful job exhaustion breathing problems in past due to allergies 	<p>(morning practice)</p> <ol style="list-style-type: none"> 	<p>(morning practice)</p> <p>→ same</p> <ol style="list-style-type: none"> <p>(then like 5-7 last time)</p> <ol style="list-style-type: none"> <p>ex: ujjayi in: śitali</p> <p>6 x 2 = 12 Br.</p>	<p>(evening practice for better sleep)</p> <ol style="list-style-type: none"> <p>Imagine still (water)</p> <p>air</p> <p>imagine calm, clean water at each spot</p> <ol style="list-style-type: none"> <p>ex → →</p>

	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
<p>Ke. (fem., anxiety/burn.)</p> <p>Note: This participant dropped out mid-way through the therapy sessions due to work-related reasons.</p> <p>female, 36 lives alone (boyfriend in another city); works in sales, on the road a lot; used to be competitive sportswoman</p>	<p>stressful job;</p> <p>allergies, breathing problems recently, panic attack last fall</p>	<p>1. </p> <p>2. </p> <p>ex 2" before movement</p> <p>3. </p> <p>4. </p> <p>5. </p> <p>6. </p> <p>rest</p> <p>7. </p> <p>6 T.</p>	<p>→ same</p> <p>2. </p> <p>3. → same</p> <p>→ same</p> <p>→ same</p> <p>→ same</p> <p>→ same</p> <p>7. </p> <p>4x dgn 2x 1Br</p> <p>8. </p> <p>9. </p> <p>rest</p> <p>10. </p> <p>in: free ex: slowly; very short pause at end of ex.</p> <p>8 Br.</p>	

	key problems identified	initial practice, goals	mid-term practice, goals	final practice, goals
<p>Sa. (fem., depression)</p> <p>Female, 34</p> <p>Student (finishing her B.A.)</p> <p>Lives alone</p>	<p>depression (for past 10 years); on medication</p> <p>Constipation; low appetite</p> <p>very high vata pulse (V, 80)</p> <p>practices ashtanga yoga regularly</p>	<p>1.  → same</p> <p>2.  → same with 'maa' on ex</p> <p>3.  → same with 'maa' on ex</p> <p>3x l, r dyn. 3x l, r 1 Br.</p> <p>4.  → same</p> <p>5.  → same with pause after ex</p> <p>6.  → same with in →</p> <p>7.  → same with in = ex</p> <p>8.  → same with in = ex</p> <p>8 Br. observe</p>	<p>→ same</p> <p>→ same with 'maa' on ex</p> <p>→ same with 'maa' on ex</p> <p>→ same</p> <p>→ same with pause after ex</p> <p>→ same with in →</p> <p>8.  → same with in = ex</p> <p>9.  → same with in = ex</p> <p>8 Br.</p>	<p>1. </p> <p>2. Surya namaskar</p> <p>3. Same →</p> <p>4. → same</p> <p>5.  → same</p> <p>6.  → same</p> <p>7.  → same</p> <p>8.  → same</p> <p>ex with mantra hold 2" after ex</p> <p>4x dyn, 1x 1 Br. 1x 2 Br. } l, r</p> <p> pause</p> <p>9. </p>

10.  1'

11.  12 Br.
In = ex

b. Assessment of quantitative survey data measuring symptoms.

Numbers reflect number and intensity of symptoms on survey questionnaire

	1st survey	2nd survey	3rd survey	Overall assesement	Key comments upon completing the project
P. (fem., burnout)	24	27	8	very positive	good experience with yoga, seeks to continue, still practices
J. (male, depression)	21	35	17	positive	said yoga helped him to become more self-confident and more stable
S. (fem., depression)	13	3	3	very positive	felt more calm and relaxed at the end of the project
K. (fem., burnout/dep)	10	8	8	neutral	in general she felt little long-term change; she noted a short-term improvement after each day's practice but unfortunately this did not last
I. (fem., burnout)	7	3	1	positive	feels happy after yoga practice, more collected

Ke. (fem., anxiety/burn.) dropped out mid-way through project	19	9	----	-----	----- mid-way feedback was positive: better feeling for her body
Sa. (fem., depression)	22	19	17	very positive	felt that the regular yoga practice helped her to feel better physically and mentally, however unsure whether she could maintain the daily practice

II. Follow-up qualitative survey in August 2011.

In August of 2011, I conducted a qualitative follow-up survey via email.

I received responses from five out of seven participants. One participant who had completed the survey (J) did not respond to the follow-up email, nor did the participant who dropped out half-way through the project (K).

(Interestingly, three out of the five respondents to this qualitative survey informed me that after the yoga therapy project they had become pregnant and were now happy to be mothers!)

These were the qualitative survey questions via email:

- 1. During the time when you were practising Yoga regularly (i.e. during the yoga therapy project), do you believe that Yoga helped you? If yes, can you say how it helped you?*
- 2. If there were positive effects, did these last for some time?*
- 3. Do you still practice Yoga? If so, do you practice daily or occasionally?*
- 4. Do you have additional comments regarding Yoga or your experiences with Yoga?*

On the whole the responses to these email questions were positive in that the participants felt that Yoga had indeed helped them (,it helped me to calm my nerves‘, ,I am convinced that Yoga helped me remain calm for my final medicine exams‘, ,Yoga is the ultimate method to calm my mind‘, ,Yoga helped me feel stronger physically‘, ,Yoga practice gave me more energy‘). They all expressed a generally positive attitude to both the results during the intense practice period of the study and to Yoga in general.

However, what was less positive is that most participants were no longer practicing daily. Either it seemed they felt that they had overcome the problems they previously had, or the intensity of the problems had diminished, or they simply could no longer find the time. It seemed that most participants were able to commit to a daily practice for a limited time period (for example, for the six-month duration of the study), but they were not willing to make this a permanent change, even though all expressed the desire to increase the amount of time they spent practicing Yoga.

On the next page I present a summary of the respondents‘ answers to the email questionnaire. (Complete responses are listed in Appendix 4 in German.)

	<i>1. Did Yoga help? If yes, how so?</i>	<i>2. Did it last?</i>	<i>3. Do you still practice?</i>	<i>4. Additional comments?</i>
P. (fem., burnout)	Yes. I am convinced that my daily Yoga practice during final medicine exams helped me remain calm. (I was more nervous earlier in my studies before practicing Yoga.)	Yes, but then my practice became less regular during my first job as a doctor and I was under a great deal of stress.	Not right now. With a small baby I can't find the time.	I would like to start Yoga again soon and plan to come for another individual lesson soon!
S. (fem., depression)	Yes. By taking time each morning to „come to myself“ with my individual practice, I was able to start the day with a different kind of energy.	Yes. Even until after the survey was over and I was back from a longer vacation.	Unfortunately not. But I have in the meantime had a third baby and I feel happy. I have recently resumed weekly lessons, but don't practice daily at home.	Yoga is good for me!
K. (fem., burnout/dep)	I don't think it solved my main problem of exhaustion, but it helped me feel better physically (more stability, energy, more upright).	Yes for some time. But when I didn't practice regularly not very much.	At the moment I am pregnant and I practice from time to time and I feel good (no back pain) and I can sleep well.	Yoga is a wonderful way to combine physical movement and relaxation. I intend to continue with Yoga.
I. (fem., burnout)	Yes, definitely. Simply practicing 30 min. daily gave me the chance to calm my nerves. It helped peace and calmness to enter my life.	Yes.	Yes, occasionally, at a minimum 1x per week.	Yoga has helped me develop greater awareness. I feel this can be practiced anywhere.
Sa. (fem., depression) (was also engaged in psychotherapy)	Yes. It calmed my thoughts and worries. I was more positive and not as hectic. Digestion/elimination was also better.	Yes but only for the morning. By the afternoon my symptoms returned. I had to practice every day.	Unfortunately no longer due to my studies. But I intend to start again soon.	Yoga is the ultimate method to calm my mind. I don't know why I can't do it daily. Maybe I can't manage the change in tempo between Yoga and daily life.

VI. Summary

So, can yoga therapy help treat burnout and mild depression? Can these very complicated illnesses or conditions be helped by something as non-invasive as Yoga? The research done here is of course a very small sample size; results are generally qualitative with some quantitative data. Nevertheless, the project work here showed some encouraging trends.

Both the quantitative data and the qualitative feedback give general indications that, yes, yoga therapy did show positive results for the participants of this study who suffered from either burnout, pre-burnout (meaning they were not yet in the midst of exhaustion), mild depression or some combination of these conditions. All participants clearly showed some level of improvement.

An important factor to note, however, is that the participants of this study were motivated enough to come to the yoga studio for at least five individual sessions and all practiced regularly at home during the course of the study. They were therefore more highly motivated or had a higher degree of energy and commitment than many others suffering from similar symptoms who are not willing to engage themselves in a self-study practice such as Yoga.

Possibly then for those without the determination to practice daily, Yoga therapy would have yielded no results at all. Nonetheless, for the individuals who participated in this study, Yoga practice did coincide with a reduction of negative symptoms, and all participants felt that Yoga was in some way responsible for their improved situation.

Interpretation of the quantitative data

The quantitative data from this project was measured three times with each participant via surveys which asked about a number of physiological and emotional symptoms (i.e. sleeplessness, dizziness, lack of appetite, feeling of fear, etc.). The project survey was designed according to surveys used in the medical and therapeutic fields currently used to measure depression, burnout and anxiety (see the appendix for a copy of original surveys used).

The data shows that in every case the severity of perceived symptoms, measured in numeric form, decreased between the starting and finishing points of their regular yoga practice. In two cases (P and J), the mid-term measurement of symptoms was higher than the starting

point; this was perhaps due to a heightened awareness of their condition and the accompanying symptoms as a result of the study and the daily practice. But as already mentioned, in all cases the final perceived amount of symptoms was significantly lower than the starting point.

An overview of the average amount of symptoms is as follows:

starting average number of symptoms	mid-point average number of symptoms	ending average number of symptoms
16.6	14.9	9.0

This means that in a quantitative sense, perceived symptoms as measured via the surveys were 45.7% lower than they were at the starting point. This shows clear improvement.

Qualitative feedback also positive about changes due to Yoga

Qualitative feedback supports this quantitative data. Some participants (especially P and J) gave mid-way feedback indicating some confusion and uncertainty, but they also had encouraging experiences so they continued with the project and were clearly positive in their final feedback. One person (Ke) dropped out after four sessions citing work travel reasons. Five out of six participants who completed the project felt that Yoga had yielded longer-term benefits; one person (K) said she felt only short-term advantages, but no lasting long term benefits. (See results section for a more complete overview).

The follow-up qualitative email survey done roughly one year after completing the project indicated in four out of five cases that participants were still convinced about the longer term benefits and three intended to continue in some way with their practice (mostly in a group session). Unfortunately, however, of those who responded to the follow-up survey, no one was still continuing with a daily practice one year later. Several did intend to resume weekly classes, one was practicing weekly at home and one planned to resume individual lessons for a daily practice as soon as her busy schedule allowed it.

General guidelines for psychological disorders

Much work remains to be done to further develop guidelines which we might help us when devising yoga practices for people suffering from various mental or emotional disbalances. For example, some very general guidelines (which I partly learned from KHYF and/or from R. Sriram and further developed in the course of my work) which might be helpful to continue to develop are listed below.

Of course these guidelines must always be adapted individually! There might be cases when exactly the opposite is called for. We must always see and treat the individual before us; and in each follow-up lesson, we must get solid feedback and observe carefully. Only then can we develop the practice further.

1. Depression seemed to be well treated by the following:
 - a. help the system come back into an active state;
 - i. morning active practice
 - ii. create a daily schedule
 - iii. set easy to reach, short-term goals
 - b. generally need to support upper back to become more upright, less curved (backward bends, focus on sternum, inhalation – but ensure neck is relaxed! – also, as always, we must first develop a good exhalation and only then go on to focus on inhalation; this work on ex is assumed first)
 - c. often good to give more movement, simple vinyasas
 - d. avoid excess lying, focus more on standing, sitting postures
 - e. eyes generally open
 - f. enable them to feel their belly, reduce tension (so not too many prone asanas)
 - g. possibly good to use chanting (depends on receptivity of person)
2. Burnout appeared to be helped by:
 - a. initial period of facilitating deep rest (add explicit breaks during the practice for rest)
 - b. slowly work towards gentle activation; build gradually
 - c. enable static postures to develop strength, stability, inner balance
 - d. supplement with meditative focus on pleasing, healing pictures from nature
 - e. discuss daily tasks: what can be removed from the ,to do‘ list?

3. Anxiety appeared to be aided by the following:
 - a. help the person develop trust (relationship to the teacher, while always important, especially critical here)
 - b. relaxation
 - c. reduce tension in diaphragm
 - d. relax pupils of the eyes
 - e. might be good to use some chanting (depends on receptivity of person)

4. Aggression/Rage generally aided by the following:
 - a. help provide an outlet for excess energy (active vinyasas)
 - b. suggest tapping into the energy of anger positively by doing something creative in daily life
 - c. exhalation, forward bends
 - d. reduce tension in spine
 - e. static postures
 - f. relax belly
 - g. chanting (again, however, this depends on the receptivity of person)

In general, as a practitioner we must learn to develop distance and objectivity. Only then can we observe clearly and thus find the right techniques. We must also seek to take small steps. Usually, only those changes which are achieved slowly over time tend to be lasting.

Further guidelines from Ken Wilber's Integral Psychology

A further area of consideration regards potential risks of applying yoga therapy. Can we make a situation worse with Yoga? Are there some cases where rather than attempting to facilitate a healing process with Yoga, we should send the afflicted person to a competent doctor or psychotherapist instead? Indeed, some yoga experts and psychologists have advised against meditation in cases of severe depression, anxiety and psychotic disorders (Unger, pp 204-228). I believe in this regard we can find some relevant support through the classification of psychological disturbances and personal development as developed by Ken Wilber.

As mentioned earlier in the literature review, Wilber is a key figure currently seeking to expand our modern understanding of consciousness and its ailments by drawing on the best of eastern philosophy and western studies of psychology. Wilber's analysis provides useful guidance in applying the right therapy, from both eastern and western perspectives, to different types of mental/emotional disorders. He classifies levels of consciousness, characteristic pathologies and various treatment options in the following way:

1	sensoriphysical (annamaya)	psychoses	pharmacological/physiological pacification
2	phantasmic-emotional (pranamaya)	borderline syndromes, narcissistic disorder	structure building, establish and ego barrier
3	representational mind (manomaya)	neuroses	uncovering techniques (i.e. psychotherapy, embracing the 'shadow')
4	rule-role mind (manomaya)	script pathologies (,you're stupid!)	cognitive therapy (re-writing the script)
5	formal-reflexive (manomaya)	identity neuroses (,who am I?')	introspection (finding your societal self, <i>Catcher in the Rye</i>)
6	existential / vision-logic	existential pathology (fear of mortality, klesas)	humanistic and existential therapies
7	psychic / soul (vijnanamaya)	psychic disorders (overattachment to this level)	Path of Yogis
8	subtle / soul / going beyond duality (vijnanamaya)	subtle pathology	Path of Saints
9	causal / spirit (anandamaya)	causal pathology	Path of Sages

(Wilber, *Grace and Grit*, pp. 173-201)

In this comprehensive overview Wilber lays out a structure to assess different types of psychological disturbances according to various stages of development. Determining which

level of development a psychological disturbance occurs at is crucial in finding the best healing method to apply. Hence, this is a relevant and powerful model to consider when applying Yoga therapy in the modern western world.

For example, if someone is suffering from a psychotic disorder, this corresponds to an early developmental process which requires medication, a very different approach to someone suffering from a ,psychic‘ disorder of a later developmental stage, which Wilber indicates could be addressed by methods used by Yoga. Although this is still in the developmental stages, I feel these ideas are important and can help us working as yoga therapists when dealing with this very subtle field of psychological disturbances.

Emergence of new awareness in the West

This is an exciting time to be working as a yoga teacher and indeed as a yoga therapist in the West. Numerous practitioners of western medicine are starting to be open to additional, ,alternative‘ methods and there is a growing appreciation of influencing factors beyond traditional measurable areas.

For example, a new film called ,The Mystery of Healing‘ (*Das Geheimnis der Heilung*) has recently aired on German television and will soon be shown in numerous countries worldwide. This film documents a number of western doctors and therapists working in Germany who are incorporating energetic, alternative methods into clinical practices. An anesthesiologist at a German hospital is depicted who, after first administering the anesthesiology, then administers an energetic treatment by placing her hands on the sides of the patient’s head during much of the operation. They refer to a U.S. hospital which now regularly trains nursing staff to apply ,touch healing‘ to help patients recover from operations more quickly; a German hospital is now in the process of doing the same. A gynecologist is interviewed who uses a combination of trance hypnotherapy, acupuncture and traditional western methods to treat endometriosis and infertility.

The film also presents a specialist in oncology who combines traditional methods for treating cancer with meditation lessons for patients and their families. He works closely with both the University of Bochum and a local monastery. (For more information on the film in German see: www.das-geheimnis-der-heilung.de). Overall this film demonstrates the new openness in the west for approaches significantly beyond standard methods.

As yoga therapists this is perhaps the time to establish links with open-minded medical practitioners within the existing system, so that we can interact and support each other and continue developing this exciting field. I contacted a local psychiatrist via telephone when embarking on my project and told him about yoga therapy and my upcoming plans. He was open and interested; he agreed to meet with me to hear about my study and let me advertise the project with my flyers in his waiting room. He was, however, not very optimistic that many of his patients suffering from depression or burnout would be motivated enough to contact me, and indeed this has so far been the case. Perhaps patients suffering from full-blown depression and/or burnout first need to rely on traditional methods, before they are receptive and energized enough to embark on the self-activated path of Yoga.

A potential limitation of yoga therapy?

The fact that, despite positive experiences with Yoga, not a single participant from the project reported that they continued to practice daily one year later might indicate a potential limitation in the field of yoga therapy; namely, that lasting change or further, more profound transformation might never be reached. Perhaps it was not even sought in the first place. For example, it seems that often individuals commence yoga practice to address specific symptoms and then end their practice when these symptoms reduce or diminish. This means that a level of relief from suffering can indeed be offered to people willing to practice drawing on the tools of yoga, but that this stops short of lasting transformation such as Patanjali speaks of, especially in the third and fourth chapters.

For example, the state described in YS III.35 of truly disconnecting from external objects (and hence from potential sources of future bonds to pain), and shifting attention to the inner seer remains beyond the experience of most (shorter-term) yoga practitioners. This is significant because the benefits from the shorter term practice are then in danger of being lost, especially if the person later finds themselves mentally stressed and in a challenging situation where they have a certain expectation of outcome (see YS IV.11). They might then fall back into old patterns. This could in turn cause them to lose faith in Yoga and claim that 'it doesn't work after all'; this would, however, be due to the fact that their yoga experience, although initially helpful and beneficial, remained short-term and thus superficial.

Despite this limitation, yoga therapy nonetheless clearly provides a healing option in many cases (where the person suffering is still active enough to practice). As yoga therapists and teachers, it is a great and worthwhile endeavor to help as many people as possible, thereby perhaps also lessening our societal dependency on drugs and other forms of passive therapy. Yoga can help us become more active in shaping how we react to the suffering we experience in life. We must seize every chance we get!

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Appendix

1. Project leaflet (in German – translation possible upon request)
2. Initial survey questionnaire (in German – translation possible upon request)
3. Follow-up survey questionnaire (in German – translation possible upon request)
4. Email qualitative follow-up survey with responses (August 2011)

Appendix item 1: project leaflet

YOGA-THERAPIE-STUDIE

lädt Teilnehmer ein, die an einer
emotionalen Unausgeglichenheit, einer Depression, Burnout oder Ängsten leiden.

Yoga-Therapie bietet eine individuelle, ganzheitliche Übungsmethode, um Selbstheilungskräfte zu aktivieren und tiefliegende Verhaltensmuster zu ändern.

Wenn Sie Interesse haben, sich aktiv für eine mögliche Verbesserung einzusetzen, indem Sie zuhause täglich üben, können Sie sich gerne anmelden. Wir begleiten Sie und unterstützen ihren Prozess mit einer individuellen Übungsreihe und regelmäßigem Einzelunterricht.

(Yoga-Therapie ist kein Ersatz für notwendige medizinische oder psycho-therapeutische Behandlungen, kann aber sehr gut komplementär angewendet werden.)

Rahmen der Teilnahme:

- tägliches Üben (ca. 30 Minuten)
- über 3-4 Monate
- 7 Einzelstunden (Termin nach Absprache in der Yoga-Akademie, Westendstr. 80)
- €140 (Selbstkostenanteil)
- Fragebogen 3x auszufüllen

Wir – Gabriele Brückner und Ria Hodges - sind erfahrene BDY/EYU Yogalehrerinnen in der Tradition von TKV Desikachar und besuchten die Weiterbildung von R. Sriram. Nun absolvieren wir die internationale Yoga-Therapie Ausbildung der Krishnamacharya Healing Yoga Foundation (KHYF) in Europa und Indien, in dessen Rahmen diese Studie stattfindet.

Bitte melden Sie sich bei uns, wenn Sie sich beteiligen möchten. Gemeinsam mit Ihnen versuchen wir, einen optimalen Übungsweg zu finden, damit Sie wieder zu Ihrer eigenen Kraft und Freude finden!



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www.yoga-balance.org

Betreut Projekt Depression und Burnout

Appendix item 2: initial questionnaire

Fragebogen zur Yogatherapie-Studie

Name: _____ Vorname: _____ Alter: _____

Anschrift: _____

Telefon: _____ Email: _____

Besteht bei Ihnen eine chronische Erkrankung?

Nein

Ja wenn ja, welche? _____

Sind Sie deswegen in Behandlung bei einem Arzt/Therapeuten?

Gab es sonstige Erkrankungen in den letzten 12 Monaten:

Oder Operationen in den vergangenen Jahren?

Nehmen Sie regelmäßig Medikamente?

Wie ist Ihre Verdauung (evtl. Durchfall oder Verstopfung?); Ihr Appetit?

Gibt es bestimmte, bzw. außergewöhnliche Essgewohnheiten?

Wie ist Ihr Schlaf?

Wie sind Ihre derzeitigen Lebensumstände?

Was machen Sie beruflich?

Gibt es funktionelle Probleme und Schmerzzonen in Ihrem Körper?

Welche Vorstellungen und Erwartungen haben Sie in Bezug auf die Yogatherapie?

Bitte kreuzen Sie eventuelle Beschwerden je nach ihrer Intensität (1-3x) an:

- | | |
|--|---|
| <input type="checkbox"/>) Angst* | <input type="checkbox"/>) Panikattacken* |
| <input type="checkbox"/>) Schlafstörungen | <input type="checkbox"/>) Kopfschmerzen |
| <input type="checkbox"/>) Durchfall | <input type="checkbox"/>) Schwindel, Ohnmacht |
| <input type="checkbox"/>) Verstopfung | <input type="checkbox"/>) Muskelverspannungen |
| <input type="checkbox"/>) Appetitlosigkeit | <input type="checkbox"/>) Sexualstörungen |
| <input type="checkbox"/>) übermäßiger Appetit | <input type="checkbox"/>) Rückenschmerzen |
| <input type="checkbox"/>) Schwitzen | <input type="checkbox"/>) Erschöpfung |
| <input type="checkbox"/>) Konzentrationsschwäche | <input type="checkbox"/>) Hoffnungslosigkeit |
| <input type="checkbox"/>) Herzbeschwerden | <input type="checkbox"/>) unverhältnismäßige Wut |
| <input type="checkbox"/>) Antriebslosigkeit | <input type="checkbox"/>) Kontaktschwierigkeiten |
| <input type="checkbox"/>) unverhältnismäßige Traurigkeit | <input type="checkbox"/>) Atembeschwerden |
| <input type="checkbox"/>) sonstige Beschwerden (bitte angeben: _____) | |

***Machen Sie detailliertere Angaben speziell darüber wie sich die Angstzustände und Panikattacken bemerkbar machen:**

- | | |
|--|---|
| <input type="checkbox"/>) Herzrasen, -klopfen | <input type="checkbox"/>) Kurzatmigkeit |
| <input type="checkbox"/>) Schweißausbrüche | <input type="checkbox"/>) Erstickungsgefühl |
| <input type="checkbox"/>) Zittern | <input type="checkbox"/>) Schmerzen im Brustraum |
| <input type="checkbox"/>) Übelkeit | <input type="checkbox"/>) Bauchschmerzen |
| <input type="checkbox"/>) Durchfall | <input type="checkbox"/>) schwindlig, schwach |
| <input type="checkbox"/>) Realitätsverlust | <input type="checkbox"/>) Kontrollverlust |
| <input type="checkbox"/>) Gefühl verrückt zu werden | <input type="checkbox"/>) Gefühl zu sterben |
| <input type="checkbox"/>) Taubheitsgefühl und Kribbeln in bestimmten Körperteilen | <input type="checkbox"/>) Angst schwer krank zu sein |
| <input type="checkbox"/>) Gefühl von Verloren-/Verlassenheit | <input type="checkbox"/>) Vermeidungsverhalten |

Wann haben die Schwierigkeiten begonnen?

Wie waren Ihre damaligen Lebensumstände?

Eigenverantwortung:

Die Teilnahme an der Yogatherapie-Studie erfolgt auf eigene Verantwortung. Yogatherapie ersetzt keine medizinische oder psychotherapeutische Behandlung, sie kann aber sehr gut komplementär angewendet werden. Im Zweifelsfall (vor allem bei akuten Erkrankungen) sollten Sie vor Beginn der Yogatherapie Rücksprache mit dem behandelnden Arzt halten.

Dieser Fragebogen wird vertraulich behandelt.

Hiermit bestätige ich die Kenntnisnahme und versichere den Fragebogen wahrheitsgemäß ausgefüllt zu haben.

Ort: _____ **Datum:** _____ **Unterschrift:** _____

Folgefragebogen zur Yogatherapie-Studie

Name: _____ Datum: _____

Bitte kreuzen Sie eventuelle Beschwerden je nach ihrer Intensität (1-3x) an:

- | | |
|--|---|
| <input type="checkbox"/> Angst* | <input type="checkbox"/> Panikattacken* |
| <input type="checkbox"/> Schlafstörungen | <input type="checkbox"/> Kopfschmerzen |
| <input type="checkbox"/> Durchfall | <input type="checkbox"/> Schwindel, Ohnmacht |
| <input type="checkbox"/> Verstopfung | <input type="checkbox"/> Muskelverspannungen |
| <input type="checkbox"/> Appetitlosigkeit | <input type="checkbox"/> Sexualstörungen |
| <input type="checkbox"/> übermäßiger Appetit | <input type="checkbox"/> Rückenschmerzen |
| <input type="checkbox"/> Schwitzen | <input type="checkbox"/> Erschöpfung |
| <input type="checkbox"/> Konzentrationsschwäche | <input type="checkbox"/> Hoffnungslosigkeit |
| <input type="checkbox"/> Herzbeschwerden | <input type="checkbox"/> unverhältnismäßige Wut |
| <input type="checkbox"/> Antriebslosigkeit | <input type="checkbox"/> Kontaktschwierigkeiten |
| <input type="checkbox"/> unverhältnismäßige Traurigkeit | <input type="checkbox"/> Atembeschwerden |
| <input type="checkbox"/> sonstige Beschwerden (bitte angeben: _____) | |

***Machen Sie detailliertere Angaben speziell darüber wie sich die Angstzustände und Panikattacken bemerkbar machen:**

- | | |
|--|---|
| <input type="checkbox"/> Herzrasen, -klopfen | <input type="checkbox"/> Kurzatmigkeit |
| <input type="checkbox"/> Schweißausbrüche | <input type="checkbox"/> Erstickungsgefühl |
| <input type="checkbox"/> Zittern | <input type="checkbox"/> Schmerzen im Brustraum |
| <input type="checkbox"/> Übelkeit | <input type="checkbox"/> Bauchschmerzen |
| <input type="checkbox"/> Durchfall | <input type="checkbox"/> schwindlig, schwach |
| <input type="checkbox"/> Realitätsverlust | <input type="checkbox"/> Kontrollverlust |
| <input type="checkbox"/> Gefühl verrückt zu werden | <input type="checkbox"/> Gefühl zu sterben |
| <input type="checkbox"/> Taubheitsgefühl und Kribbeln in bestimmten Körperteilen | <input type="checkbox"/> Angst schwer krank zu sein |
| <input type="checkbox"/> Gefühl von Verloren-/Verlassenheit | <input type="checkbox"/> Vermeidungsverhalten |

Wie fühlen Sie sich nach der täglichen Yogapraxis?

Spüren Sie emotionale oder körperliche Folgen von der Yogapraxis?

Sonstige Anmerkungen?

Appendix 4: Email follow-up qualitative survey, August 2011. Questions first followed by individual responses. (A summary of this in English can be found in the section ‚Results‘)

1. *Glaubst du, während der Zeit wo Du intensiv Unterricht hattest, dass Yoga dir geholfen hat? Wenn ja, kannst du sagen inwiefern?*

2. *Hat das nach einer gewissen Zeit noch angehalten?*

3. *Übst du jetzt noch? täglich oder hin und wieder mal oder gar nicht mehr?*

4. *Sonstige Bemerkungen zum Thema Yoga für dich?*

P:

1. Die intensivste Yogazeit war als ich an Deiner Studie teilnahm. Meine Examenszeit und ich bin der festen Überzeugung, dass das regelmäßige üben seinen Teil zu meiner vergleichsweise großen Gelassenheit in dieser Zeit beigetragen hat.

2. Ich denke es hat noch angehalten. Ich habe dann auch weiter geübt -nicht mehr ganz so regelmäßig und dann kam ziemlich schnell eine fast noch anstrengendere Zeit. Nämlich meine neue Arbeitsstelle. Hier hat Yoga mir sicher noch geholfen. Trotzdem war ich in dieser Zeit oft überfordert, ausgelaugt und auch mitunter unausgeglichen.

3. Gerade übe ich überhaupt nicht. Irgendwie ist mein Tagesablauf unstrukturiert und ich merke, dass es mir mit Kind auch schwer fällt eine gute Struktur herein zu bringen. Ich richte mich sehr nach Cocos Zeiten. Eigentlich glaube ich dass Yoga mir fehlt. (vielleicht können wir ja bald nochmal eine Einzelstunde vereinbaren?)

4. hierzu fällt mir ehrlich gesagt nichts weiteres ein

S:

1. Ja. Ich denke, durch die täglichen und auf mich „zugeschnittenen“ Yogaübungen habe ich jeden Tag die Möglichkeit gehabt, mal kurz zu mir zu kommen. Damit konnte der Tag mit einer ganz anderen Energie (und vor allem Ruhe und Ordnung) beginnen.

2. Nach einem verlängerten Urlaub habe ich es leider nicht geschafft, die Yogaübungen wieder aufzunehmen, aber es ging mir grundsätzlich weiterhin sehr gut

3. Habe zwischenzeitlich mein 3. Kind bekommen, der Kleine ist jetzt ein Jahr alt. Seit letzter Woche gehe ich wieder wöchentlich zum Yoga (bei Conni), aber zu Hause habe ich es leider kaum mehr gemacht...

4. Yoga tut mir gut.

K:

1. Ich fürchte an der Grundproblematik (Erschöpfung) hat sich wenig geändert. Sicher hat es mir aber auf physischer Ebene geholfen (etwas mehr kraft, Stabilität, v.a. bessere Aufrichtung) und außerdem tat es gut, immer wieder "gezwungen" zu sein zur Ruhe zu kommen und inne zu halten. Kurz nach der Praxis habe ich mich auch oft erfrischt gefühlt.

2. In Zeiten, als ich weniger geübt habe, hat der Effekt nur leicht angehalten.
3. Im Moment übe ich hin und wieder mal und tatsächlich halten sich die üblichen Schwangerschaftsbeschwerden (Rückenschmerzen etc.) sehr in Grenzen, ich kann auch überwiegend gut schlafen.
4. Für mich ist Yoga nach wie vor eine wunderbare Möglichkeit, Entspannung mit Körperübungen zu verbinden, zur Ruhe zu kommen und dabei etwas für Beweglichkeit und Wohlbefinden zu tun. Ich denke schon, dass Yoga mich mal mehr, mal weniger intensiv weiter begleiten wird.

I:

1. Ja, auf alle Fälle. Allein die Tatsache, sich am Tag eine halbe oder ganze Stunde Zeit zu geben, durchzuatmen, ist zum Ausgleich für den stressigen Alltag ein Geschenk für Körper, Geist und Seele.

Yoga macht geschmeidig, reinigt und befreit. Er hat bei mir begünstigt, dass Ruhe und Frieden eintreten können.

2. Ja.

3. Immer wieder, aber nicht regelmäßig, mindestens aber 1x in der Woche

4. Yoga ist ja eigentlich irgendwann ein Zustand. Ich versuche, auch mit anderen Mitteln dorthin zu kommen. Mudras sind mir ein ständiger Begleiter geworden. Immer, wenn ich irgendwo warten muss, nutze ich die Zeit, so z.B. auch im Bus oder in der Bahn. Genauso verhält es sich mit Jin Shin Jyutsu, einer japanische Heilkunst, bei der man sich zum Ausgleich unterschiedliche Körperpunkte hält und es dazwischen fließen lässt. Yoga hat mich dazu gebracht, ab und zu am Tag (auch oder gerade bei der Arbeit :-), Achtsamkeit zu üben. Das kann man immer - wenn man nur daran denkt...

Sa:

1. Ja, es hat mir auf jeden Fall geholfen. Es beruhigte meine Gedanken bzw. Sorgen, ich war positiver gestimmt und nicht so hektisch. Und außerdem funktionierte meine Verdauung viel besser.

2. Die Wirkung blieb am Vormittag noch ein bisschen bestehen, aber so ungefähr ab Mittags/Nachmittags waren die Effekte wieder weg. Und wenn ich am nächsten Tag nicht wieder übe, waren sie sowieso weg.

3. Leider in letzter Zeit gar nicht mehr. Gegen Ende der Bachelorarbeit habe ich es nicht mehr geschafft, obwohl es ja eigentlich gerade da sehr nötig gewesen wäre. Ich will es aber jetzt wieder aufnehmen.

4. Yoga ist für mich die ultimative Technik, um meinen Geist zur Ruhe zu bringen. Und da man sich ja dabei bewegt, hat man auch noch was für seinen Körper getan, das finde ich praktisch. Trotzdem schaffe ich es oft nicht, Yoga in meinen Alltag zu integrieren. Ich weiß nicht genau, woran es liegt. Ein Grund könnte vielleicht sein, dass ich den Wechsel der Geschwindigkeiten nicht so gut hinbekomme. Wenn ich im Alltag bin, sehe ich nicht, wann ich eine Pause machen könnte (oder sollte), sondern hetze weiter. Und wenn ich Yoga mache, fällt es mir danach wieder schwer, auf den "fahrenden Zug" (=den Alltag) aufzuspringen.