

Yoga Therapy in Practice

Using Integrative Yoga Therapeutics in the Treatment of Comorbid Anxiety and Depression

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Abstract: *This article describes the symptoms, causes, and treatments for anxiety, depression, and comorbid anxiety and depression. It provides strategies for addressing the hyper-arousal or hypo-arousal of the nervous system that is commonly associated with anxiety and depression. It explores research and theory on Yoga's potential for addressing comorbid anxiety and depression, and also discusses the specific approach of the Center for Integrative Yoga Therapeutics, a Yoga therapy center in Boston that specializes in the treatment of Yoga therapy for anxiety, depression, chronic pain disorders, and physical issues such as spinal anomalies or injuries. The described Yoga therapy approach includes a combination of prāṇāyāma (breathing practices) and Restorative Yoga, a practice of prone or supine postures that is designed to facilitate the relaxation response.*

Keywords: *Yoga, depression, anxiety, prāṇāyāma, psychotherapy, Restorative Yoga*

Introduction

Anxiety and depression are debilitating on an individual level, significantly impairing cognitive, emotional, and occupational functioning. The symptoms of anxiety and depression also typically create a roadblock to seeking the social support necessary for symptom improvement and well-being. Moreover, the economic cost of anxiety and depression is dramatic: together, anxiety and depression exact an economic toll on the United States of \$72 billion a year, nearly half of the country's total mental health bill.¹

At present, the most widely used methods of treating anxiety and depression include medication management and psychotherapy. However, both approaches may be, in many cases, less than ideal. Medication management levies an arsenal of psychotropic weapons at the brain to improve the symptoms of anxiety and depression, without

incorporating a more holistic view that takes into account the importance of clients' mental and emotional bodies. And while psychotherapy targets the mind and emotions, it traditionally is not equipped to address the body's physical experience of anxiety and depression. This may partially account for the typical time delay between insight achieved in psychotherapy and actual change in behaviors or symptoms.

Yoga has tremendous potential to influence the treatment of anxiety, depression, and comorbid anxiety and depression. By addressing clients' physical bodies along with thoughts and emotions, the practice of Yoga can narrow this gap between insight and change. Yoga offers clients techniques that they can practice on their own and, in a relatively short time, outside of the context of therapeutic sessions. This gives clients a more active role in their healing process, reducing their dependency on the healthcare system and increasing their chances of remission.

Anxiety and Depression

Symptoms and Prevalence

Among the debilitating array of mental illnesses in the United States, anxiety disorders occur with the greatest frequency. Over 40 million adults, or 40% of the adult population, suffer from anxiety.² The term “anxiety disorders” is used to classify a wide range of symptom clusters. This category includes panic disorder, obsessive-compulsive disorder, social phobias, specific phobias, generalized anxiety disorder, and posttraumatic stress disorder, all of which share the theme of persistent worry and dread. Highly anxious people often feel as though they are perpetually “switched on,” and describe a sensation of rapid-firing thoughts or a feeling of “living inside a pressure cooker.”

Symptoms of anxiety disorders include the following: (1) excessive anxiety and worry that is difficult to control, (2) restlessness, (3) difficulty concentrating, (4) fatigue, (5) irritability, (6) muscle tension, and (7) sleep disturbance.^{3, p209-227}

Depression affects about 20 million people in the U.S., or 9.5% of the adult population.⁴ This category encompasses major depressive disorder, dysthymia, psychotic depression, postpartum depression, and seasonal affective disorder. People with depression often describe a felt sense that they are living with a “black cloud” over them, fighting a “descent down into darkness,” or feeling continually oppressed by the sensation of a “fist squeezing their heart.”

A major depressive episode includes the following symptoms: (1) depressed mood (marked by sad feelings or tearfulness), (2) diminished interest in almost all activities nearly every day, (3) significant weight loss when not dieting, or weight gain, (4) an increase or decrease in appetite, (5) insomnia or hypersomnia, (6) psychomotor agitation or slowing, (7) fatigue or loss of energy, (8) feelings of worthlessness or inappropriate guilt, (9) difficulty concentrating, and (10) recurrent thoughts of death (or active or passive suicidal ideation, or a history of attempting suicide).^{3, p209-227}

There is increasing evidence that anxiety and depression seldom occur in isolation. Post-traumatic stress disorder (PTSD) and generalized anxiety disorders (GAD), which strike nearly 16 million Americans, are frequently accompanied by a depressive disorder.² And anxiety disorders, in turn, often predispose individuals to depression. Research indicates that nearly half of those meeting criteria for lifetime major depressive disorders also meet criteria for an anxiety disorder.⁵

Comorbidity is not only more common than previously thought, but more challenging to psychotherapists and psy-

chiatrists than unipolar anxiety or depression. Comorbid anxiety and depression is linked to greater severity of symptoms, suicidality, unemployment, lower levels of functioning, and poor prognosis.^{6,7} It requires a longer course of treatment and commonly a more complex array of medications. Furthermore, successful medication management is more difficult to achieve.

There are several terms used for comorbid anxiety and depression, including mixed anxiety and depressive disorder and anxious depression. The term “mixed affective disorders”, although not found in standardized diagnostic texts such as the DSM-IV-TR or ICD-9, is nevertheless helpful for its descriptive value and simplicity. In this article, the term mixed affective disorders will be used to describe individuals in whom either anxiety is the major illness, with clinically significant depression, or in whom depression is more paramount, but clinically significant anxiety is also present.

Causes of Anxiety and Depression

Both anxiety and depression are thought to be related to a confluence of genetic, environmental, psychological, emotional, and social causes, all of which are associated with (and may create) neurobiological changes. For example, research indicates that anxiety and depression may be linked to lowered levels of neurochemicals in the brain, including dopamine, norepinephrine, serotonin, and gamma-aminobutyric acid (GABA).⁴ Individuals with anxiety disorders may have anomalies in certain areas of brain functioning such as the amygdala (a part of the limbic system) and in portions of the cerebral cortex.

The amygdala is a brain region of particular interest because of its relationship to stress, emotions, pain, and learning. Much like the accelerator of a car, the amygdala triggers the fight-or-flight mechanism in response to acute stress.² It is also intricately involved in the neural mechanism of emotional contagion: the sensing and mirroring of others' emotions (such as anxiety and fear) within a fraction of a second.⁸ The amygdala also influences the way in which individuals process and respond to pain.^{9,10}

In contrast to the rapid acceleration of the amygdala, the cortex behaves like a car's brakes by specifying when it's no longer necessary to maintain the stress response. Anxiety disorders are thought to be a function of an overactive amygdala (accelerator) or underactive cortex (brake). This creates a perpetual sense of fight-or-flight, causing people with anxiety to be hypervigilant of their surroundings and leading to the feeling of needing to be continually “on watch.”

Current Treatments for Anxiety and Depression

Current treatments for anxiety include medication and psychotherapy. Psychotherapy includes numerous subtypes; for example, Interpersonal Therapy, Dialectical Behavior Therapy, Internal Family Systems Therapy, Cognitive-Behavioral Therapy, and Eye Movement Desensitization and Reprocessing, all of which may be helpful when appropriately matched to a client's needs and circumstances. The principle medications used for anxiety are anti-anxiety drugs, antidepressants, and beta-blockers. Like all medications, these drugs have various side effects, and some—like the benzodiazepine Xanax—are highly addictive. They can also lead to withdrawal or a return of the symptoms of anxiety when medication is discontinued or interrupted.² For these reasons, anti-anxiety medications are not advisable on more than a short-term basis.

Psychotherapy, medication, and electroconvulsive therapy (ECT) are the most common treatments for depression. Psychotropic medications for depression include the class of selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), and tricyclic antidepressants. Antidepressants are not thought to be habit forming; however, their list of possible side effects is extensive and includes headaches, nausea, insomnia, nervousness, drowsiness, sexual dysfunction, dry mouth, constipation, bladder problems, weight gain, and blurred vision.⁴ Moreover, many of those who are compliant with antidepressant regimens do not experience remission of symptoms.¹¹ For more severe cases of depression that do not respond to medications or psychotherapy, ECT is used. ECT often results in cognitive impairment, specifically confusion, memory loss, and disorientation that can last for up to one year after treatment.

How Yoga Can Help

Research on the Effectiveness of Yoga for Anxiety and Depression

Given the greater severity of symptoms, more difficult prognosis, growing numbers, and increased risk of suicide, finding non-debilitating and more effective treatments for people with mixed affective disorders is of integral importance. A growing body of evidence now supports what Yoga therapists and instructors have long seen and experienced: Yoga is helpful not just for physical issues like back pain, but for psychological illnesses such as anxiety and depression. Furthermore, research indicates that Yoga is helpful for anxi-

ety and depression on multiple levels including thoughts, emotions, and nervous system functioning.

For example, Yoga, in the form of *āsana*, *prāṇāyāma*, and relaxation techniques, has been shown to reduce both situational and chronic anxiety within a period of 10 days.¹² Another study found that psychiatric inpatients who practiced Yoga reported significant mood improvements following a Yoga class. Improvements were noted on tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia, and confusion-bewilderment.¹³ Two recent studies show how Yoga can influence the function of the brain and automatic nervous system. One study reported that practicing Yoga postures resulted in significant changes in brain levels of the neurotransmitter gamma-aminobutyric acid (GABA) after just one hour of *Hatha* Yoga.¹⁴ As described earlier, both depression and anxiety are associated with lower levels of GABA. Another study measuring the effects of Iyengar-style *āsana* practice among individuals with depression reported significant reductions in depression, anger, and anxiety, as well as changes in heart rate variability.¹⁵

While research concerning Yoga's effects on anxiety and depression is in its beginning stages, there is a much larger body of evidence supporting the beneficial effects of meditation, relaxation, and mindfulness for mood disorders.

One systematic 10-year review of research found consistent, significant positive effects of relaxation on the symptoms of anxiety.¹⁶ Functional magnetic resonance imagery (fMRI) studies on the benefits of both meditation and relaxation suggest that meditation leads to positive changes in brain function and chemistry.¹⁷ Future research will likely show that Yoga, which includes meditation, relaxation, and mindfulness training, has similar benefits.

The practice of mindfulness, which refers to the ability to focus one's awareness on the present moment, is related to both relaxation and meditation. The Mindfulness-Based Stress Reduction program (MBSR) created by Jon Kabat-Zinn is the best-known mindfulness training program, and it includes relaxation, meditation, and Yoga practices. MBSR programs have made important contributions to research on the efficacy of Yoga and meditation for many health issues, demonstrating significant benefits for a wide range of conditions, including chronic pain, anxiety disorders, and mood disorders.^{18,19}

Yoga as an Antidote to Cognitive and Affective Symptoms of Mixed Affective Disorders

People with affective disorders such as anxiety and depression hold negative beliefs about themselves and the world and also ruminate on past events or potential future

events, particularly of an unpleasant nature.²⁰ This focus on the negative is accompanied by a failure to access positive beliefs and memories that can promote creative problem-solving, resilience, optimism, and a sense of mastery. Researchers have theorized that another key component of mixed affective disorders is a negative affect (emotion) syndrome that interferes with cognitive functioning and compromises problem-solving skills.²¹

A Yogic perspective on this pattern would consider how the mind, much like the physical body, is subject to the gravitational pull of repetitive patterns of thought, emotion, or behavior (known in Yogic terms as *samskâras*). From this perspective, anxiety, depression, and mixed affective disorders are neuro-emotional patterns or *samskâras* that may have at one point been adaptive coping mechanisms, but that currently prevent people from realizing their full potential. The therapist has the very delicate task of listening to and validating the client, while steering the process away from rehearsal—and thus, reinforcement—of the negative cognitive *samskâras* typical of anxiety and depression.

Embedded within the philosophy of Yoga, particularly in the *Yoga Sûtras* of Patañjali, is a cognitive-behavioral “manual” that addresses the symptoms of anxiety and depression. Yoga teaches the mind to yoke itself to the present moment. This focus on the present offers people with anxiety relief from worry over current and future events, and can give those with depression the ability to disconnect from the past and start anew in every practice. It helps to draw emphasis away from the symptoms of anxiety and depression, while at the same time teaching clients that there is relief, and that these symptoms—and therefore, the illness itself—can be temporary. This ability to cultivate mindfulness in the present moment while breathing, meditating, or practicing *âsana* translates into the ability to practice mindfulness off the mat as well: cognitively, emotionally, and in interpersonal interactions.

Suggestions for Treatment

Introduction to Clinical Practice at the Center for Integrative Yoga Therapeutics

The Center for Integrative Yoga Therapeutics offers individual sessions. Most referrals for anxiety or depression come from a client's psychiatrist or psychotherapist, who has already diagnosed anxiety and/or depression. The referring therapist usually requests Yoga therapy as an adjunct to psychotherapy or medication management. The Yoga therapists at the Center for Integrative Yoga Therapeutics are all

200-hour RYT's trained by Bo Forbes (with an additional 100 hours of Yoga therapy training) and are currently enrolled in the 500-hour Elemental Yoga Mind-Body Teacher Training Program.

Frequently, clients referred to the Center for Integrative Yoga Therapeutics have been in psychotherapy for somewhere between 10 and 25 years. Many have been on multiple treatment regimens for decades. Most, however, complain of a lowered quality of life, and are open to Yoga therapy as a means to increase well-being and to learn yogic techniques that they can practice on their own.

Upon entering yoga therapy for anxiety, depression, or mixed affective disorders, the client signs two release-of-information forms: one from the center, and one from the referring therapist, so that coordination of care can take place. Discussions with a client's referring therapist can take place at regular intervals if requested by a client's therapist, or on an as-needed basis. Observed treatment gains are measured through self-report, and also through discussion with the referring therapist. At present, no other formal testing measures are used to assess clients' progress. Once release forms have been signed, the client undergoes an intake interview, which consists of a full history and needs-assessment, and usually a discussion with the client's referring therapist about his or her needs. The client is then matched with the Yoga therapist that is the best fit.

Treatment Model

The model utilized at the Center is derived from the important contributions to Yoga Therapy made by the fields of psychotherapy, Ayurveda, Restorative Yoga, and the traditional *prânâyâma* practices of *Hatha Yoga*.

The Center's work with anxiety, depression, and mixed affective disorders draws in part from the first author's two decades of experience in clinical psychology. This experience has led to the observation that the symptoms of anxiety, depression, and mixed affective disorders can be classified into two major areas of functioning. The first category encompasses the orientation of the physical and emotional bodies. Physical agitation, fidgeting or the need for repetitive movement, irritability or anger, and persistent worry are related to anxiety, and suggest a more hypertonic or anxious physical and emotional body. On the other hand, physical lethargy, psychomotor slowing, depressed mood, tearfulness, hypersomnia, and lack of interest or pleasure in previously pleasurable activities indicate depression or hypotonicity in the physical and emotional bodies. Both the physical and emotional bodies are addressed primarily through the practice of Restorative Yoga (described below).

The second category is the nervous system and mind, which function as a cohesive unit. The feelings of agitation, racing thoughts, rapid and shallow breathing, and insomnia that characterize anxiety indicate a hyper-aroused nervous system (or agitated mind). Feelings of mental lethargy, fog-giness, and cognitive slowing suggest a hypo-aroused nervous system and depressed mind.

Support for this approach to treatment is also found in the study of Ayurveda, which speaks of the body in terms of subtypes, or *doshas*. The *vata dosha* is prone to the restlessness, anxiety, and physical agitation that characterize anxiety disorders. The *kapha dosha*, on the other hand, is vulnerable to the fatigue, lethargy, and withdrawal that epitomize depression. Ayurveda holds that the mind, or mental body, may not correspond to the physical body. According to Ayurveda, the mind is classified into three qualities, or *gunas*: *sattva* (light or luminous), *rajas* (creative, movement-oriented, and potentially anxious), and *tamas* (prone to inertia or lethargy).²² In the case of mixed affective disorders, then, the physical body can reflect *kapha*, or lethargy, while the mind and nervous system are more *rajasic*, or hyper-aroused. Conversely, the body can be *vata*, or prone to agitation, while the mind and nervous system are *tamasic*, or depressed. In this model, the nervous system is addressed primarily through the practice of *prānāyāma* (see below).

Through information derived from the client's intake, the referring physician or psychotherapist, and the observations of the Yoga therapist, there are usually observable patterns in the two primary axes of functioning: the nervous system/mental body axis, and the physical body/emotional body axis. Often, clients with mixed affective disorders exhibit what is termed, for the purpose of this approach, anatomical indications of depression in the physical body: psychomotor lethargy and depressed mood are accompanied by the anatomical indicators of depression—kyphosis (excessive rounding in the upper thoracic spine) with rounded shoulders and constricted or deflated chest. In contrast, when there is anxiety in the physical body, the client often displays fidgeting or consistent physical agitation, rapid and vigilant movements of the eyes, and racing thoughts.

In cases of mixed affective disorders, two scenarios typically occur: either 1) the nervous system and mind are anxious, while there is depression and lethargy in the physical and emotional bodies; or 2) the nervous system and mental body are depressed, with activation in the physical and emotional bodies (the former is more common than the latter). In this case, the first author's clinical experience has been that the nervous system and mind maintain the pattern, or *samskāra*, of anxiety, while the physical and emotional

bodies are characterized by depression. In this case, a trial-and-error approach is used, in cooperation with the client, to determine which of the choices below are more appropriate. Such clients often prefer back-bending restorative Yoga poses with *prānāyāma* practices more typical of an anxious nervous system and mind (described below).

Restorative Yoga

The therapeutic approach to mixed affective disorder taken by the authors of this article includes Restorative Yoga. Restorative Yoga here refers to an externally "passive" practice of prone or supine postures that are fully supported by props such as blocks, blankets, and bolsters. The head is at or below the level of the heart in many restorative postures. The first author of this paper studied with Patricia Walden in the Iyengar Yoga system for several years, and the approach to Restorative Yoga taken here stems from that tradition.

Although there has been little formal research on the efficacy of Restorative Yoga to-date, its essence as a passive practice helps to facilitate the relaxation response, which helps balance the hyper- or hypo-tonicity of the nervous system. In a recent pilot study on Restorative Yoga in women with ovarian or breast cancer, a 10-week program of restorative Yoga once a week significantly improved depression, negative affect, state anxiety, mental health, and quality of life.²³ In addition to facilitating the relaxation response, Restorative Yoga also incorporates meditation (in a supine or prone position) and mindfulness training.

In this treatment model, the physical postures used in Restorative Yoga are targeted to the state of the physical and emotional bodies. For an anxious physical body, forward-bending or neutral restorative postures are used, often including resting the forehead (in particular, the area just above the bridge of the nose) on a bolster. Examples of forward-bending Restorative Yoga postures are supported *balāsana*, or child's pose (Figure 1) and supported reclining twist (Figure 2). When these postures are physically difficult or cause constriction in breathing, neutral restorative postures such as side-lying pose (Figure 3) and *viparita karani*, or legs-up-the-wall pose (Figure 4), are utilized.

For a physical or emotional body that displays the aforementioned anatomy of depression, back-bending poses are used to help "reverse" the anatomical patterns or *samskāras* inherent in depression. Specifically, postures where the client is lying on his or her back with the arms outstretched helps to open the chest and heart area and reverse the anatomical blueprint of rounded shoulders and kyphotic upper thoracic spine commonly seen in depression. Examples of back-bending restorative postures are supported *savāsana*,

or relaxation pose (Figure 5), supported gentle backbend (Figure 6), and *supta baddha konâsana*, or reclining bound angle pose (Figure 7).

Yoga therapists using Restorative Yoga in their practice should have additional training in the propping and support of these poses, because ensuring clients' comfort and support is essential to calming the nervous system.

Consistent with the principles of yogic philosophy, clients are taught the importance of practicing slowly, with intensity of focus and concentration. When (as is typical in both anxiety and depression) physical or emotional resistance is encountered in the practice, clients are encouraged to remain present to these feelings, but not to identify excessively with them. Clients are instructed to allow feelings to arise and move through them, similar to the teachings of mindfulness meditation. In this way, the Restorative Yoga practice seeds the ability to be present in the moment amidst strong feelings, which applies to situations off the mat as well. Due to its inherent qualities of support, ease, and emphasis on comfort,

Restorative Yoga also teaches clients to relax their physical bodies and to allow feelings and thoughts to move through them, without either becoming attached to these thoughts and feelings or letting the thoughts and feelings define them.

Prânâyâma

Several studies have focused on the benefits of *prânâyâma* for anxiety and depression. In general, *prânâyâma* techniques have been found to be a noninvasive, low-cost method of addressing depression and anxiety.²⁴

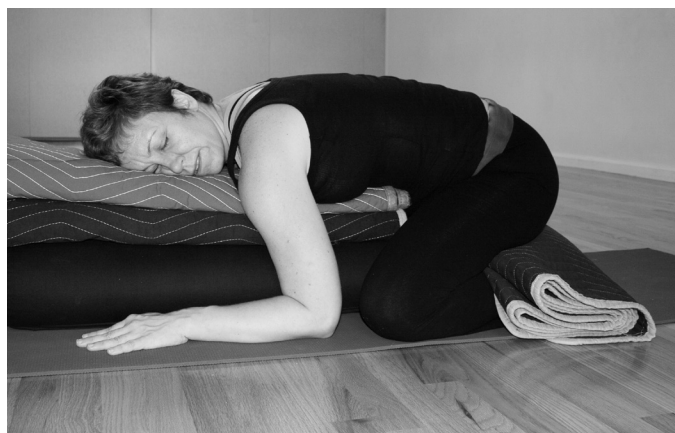


Figure 1. *Supported Child's Pose.*



Figure 2. *Supported Reclining Twist*



Figure 3. *Side-Lying Pose*



Figure 4. *Legs-up-the-Wall Pose*

The tone of the vagus nerve, which is the primary output nerve to the parasympathetic nervous system, plays a key role in mediating stress by bringing about the relaxation response when activated. Specifically, breathing in a



Figure 5. *Supported Relaxation Pose*



Figure 6. *Supported Gentle Backbend*

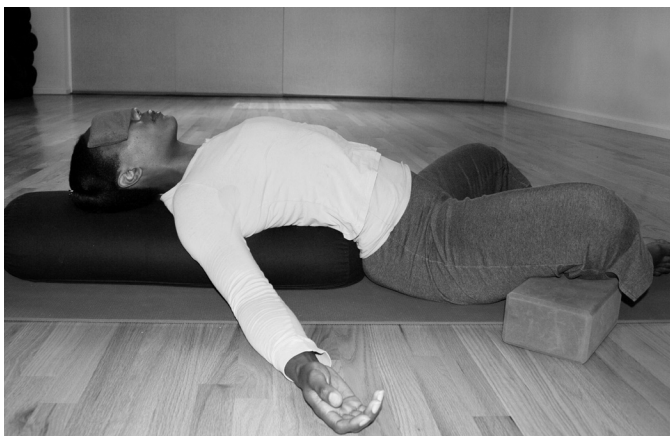


Figure 7. *Reclining Bound-Angle Pose*

ratio in which the exhalation is emphasized (to be longer than the inhalation) helps to slow the heart and stimulate the vagus nerve, promoting the relaxation response and alleviating anxiety.²⁵

The nervous system and mental body of clients with mixed affective disorders are addressed through simple *prāṇāyāma* techniques that can be practiced while clients are in Restorative Yoga poses. For an anxious nervous system and mental body, 2:1 breathing (exhaling for twice the count of the inhalation) or an exhalation that is longer than the inhalation, are most frequently used, as these help to slow the heart and calm the nervous system.²⁶ On occasion, before the Restorative Yoga practice, *chandra bhedana* (inhaling through the left nostril and exhaling through the right nostril, with the exhale twice as long as the inhale) might be used. For a more depressed nervous system and thought pattern, 1:1 breathing (in which the inhale and exhale are equal in length) is more often used.²⁷

Clinical Case Studies

Case One

N.D. is a 50-year-old woman who was referred by her psychotherapist for adjunct Yoga therapy for anxiety, insomnia, interpersonal difficulties, and persistent writer's block. She had held a highly stressful position as senior research technician at a local biotechnology firm for several years. She found her work environment competitive and did not feel that this was her true calling. N.D. had difficulty focusing on her research and publishing, was fearful about losing her job, and expressed her hope that Yoga might help her relax her mind and improve her productivity. She didn't enjoy relating to people, felt like an "alien" in the complicated world of human relationships, and remarked in her first session how much easier it was to relate to animals.

In her initial session, N.D. displayed considerable activation in her nervous system and mental body: her speech was rapid and she jumped from topic to topic, often interrupting herself. Her eyes scanned the room repeatedly as if to ensure safety, making it difficult for her to close her eyes and drop into the practice. Her physical and emotional bodies, in contrast, evidenced lethargy and depression: her movements were slowed, and she needed considerable repetition in order to process and integrate alignment instruction.

N.D. and her therapist focused on 2:1 breathing to calm the racing, anxious state of her mind and nervous system. Although the newness of 2:1 breathing was at first challenging, she was noticeably calmer after several minutes and was able to integrate verbal instruction regarding align-

ment. Over several weeks, restorative back-bending postures were integrated into N.D.'s practice. These were balanced by using a longer exhalation and lowered gaze so as not to overstimulate the nervous system and mental body. Poses in which she was able to experience the greatest comfort were supported savâsana and supta baddha konâsana. After each session, her physical posture changed visibly, and N.D. showed more cheerful, rather than flattened, affect. She also reported more physical energy, but acknowledged that the breathwork had calmed her mind considerably.

At the end of a six-month course of Yoga therapy, N.D. displayed increased physical strength and mental equilibrium. She also showed significant cognitive shifts. For example, rather than relying on external authority figures to make decisions for her, or thinking that healing was bestowed upon her from sources other than herself, N.D. began to explore her sense of agency. She used such phrases as "I've noticed I feel better when..." or "I think it'd be best for me to..." N.D. began to practice prânâyâma and Restorative Yoga on her own during stressful periods, and reported that these techniques further helped her address her insomnia, which had already begun to decrease.

Her symptoms of anxiety and depression abated, and she was able to expand her social environment, making new friends. She even brought up the notion of pursuing a position with another firm, which would enable her to conduct research that was more compelling to her. For N.D., this type of change hadn't seemed feasible or even advisable at the outset of her Yoga therapy. By embarking on a Yoga practice that was tailored to the state of her nervous system and physical body, N.D. began to realign with her physical, mental, and emotional bodies as well.

Case Two

A.J.'s first Yoga therapy session occurred in the fall. She suffered from Seasonal Affective Disorder (SAD), dysthymia, and symptoms of anxiety, and had just completed a short course of physical therapy for a herniated spinal disk. In her first session, she expressed concern about the approach of winter. Her goals for Yoga therapy were to restore her physically active lifestyle in a safe and pain-free way, and to cope with her anxiety, insomnia, and seasonal depression. A.J. presented with considerable tension and agitation in her physical body. Her posture was overly erect, and she had a high degree of muscle tension, particularly in her face and jaw. Yet mentally, she seemed more depressed, and reported depressed mood and a slower flow of thoughts than usual. Her breathing was extremely shallow, particularly the inhalation, making it difficult for her to lift her energy levels.

In the Center's usual treatment model, A.J. would have begun her restorative and *prânâyâma* practice with forward-bending poses (to balance the activation in her physical body) and 1:1 breathing (to bring more energy and alertness to her nervous system and mental body). However, due to her spinal injury, strong forward-bending postures were contraindicated, so A.J.'s Yoga therapist placed her primarily in neutral restorative poses, with either 2:1 breathing or 1:1 breathing, plus the weight of an additional bolster on top of her to "ground" her physical body. When A.J.'s anxiety levels were high or anxiety was present in her physical body, which happened occasionally, her therapist used a forward-bending sequence with 1:1 breath, which was possible more and more frequently as her spine began to heal. Soon, A.J. had purchased an eye pillow, and Restorative Yoga became her favorite way of addressing her insomnia, which improved considerably.

A.J. enjoyed working with imagery, to which her physical, mental, and emotional bodies responded well. Especially in the winter months, she imagined that a warm light rested in the middle of her heart, and that the postures and breath helped spread that warmth throughout the body and mind, keeping the body nourished and bright. After a few sessions, A.J. experienced relief from pain in her physical body, which her Yoga therapist observed had begun to soften and relax. She gained a new sense of adventure when approaching her practice. She reported that the sense of warmth and light that her therapist had brought into her guided meditations had filled her body and mind; this internalization was clear in her considerably brightened mood. She began taking group classes regularly, and often displayed visible enjoyment and a sense of humor throughout the practice. Currently, now that the pain in her back is nearly gone, A.J. often rests in supported child's pose, the forward-bending restorative pose that, only a few short months ago, was painful for her. A.J. speaks frequently of a new sense of empowerment: Yoga has given her skills that she can provide for herself, at any time, for her physical, mental, and emotional bodies.

Conclusion

Yoga's ability to promote mindfulness, its facility in helping to release what is stored or held in the body, and its ability to calm and balance the nervous system are the primary elements in successful outcomes in working with mixed affective disorders. A next step would be to incorporate structured assessment measures into treatment before and after therapeutic interventions. It would also be of

benefit to document clients' progress, and to conduct more formal research on the benefits of these methods.

Much of the effort in psychotherapy and medicine has focused on disparate parts of one's being. In contrast, Yoga has tremendous potential as mind-body medicine. Its meaning and purpose comes from the Sanskrit root *yuj*, meaning "to yoke." Yoga is a powerful method of synchronizing the deeper parts of the self, of yoking together the mind, emotional body, nervous system, and spirit, and then offering the outer self a conscious and visceral experience of that inner union.

Yoga therapeutics offers individuals with debilitating mental illness, who have long been dependent on the health-care system, tools that can help awaken their own innate capacities for healing. Through the practice of breathwork, *āsana*, and restorative Yoga, and through Yoga's focus on the present moment, people with affective disorders can learn to view their fluctuations in anxiety and depression as passing, rather than permanent, states of consciousness. Seeing these states of discomfort as part of the changing scenery of their lives gives these individuals a sense of freedom, personal agency, and balance. And this new balance, or perspective, helps to awaken the natural alignment of mind, body, and spirit that already exists within them.

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- Support for these choices of prānāyāma techniques can be found in such eminent yogic texts as the *Yoga Sutrās*, *Hatha Yoga Pradīpika*, and *Light on Prānāyāma* (BKS Iyengar).

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