Addressing the Adlerian Concept of Organ Jargon in Psychotherapy:
The Use of Yoga as a Therapeutic Tool to Treat Depression

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

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May 2009
Acknowledgements

To David: Thank you for encouraging me in this endeavor. Thank you for all the driving, cooking meals, proofreading, and listening to me share my new knowledge. I could not have done this without your support. Without you, I would not be the person I am today. Thank you for being such a blessing in my life! To Ben and Leah: I enjoyed writing my papers and doing my reading with you next to me while you did your homework. Parenting the two of you has been both a joy and a humbling experience.

To my parents: Thank you for giving me the greatest gift of all, life. You have loved me like no one else. You instilled in me the value of education and striving to be the best person I can be.

To my friends: Thank you for all constantly supporting me. In particular, Jennifer, thank you for your patience in listening to me struggle through this journey of getting letters after my name, I know it was a very long time in coming. Debbie, thank you for challenging me to think outside the box, I know now there is always another perspective. Susie S. wherever you are, thank you for being there for me during the turbulent adolescent times and introducing me to this thing called psychology. There is a part of you that will always be with me when I work with clients.

To all my instructors at AGS: (in order of classes). Thank you: Sue Brokaw, for doing my ER’s in class as an example. Jere Truer, for creating a safe atmosphere in class so that I could share my story with you. Trish Fitzgibbons Anderson, for teaching me how to use a paradoxical intervention. Catherine Hedberg, for having patience with Jenny and me in class because we were laughing and talking so much. Also, for doing my doubles with me and listening to the tapes of my bad work. Herb Laube, for saying that by reading the DSM IV-TR it is normal to
think we have all of those mental illnesses. Jeff Lupient, that relapse is part of the recovery for addiction, and of course, “Say More.” Paula Harris, for teaching me what white privilege is. Marina Bluvshtein, for teaching me to ask “what else could it be.” Dan Haugen, for sharing all of your ethical mistakes. Stacy Bigelow, for sharing all of your knowledge about research and introducing me to TED. Mike Miller, for introducing me to Yalom. Tina Feigal, for teaching that most parenting is done out of fear. Janet Schmiel and Carmen Croonquist, that career is sometimes the main reason clients come to therapy. Finally, thank you to Roger Ballou, for being the emblem of encouraging.

Finally, thank you to Ev for being so enthusiastic and answering all of my questions over and over again. Thank you to Earl showing me the way to find whatever I was looking for.
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Adler’s concept of organ jargon suggests that a person’s mental state is manifest both in physical posture and bodily expression. The concept of emotional embodiment is also found in the ancient tradition of yoga. By definition, yoga means yolk or union of the body and the mind. Depression separates an individual from joyfully participating in life, with others, and with self. The widespread use of psychotropic medications for the treatment of depression does little to address the whole being. This paper recommends yoga as a complimentary therapeutic tool for treatment. Specific yoga practices are presented.
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Introduction

The word “emotion” is derived from the Latin word “esmvoir” which means “to set in motion” or to “move the feelings.” Emotions are responses to life. They are an individual’s private communication system meant to provide energy. All emotions are rooted in the body and can become the source of enthusiasm and vitality. However, in the case of depression, emotions can constrict life to such an extent that no movement can occur. In the yogic tradition, emotions are understood to be fluctuations of the conscious mind profoundly affecting the body (Iyengar, 1979). All perceptions can be traced back to the body.

Alfred Adler understood this connection of the mind and the body (Adler, 1964). He believed that a thought held long and repeated becomes a core belief which then became embodied in an individual. Consequently, the body becomes a vehicle for achievement of life goals. This paper reviews Adler’s concept of organ jargon as it relates to depression and explores how yoga can be used as a complementary treatment.

Adlerian Psychology

Individual Psychology is different from the other psychodynamic theories of his time (Ansbacher & Ansbacher, 1956). Freud believed human behavior was biologic and deterministic. Freud also believed behavior is driven by irrational forces, unconscious motives, and instincts. Instead, Adler viewed people as creative, socially motivated, and goal-oriented. (Ansbacher & Ansbacher, 1956).

Adler stated that people are to be understood holistically rather than divided into separate unconscious parts (Ansbacher & Ansbacher, 1956). Personality is to be understood as integrated
and complete. Individual creativity is the primary driving force for human behavior and not solely early childhood experiences. Adler emphasized that humans are both creations of past experience and creators of their lives (Oberst & Stewart, 2003).

The underlying concept in Adlerian psychology is humans are to be viewed in the social context (Ansbacher & Ansbacher, 1956). An individual is born, grows up, and lives out his or her life with other people (Carlson, Watts, & Maniacci, 2006). Adler believed that the way to understand a person’s psychological health is to look at how he or she is participating in life with others. Consequently, people are viewed interpersonally rather than internally.

Adler believed the personality became unified once an individual developed a goal, usually in early childhood (Oberst & Stewart, 2003). A person’s thoughts, feelings, wants, beliefs, attitudes, and actions are an expression of his or her unique goal. People then develop a manner of living that is both a movement toward and an expression of their selected goals.

The motivation for the selected goal is born out of feelings of inferiority. Adler believed all humans leave childhood with some feelings of inferiority (Adler, 1964). These feelings are not necessarily bad or good (Carlson, Watts, & Maniacci, 2006). Adlerian psychology emphasizes that it is not just the childhood experiences that shape the personality but what an individual does with those experiences (Driekurs, 1950).

Adler was the first to incorporate a subjective perception of reality in the study of people (Oberst & Stewart, 2003). This phenomenological perspective posits that reality is as it is perceived. Objective reality is not as important as the meaning people attach to it.

Goal oriented behavior

Fundamentally, Adler believed all human behavior is purposeful (Ansbacher & Ansbacher, 1956). Every human being wants to belong, to be significant, and to be secure.
People become creative in determining how to achieve this goal (Carlson, Watts, & Maniacci, 2006). This becomes apparent when examining an individual’s life themes.

An individual’s unique goal is rooted in how a person deals with childhood inferiority (Ansbacher & Ansbacher, 1956). Adler’s concept of inferiority is explained as the universal feeling that all people experience in childhood. A baby cannot feed, diaper, or take care of him or herself. The small child sees others walking and talking. This baby sees that others in the world are able to do things he or she cannot. This motivates the baby to move toward mastery of skills and overcome life’s obstacles to become successful (Ansbacher & Ansbacher, 1956).

This determination to become competent is what Adler called the “striving for superiority” (Oberst & Stewart, 2003). The term superiority in this case is not meant to be pejorative. Adler’s definition means that an individual moves from a perceived lower position to a perceived higher position. Put another way, the person is moving “from a felt minus to a felt plus” (Oberst & Stewart, 2003). “The fundamental law of life…is that of overcoming” (Adler, 1964, p. 71). A person is not superior to others, but rather coping with feelings of helplessness by striving to become successful and competent (Oberst & Stewart, 2003).

In a more general sense, people will attempt use weaknesses and turn them into strengths. A recent example is current Vice President Joseph Biden. He was a stutterer as a child (Biden, 2008). During his childhood, he was not able to speak. He worked hard and eventually overcame his stuttering. As an adult, much of his career is dependent on his speaking ability. He enjoys talking so much that he sometimes speaks too much.

The distinctive way a person deals with striving for competence is central to Adlerian psychology. This becomes the foundation for a person’s assumptions about life. Adler used the term “lifestyle” to define the unique and creative way an individual behaves in striving toward
his or her life goal. A person’s lifestyle includes core beliefs, basic assumptions and values (Oberst & Stewart, 2003). Again, since Adler believed in the subjective reality of the individual, it is person’s interpretation of childhood events that shape the personality, not the events themselves.

*Adler’s own inferiority*

Adler’s concept of organ inferiority has much to do with his own childhood (Oberst & Stewart, 2003). Adler grew up in Vienna. He was the second child in a family of six boys and two girls. His younger brother died in bed next to him.

As a small child Adler was also sickly. He had rickets and pneumonia and almost died. In fact, he overheard the doctor tell his mother that he was going to die. Adler later said this that was the moment when he decided to become a doctor. His childhood was filled with memories of struggling to overcome illnesses.

Moreover, Adler was a poor student. His teacher told his father that he would become a shoemaker because he would not be able to do much else. Adler’s method of overcoming his own inferiority was to eventually become a physician specializing in neurology and psychiatry. He had a special interest in incurable childhood diseases. Ironically, Adler died of heart failure, an early death at 67. He ignored the warnings of others to slow down from his busy lecture schedule.

*Organ inferiority*

The term “organ inferiority” was used by Adler in his early writings as a definition of structural malformation of a specific organ or group of organs (Adler, 1964). This definition also included both structurally developed and poorly functioning organs (Oberst & Stewart, 2003). Adler believed these inferior organs were apparent at birth (Ansbacher & Ansbacher,
1956). The concept of inferiority was widely recognized terminology of the period. Today more “politically correct” language would be used.

Adler further refined and broadened the concept by integrating his doctoral training and psychological interests (Oberst & Stewart, 2003). Organ inferiority became central to his ideas about compensation. He later expanded the concept of organ inferiority to be understood as a source of compensation (Adler, 1964). For example, many people who are born deaf compensate by learning to read lips and use sign language. Adler believed people could use other organs to compensate, in this case, vision. In addition, people may use part of the affected organ and make it stronger.

Individual psychology also recognizes another type of compensations. One is sympathetic compensation, the body changes posture to protect the inferior organ (Adler, 1964). The other type is psychic compensation in which an individual structures his or her personality or lifestyle around the impaired organ. In this case, the person may be getting attention for the disability that is considered favorable (Adler, 1964). This final type of compensation eventually became the focus of Adler’s later work.

Subsequently, compensation became fundamental to the concept of goal orientation and personality development (Adler, 1964). Adler believed that people are always striving to overcome inferiority. When a person does not compensate sufficiently or is pampered in childhood, this becomes a breeding ground for neurosis (Adler, 1964). A physical disability certainly influences a child, but the child will interpret the disability and the meaning in a unique and personal way.
Role of Organ Jargon in Adlerian Psychology

Adler said, “Sometimes the mouth lies or the head does not understand; but the functions of the body always speak the truth” (Ansbacher & Ansbacher, 1956, p. 434). Adler was the first of his time to explore the mind body connection (Adler, 1964). He used the terminology “organ dialect” to describe people who presented problems with physical symptoms. According to Adler, it did not matter whether these physical symptoms were psychogenic or whether they were physiological (Ansbacher & Ansbacher, 1956). The importance of the symptoms is that they “speak a language which is usually more expressive and discloses the individual’s opinion more clearly than words are able to…The emotions and their physical expressions tell us how the mind is acting and reacting to a situation which it interprets as favorable or unfavorable” (Ansbacher & Ansbacher, 1956, p. 223).

According to Adler, this is the “language of the body” (Adler, 1964, p. 75). A person’s internal experience is expressed outwardly, especially if the gesture is held long enough (Adler, 1964). Consequently, somatic bodily symptoms become a manifestation of a person’s lifestyle and goals.

The organ chosen is as unique as the person and his or her goal (Adler, 1964). “Every illness is the expression of a purpose, and a symbol of that purpose” (Robb, 1932, p.61). A person does not know why he or she is having a physical symptom or why a particular organ is affected. An individual may choose a genetically inferior organ. It may be due to a familial weakness or the organ may have symbolic value (Adler, 1964). The important fact is the individual is not consciously choosing these symptoms and is unaware of what he or she is doing.
Organ jargon and its symptoms are not considered to be the problem (Adler, 1935). It is an imperfect solution to a person’s problems in line with a person’s movement. Creatively, an individual chooses his or her solution via the symptom instead of a more direct expression (Adler, 1935). The purpose is to safeguard his or her self-esteem. According to Adler, this is the easier way (Ansbacher & Ansbacher, 1956).

**Organ Jargon as it Relates to Depression**

Adler recognized body-related metaphors (Robb, 1932). For example, obesity could mean that an individual does not want to get close to others (Griffith, 1984). A bad back could mean a person has no backbone or is carrying too much of a burden. An individual with allergies may be too sensitive and not able to tolerate life. Adler thought each person’s organ jargon was distinctive and unique to that individual. It is a personal expression of his or her situation and life goal (Robb, 1932).

Adler conceptualized depression in much the same way (Adler, 1964). He understood depression as an act of hostility (Ansbacher & Ansbacher, 1956). These individuals are in desperate need of others to support and take care of them. Indeed, Adler viewed depressed individuals as being quite selfish (Oberst & Stewart, 2003). Their thoughts are only about how awful and rotten they feel.

Although Adler had a great deal of compassion for depressed individuals, he held them responsible by believing depression was simply another creative way to solve life’s problems (Ansbacher & Ansbacher, 1956). These individuals have inferiority feelings at their core (Slavik & Croake, 2006). To compensate for feeling inferior, depressed individuals are often perfectionist. Rather than failing, they avoid life and develop a pessimistic self image. They say, “I am helpless.”
In order to prevent change and movement, depressed individuals may use several coping styles (Slavik & Croake, 2006). He or she may simply stand still because being perfectionist means never being good enough. A depressed person may be so pessimistic that he or she is sure of failure, so does not bother to try. The depressed individual knows others who are functioning in the world, so he or she blames the depression itself. Finally, in the process of proving how weak and incapable he or she is, the depressed person may demand that others relieve him or her of life’s tasks.

Biologically, organ jargon can be conceptualized as the disposition for depression (Ansbacher & Ansbacher, 1956). The depressed person has repetitive negative thoughts which perpetuate the lifestyle goals (Slavik & Croake, 2006). A depressed person may think that life is unfair. These depressive thoughts are self-serving and become excuses for the avoidance of life’s tasks. Low moods become reinforcing in of themselves. “…depression…elicit[s] rejection, and rejection justifies and reinforces the original behavior, as well as any set of beliefs that one is helpless and the world is hostile” (Slavik and Croake, 2006, p. 434).

Individual psychologists believe that it is extremely rare that the cause of most depression is due strictly to a chemical imbalance (Rasmussen & Dover, 2006). Instead, what is widely being diagnosed is not a medical disorder, but a conflict between the individual’s lifestyle goals and the expectations inherent in the culture. The depression is conceptualized as being protective, serving several functions, and is social in nature (McBrien, 1985). It protects the individual’s self-image and provides attention from or punishes others. A depressed person’s private logic allows the depression to persist because it is serving a useful purpose.

Much more than simply a depressed mood is occurring in a depressed individual (McBrien, 1985). He or she may be experiencing little meaning in daily activities, relationship
problems, indecision, self-depreciation, and pessimism. While a depressed person often knows he
or she is depressed, he or she cannot change the repetitive negative self-talk. An unrelenting
depression typically occurs because the individual does not perceive enough events as pleasant.
Adlerians understand this as organ jargon. The depressed individual exclaims, “I would
participate more fully in life if I did not have this awful depression.” It is his or her creative
solution to life!

Defining Depression

Depression is an epidemic (Harper, 2008). It is estimated that depression, not including
bipolar disorder, is the leading cause of disability among men and women of all ages in the U.S.
and the world (World Heath Report, 2000). Depression affects 121 million people. The average
age of onset has been decreasing in recent years. Approximately 9% of young people have
experienced at least one episode of depression (Harper, 2008). The direct cost of depression is
estimated to be $12.4 billion (World Heath Report, 2000).

There are many forms of depression (American Psychiatric Association, 2000). The
DSM-IV TR identifies seven distinct types of depression. Depressive disorders range in
seriousness from mild, temporary episodes of sadness to more severe and persistent depression
(American Psychiatric Association, 2000).

An individual diagnosed with depression meets the criteria listed in the DSM-IV TR
(American Psychiatric Association, 2000). This person finds little joy in life, may have weight
changes, may be experiencing sleep problems, may be moving slowly, may become easily
fatigued, may be feeling worthless, may have trouble concentrating, and may have recurrent
Depression is a sad feeling that has gone on too long and is frequently understood to be triggered by some sort of grief (Weintraub, 2004). This grief could be from the loss of a loved one or be some perceived life loss, such as the loss of one’s dreams. Current medical thinking states if that grief continues over a long period it can change the biochemistry of the brain (Amen & Routh, 2003). The depression then causes a reduction in serotonin and an increase in cortisol. Lack of concentration is due to a reduction in the size of the hippocampus portion of the brain (Amen & Routh, 2003).

When depression is chronic it is called dysthymia (American Psychiatric Association, 2000). A person with dysthymia is functioning in the world and seems to be satisfied. However, the individual is often joyless. He or she does not know this because it appears to be a part of his or her personality. Dysthymia is a low grade depression that has gone for at least 2 years. The sufferer may speak softly, have a poor appetite or may be overeating, have low energy, have low self-esteem, have sleep troubles, and feel hopeless (American Psychiatric Association, 2000).

If an individual is experiencing a major depressive episode, he or she is experiencing the same symptoms as a person with dysthymia but in a much more severe form (American Psychiatric Association, 2000). Normal functioning in people in the midst of a major depressive episode is quite impaired. These individuals have difficulties maintaining relationships, working, and even completing normal daily tasks. In addition, there can be great deal of shame associated with experiencing a major depressive episode because of the likelihood of the need for hospitalization (Amen & Routh, 2003).

stress disorder occurs when a person is threatened with death, serious injury, or witnesses another being threatened. An individual in this situation might respond with feelings of intense fear, helplessness, or horror. Post-traumatic stress disorder is manifested by the person experiencing flashbacks through nightmares or visions. A survivor seeks extreme ways to avoid anything that will remind him or her of the event. This “increased arousal” includes symptoms of irritability, sleeplessness, and irrational fears of being unsafe (American Psychiatric Association, 2000).

Bipolar disorder is characterized by periods of depression alternating with episodes of excessive energy and activity (American Psychiatric Association, 2000). The manic episode leads the individual to become so euphoric that he or she does not even know that he or she has a problem. The requirement for sleep is gone, thoughts race, speech is quickened, sexuality is heightened, and he or she feels brilliant and on top of the world.

A milder form of bipolar disorder is called cyclothymia (American Psychiatric Association, 2000). The individual has elevated energy and some of the same manic symptoms. However for an extended period of time in which he or she is quite productive, subsequent to the mania the individual becomes depressed.

*Depression and the Use of Drug Therapy*

According to the medical model, depression is caused by an overreaction of the stress-response part of the nervous system (Todd, 2008). Current evidence also suggests that depression may be caused by an under-activation of the parasympathetic nervous system. The treatment of choice for depression is antidepressant medication. This calms the stress-response system.

Drug treatment has many shortcomings (Todd, 2008). Antidepressant medications have several side effects. People often are afraid to take them because of these. There is no long term
data on the effectiveness of these medications (Todd, 2008). They are expensive which is prohibitive for some, especially those without health insurance.

Physicians often take a mechanical disease approach to depression (Amen & Routh, 2003). Physicians look at what is wrong with a person instead of taking a strength-based approach. They prescribe treatments in a one size fits all style. Physicians frequently speak to the patient for 5 minutes without understanding the nuances of the individual’s particular depression and how it manifests itself for that person.

Unfortunately, many people with depression are not receiving proper treatment (Amen & Routh, 2003). Although people regularly see a physician for a medical condition, those with depression often go undetected. This is due to the stigma associated with having a mental health disorder. Many people do not talk with a doctor about being depressed. This is because a depressed person sometimes believes the depression is the result of a character flaw.

In addition, some people do not want to take prescription medication. They choose a self-help model (Jorm, Christensen, Griffiths & Rodgers, 2002). An Australian research study indicated that 57% of the population prefers to use vitamins and other complementary methods to treat depression. The study suggested that only 29% of the people in Australia found antidepressant medication helpful. The majority of people chose alcohol, pain relievers, or some physical activity to overcome depression.

Antidepressant medication does not affect the whole person (Weintraub, 2004). A person taking medication for depression might not be suicidal, but is also not joyful. Finally, the medical model does not account for the need to keep switching medications once an individual acclimates to the current medication.
The medical model treats symptoms, but not the root of suffering (Weintraub, 2004). The medication alleviates the pain, but does not heal the depression. Moreover, some mental health professionals think that medication masks the core issues underlying the depression (Emmons & Kranz, 2006).

Psychotherapy treats depression through language (Weintraub, 2004). Sometimes, depression has its roots in infancy, even before a child is verbal. Some believe it does not make sense to treat it exclusively through verbal means. When depression is the result of trauma, the reptilian brain is involved. Researchers suggest that, to heal the depression a body-oriented approach makes more sense (Weintraub, 2004). Since depression is a holistic illness in that it affects the whole person. It only makes sense that it is treated as such (Emmons & Kranz, 2006).

Definition of the Science of Yoga

Traditionally, the definition of yoga is derived from Sanskrit which means to “bind, join, attach, to direct or concentrate one’s attention on, to use and apply” (Iyengar, 1976, p.19). In modern language, it can be better understood as using a set of behaviors that develops a holistic experience of body, mind, and soul. The yoga sutras are the ancient guidebook of the yogic teachings. According to the ancient yoga sutras of Patanjali, the purpose of yoga is to focus the mind without distraction or interruption (Satchidananda, 1990). Others have described yoga as the cessation of the fluctuations of the mind (Iyengar, 1976).

The reason focus is needed is that perception is obscured by one’s own deceptions (Satchidananda, 1990). This is known as “avidya.” False perception of reality causes people to act in ways that cause life’s troubles. As the result of unconscious living, people develop habits that are mechanically carried out for years. Consequently, the mind becomes more and more dependent on these unconscious habits and thoughts. The habits of yesterday become the habits
of today and of tomorrow and so on. This habitation in action and perception is called “samskara” (Satchidananda, 1990). Go to any coffee shop in the morning in the U. S. and witness a perfect example of samskara.

As the result of one’s own self-deception and on going habits, people become attached to thoughts and believe they are correct (Iyengar, 1976). This is known as “asmita” or ego. A person says, “I know I am better than you!” People make demands on others, called “raga” (Iyengar, 1976). For example, a person had juice yesterday and it tasted very good, so he or she wants it again today. Even though the juice may not be good for the person, it is still desired and sought.

Opposite of raga, is “dvesa” or rejection (Iyengar, 1976). If an experience is difficult, an individual seeks to avoid it, assuming it will bring pain. This causes people to reject the unfamiliar and become self-limiting. Finally, there is fear, “abhinivesa” (Iyengar, 1976). Uncertainty abounds and doubts about life are everywhere. People are afraid of being judged by others, afraid of illness, and afraid of death. The yoga sutras further explain that as long as people are acting out of misperception, poor decisions and judgments are made (Iyengar, 1976). The purpose of yoga is to see clearly. When a person sees correctly, profound peace is the result.

There are many styles and practices of yoga, but they provide the same goal (Satchidananda, 1990). The purpose is to integrate the body with the mind and the soul. A tree is the metaphor used to describe this integration (Satchidananda, 1990). Each branch exemplifies one of the natural qualities of energy and intelligence that all people have. A person starts at the bottom rung of the tree and moves up by following the yogic path.

The practice of yoga involves three elements (Satchidananda, 1990). “Tapas,” the ancient yogi’s believe this is inner fire. This is the process of getting rid of something undesirable in
one’s system, for example, chronic muscle pain. With each yoga practice, a person builds strength to break through old patterns. The next element is looking inward or “svadhyaya” (Satchidananda, 1990). This comes through self-observation. This is achieved through intentional yoga practice, as the awareness of body sensations, thoughts, and feelings increase.

The final element is surrender or “ishvara-prandihana” (Satchidananda, 1990). This does not mean simply giving up. It means taking action, but at the same time accepting what happens without attachment to the outcome. This is the devotional part of yoga. Surrender is easier if a person has a sense of divine spirit.

According to the ancient yoga sutras of Patanjali, there are four pathological states that cause distractions to inner awareness. These are depression, anxiety, trembling in the limbs, and unsteady breath (Satchidananda, 1990). These can be eliminated through the eight-limbed path of yoga: yama (restraint), niyama (observances), asana (postures), pranayama (breath control), pratyahara (sense withdrawal), dharana (concentration), dyhana (absorption) and samadhi (cosmic awareness) (Satchidananda, 1990).

The Body and Yoga: The Issues in the Tissues

The ancient yogi’s believe all experiences are stored in the body (Rama, Ballentine, Ajaya, 1976). Even though a person may not remember a traumatic memory, the body remembers and stores it. The philosophy is that yoga practice will purify and open the channels so that a person can be brought back into balance. This allows long term issues held in the body to be released.

Emotional energy is powerful, especially around painful feelings (Bennett, 2002). A person may find it difficult to allow himself or herself to feel the extent of difficult emotions.
These emotions then become suppressed. The process of yoga enables a person to witness and become aware of this energy without becoming attached to it. Subsequently, it can be released.

*Prana, life force energy.* “Prana” is Sanskrit and means absolute energy (Desikachar, 1999). This energy defines life. Prana is mystical and is found in all living physical entities. Even food contains prana. It is the energy that circulates throughout the body to sustain life when a person inhales. However, it is not simply oxygen, but the link between matter and energy, and the mind and body.

According to yogic philosophy, a person who is troubled has more prana outside the body than within (Iyengar, 1976). When a person is unwell, he or she is leaking life force energy. Too little prana within the body is experienced as either being stuck, having no drive, or being depressed.

The control and maintenance of prana is the purpose for practicing yoga. The currents of prana run throughout the body through the energy channels. The prana supplies energy to every cell and organ in the body. When prana is flowing and is light in the body, energy is circulating in the chakras.

According to the yoga Sutra’s of Patanji, wherever the mind goes, energy goes (Iyengar, 1976). If the mind is focused on, for example, the breath, than the prana will be focused in that area. The more prana is under control, the more the mind is controlled which is the ultimate purpose of yoga.

The yogi’s believed that people lost prana in many ways (Iyengar, 1976). Misplaced passion, aversion, addiction, misperception, anger, fear, fantasy, pain, depression, attachment, and illness are ways that pranic energy is dissipated. Yoga helps an individual learn to detach from the negative or draining circumstances of life by pulling prana back into the body.
Organ Jargon in Psychotherapy

(Desikachar, 1999). The yoga practice accomplishes this by clearing a person’s vision which then enables him or her to see how life force energy can be wasted though thoughts and actions.

**Chakras.** The ancient Indian medicine system identifies seven wheels of energy within the human body, called “chakras” (Rama, Ballentine, Ajaya, 1976). The chakras are transformation centers and represent pranic movement within a person (Desikachar, 1999). They are often illustrated as seven lotus flowers and literally mean nerve centers. Every person has the same chakras and each one is affected by specific emotional and psychological issues (Khalsa, 2001). The chakras are active at all times even though a person is unaware of them.

These wheels of energy connect nerves, hormones, and emotions (Rama, Ballentine, Ajaya, 1976). In modern medicine, these wheels appear to line up with the major gland systems, although this is not currently recognized by Western doctors (Khalsa, 2001). The chakras are not literal places in the body, but metaphoric.

Each of the seven is associated with both specific organ systems and specific emotional states (Rama, Ballentine, Ajaya, 1976). The chakras contain physical, psychological, and spiritual characteristics. According to Indian medicine and yogenic tradition, each chakra is either nourished or depleted by particular emotions related to the specific areas of the body. Yoga uses postures and sounds to stimulate these chakras (Desikachar, 1999). Energy is transmitted from the bottom chakras and moves upward.

The chakras are numbered and move up from the base of the spine, the closest connection to the energies of the earth (Rama, Ballentine, Ajaya, 1976). The root or first chakra is related to the primal self and issues of safety and security. It is linked to feelings of fear, self-preservation, and survival (Khalsa, 2001). This is the most primitive and related to fight or flight issues. Emotional issues expressed by fear show up in this region. The physical manifestation can be...
back pain, blood issues, adrenal issues, and immune system problems (Khalsa, 2001). Since the foundation of safety is usually formed in childhood, a person with these physical issues might not have felt safe or cared for in childhood (Khalsa, 2001).

The second chakra has to do with relationships, sexuality, creativity, and rejuvenation (Rama, Ballentine, Ajaya, 1976). It is located near the genitals involving the reproductive organs, the bladder and the appendix. The characteristics involved are about the ability to create and recreate, to give and receive (Khalsa, 2001). The health in this area is based on issues of trust, blame, control, and guilt. The emotional issues involved deal with balancing dependence and independence, boundaries, and assertiveness. Dysfunction shows up as sexual, sciatic or pelvic problems (Khalsa, 2001).

The third chakra is located in the solar plexus region of the body (Rama, Ballentine, Ajaya, 1976). This region is associated with digestion and assimilation. Emotionally, this chakra is about domination and submission associated with self-esteem, self-confidence, and self-respect (Khalsa, 2001). The gall bladder, liver, pancreas, stomach, and intestines are the organs involved. Problems in this area manifest with feelings of inadequacy, incompetence, and an underdeveloped sense of identity. An overactive third chakra causes a person to have too much hunger for power that is never satisfied. The person becomes obsessed with control (Rama, Ballentine, Ajaya, 1976). Ulcers, stomach, and intestinal problems show up in this region (Khalsa, 2001).

The heart chakra is next and transitions the lower chakras of survival into higher spiritual consciousness (Rama, Ballentine, & Ajaya, 1976). This chakra is associated with how people nurture themselves and others. Emotions and feelings are experienced in the heart, with such expressions as “heartfelt”, “my heart goes out to him”, or being “heartbroken.” This chakra
deals with the capacity to express oneself emotionally and participate in true partnerships (Rama, Ballentine, & Ajaya, 1976). It is the center of compassion and forgiveness. When there is little feeling, a person is viewed as cold, or that he or she has no heart. Disease in this chakra appears as high blood pressure, heart disease, breast cancer, lung disease, and arthritis (Khalsa, 2001).

The throat chakra is associated with communication, timing, and will (Rama, Ballentine, & Ajaya, 1976). The thyroid gland is part of this region which regulates metabolism. Problems involve sore throats, gum disease, neck pain, cervical disc problems, and laryngitis (Khalsa, 2001). The energies in this chakra deal with speaking one’s truth while acknowledging a divine force. Speech is essential in this region. Slander or negative talk compromises a person’s throat chakra.

The sixth chakra is called the third eye, located just above the two eyebrows (Rama, Ballentine, Ajaya, 1976). The third eye sees what the other two eyes cannot. This chakra is related to perception, thought, intuition, and morality. The pituitary gland is associated with intuition because of the link between mind and body (Khalsa, 2001). Health in this area allows a person to see from the soul instead of the ego. The intuition from this chakra allows a person to merge both intellect with emotion and spiritual energy. Dysfunction appears as a loss of the mind body connection (Khalsa, 2001). Psychological and memory problems appear as dysfunction in this chakra.

The crown chakra represents the highest consciousness and it is located on the head in the position of the soft spot of an infant’s head (Rama, Ballentine, & Ajaya, 1976). This chakra includes all of the functions of the brain. The cosmic universal energy enters and exists through this chakra (Khalsa, 2001). The emotion associated with this chakra is bliss. This chakra can be activated by having a life threatening illness that causes a person to connect with a higher
purpose in life (Khalsa, 2001). Cognitive or chronic fatigue appears as dysfunction related to this chakra.

The Psychotherapeutic Elements of Yoga: The Body Healing the Mind

Yoga to most people means twisting the body into the yoga postures (Rama, Ballentine, & Ajaya, 1976). This is only part of the yoga practice. Yoga is much more than just the postures. Yoga practice is made up of postures, breathwork, meditation, chanting, and sense withdrawal (Iyengar, 1976). The primary purpose of the yoga practice is to alter a person’s self-awareness and his or her relationship to the outer world. This must start with developing awareness and control of the physical body (Rama, Ballentine, & Ajaya, 1976). Once a person has learned to discipline and relax the body then he or she is able to do the mediation and introspection.

It is easier for a person to develop awareness in the physical realm (Bennett, 2002). Once a person has mastered the physical, an individual can move on to intangible issues. Identifying where a person’s thoughts go or clarifying what he or she decides to give energy to are examples. Yoga is the very precise and tangible metaphysical method for developing clarity in the way a person sees and understands himself or herself (Bennett, 2002). This knowing is a moment to moment occurrence because the present moment is always moving. The purpose of working the body is to become less attached to it in order to gain both insight and distance from it. This provides better perspective on its functioning. This allows a person to become more objective without attachment.

Asanas (postures). The word “Asana” in Sanskrit means “seat” (Iyengar, 1976). The origin of this word is not clearly understood. It is most likely derived from the place the ancient yogi’s sat. The posture practice is much more than simple gymnastics or contortion exercises (Iyengar, 1976). The purpose of the posture practice is to balance the stretching and
strengthening of muscles and tendons that have become shortened due to mental tensions and poor posture (Rama, Ballentine, & Ajaya, 1976). Some muscles have become weak because of atrophy. The postures also work all of the nerves and glands in the body (Iyengar, 1976).

While practicing yoga postures, a person is also preparing the mind for meditation (Rama, Ballentine, & Ajaya, 1976). When positioning the body into the postures, a person needs to be mindful. In order to stretch one muscle group, the other muscle group needs to become relaxed. If this is done mindlessly, an injury could be the result. Therefore, the yoga practice involves control over the mind, the body, and the higher self (Iyengar, 1976).

Simply being aware of poor posture is not enough (Iyengar, 1976). Yoga philosophy asserts that strengthening these weak muscles is necessary to bring a person back into balance (Desikachar, 1999). Yoga postures systemically stretch and loosen the contracted and tightened tendons and muscles. The result is a greater body awareness that is more comfortable. This new awareness is accompanied by strength which in turn allows the new posture to become a habit.

Practicing the postures is a physical discipline as well as a mental one (Desikachar, 1999). Once an individual is comfortable with the physical sensations during the asana practice, he or she slowly becomes aware of the feelings that are created by each of the postures. Some postures are easier, and more enjoyable and some are more challenging. Gradually, after repeated practice, the individual makes the connection between the state of mind and the body sensations (Iyengar, 1976). Therefore, the union has begun. For example, an individual may notice being more alert after practicing a headstand.

This tuning in is the most important facet of yoga (Iyengar, 1976). Generally, people ignore the body until something becomes painful or uncomfortable or a person is ill. In the Western culture, the outward is more important than the internal (Desikachar, 1999).
In yoga philosophy, the external is always an expression of the internal emotional state which is manifesting itself in the external (Desikachar, 1999). Conversely, this is the opposite of Western culture which cares deeply about outward appearances (Rama, Ballentine, Ajaya, 1976). For example, if a person looks pale, he or she will use make up. If body odor is a problem, then a deodorant or perfume is used. Plastic surgery is becoming more common to enlarge or reduce body areas.

While practicing yoga, an individual learns to deal with life’s problems though the body (Bennett, 2002). Yoga teaches that people are not separate from experiences and strives to hold onto both what is pleasant and comfortable while seeking to avoid and rid oneself of that which is unpleasant (Weintraub, 2004). It is therapeutic to hold a yoga posture past the initial resistance and the urge to let go. This is due to the physical tension and unconscious emotional holding that can begin to be released (Weintraub, 2004).

The physical work of yoga can be unpleasant at first (Rama, Ballentine, & Ajaya, 1976). The pain could be both psychological and physiological (Bennett, 2002). This could be because an old injury that may need to be released could be lodged in the tissues. It also could be because of an emotional injury, such as being yelled at as a child.

**Pranayama (breathwork).** The word “pranayama” is made up of two Sanskrit words (Desikachar, 1999). “Prana” is the force that sustains life and “Ayama” means to stretch or extend (Desikachar, 1999). Pranayama refers to different breathing techniques that continue the posture practice. They are generally practiced after posture practice. Physically, breath work is thought to further remove toxins and blocks (Iyengar, 1976). Since breath work requires a great deal of attention, it further trains the mind (Iyengar, 1976). Similar to the posture practice, the ultimate goal of breath work is to control the mind.
The state of mind is closely related to the breath (Desikachar, 1999). Whatever happens in the mind influences the breath. When a person is nervous or excited, breathing becomes rapid. The opposite is also true. When a person is peaceful and serene, the breath is calm. Deep relaxed breathing promotes mental and physical health through increased oxygen (Weil, 2000).

Breath work teaches an individual that all that matters is the here and now (Desikachar, 1999). Once the mind is quiet, a person will be able to see the true self (Iyengar, 1975). Once this happens the person will want to see more.

Breathing is the only action that humans do either completely consciously or completely unconsciously and voluntarily or involuntarily (Weil, 2000). This enables breathing to be controlled by two different sets of muscles and nerves which operate separate from each other (Weil, 2000). Most people breathe unconsciously (Khalsa, 2001). Many people breathe incompletely by taking shallow upper chest breaths (Bender-Birch, 1995). This can be the result of long term stress, anxiety, or depression (Bennett, 2002).

The consequence of ineffective breathing is the inability to receive enough oxygen and eliminate carbon dioxide (Khalsa, 2001). The heart suffers because ineffective breathing does not engage pulmonary neuropeptides which activate the parasympathetic nervous system (Weil, 2000). Health problems from unproductive breathing are: cardiovascular disorders, mood disorders, asthma, lung disorders, and digestive problems, among others (Khalsa 2001).

The ancient yogis understood the breath to be a metaphor for life (Bennett, 2002). Experiencing difficult emotions can change the way a person breathes (Bennett, 2002). People tend to restrict breathing when faced with difficult feelings.

Many cultures understand this connection between breathing and life (Khalsa 2001). In Greek, the word for breath is “pyche pneuma.” This means soul (Bender-Birch, 1995).
Hebrew, the word for breath is ruach which comes from the root word spirit (Bender-Birch, 1995). In Latin, anima spiritus means soul (Bender-Birch, 1995).

Indian medicine doctors make diagnoses based on pulse rate and respirations (Khalsa, 2001). Age is measured by the number of breaths a person takes, not by chronological age. There is an Indian maxim that says at birth a person is granted only a certain number of breaths, so it is better to breathe slowly and deeply to live longer (Khalsa, 2001).

For all of these reasons, breath work is part of the daily yoga practice (Desikachar, 1999). All movements are synchronized with the breath. This is called Ujjayi breathing or fire breathe. It gives a focus to the yoga postures through the sound.

There are many different types of breathing exercises (Desikachar, 1999). Yoga tradition indicates there are three parts of the breath; the inhale, the exhale, and the retention or the hold (Iyengar, 1976). The ultimate purpose is to learn to regulate the breath and enable a person to manage feelings and emotions (Bennett, 2002). Alternate nostril breathing, known as “Nadhi Sodhana,” is a method to balance the right and left hemispheres of the brain and increase oxygen flow (Weintraub, 2004). Research indicates that right nostril breathing has a stimulating effect on the body and the mind (Weintraub, 2004). Alternately, left nostril breathing is calming. A depressed person may be right nostril dominant (Weintraub, 2004). If a person is feeling anxiety, it may be helpful to engage in left nostril breathing (Weintraub, 2004).

Most breathing practices include a technique which involves retaining the breath (Iyengar, 1976). The purpose is to intensify concentration and to strengthen the power of the breath. The goal is to notice when distraction occurs. Therefore, the breath gives a focus for the mind.
Another type of breath work causes the belly to pump rapidly (Weintraub, 2004). This type of breath work encourages digestion and elimination in addition to conditioning the lungs (Weintraub, 2004). The breathing is rapid and the belly snaps back and forth toward the spine on inhale and exhale. The result is an increase in energy as well as a stimulation of the solar plexus chakra (Weintraub, 2004). In yogic tradition, as the belly is pumping forcefully, the person may be revitalizing personal power. This is a helpful practice for a depressed individual (Weintraub, 2004).

**Pratyahara (withdrawl of the senses).** “Pratyahara” means turning inward with the goal of reducing distraction (Satchidananda, 1990). This withdrawal of the senses is the paradox of the yoga practice because a person cannot practice it (Iyengar, 1976). It happens to a person, it is not done by the person. Pratyahara can occur at any time during posture practice, during breathe work, or during meditation.

Mastering the senses occurs only after the mind is trained in concentration (Iyengar, 1976). Subsequently, the senses and sensations lose their attachment for a person. The state of pratyahara occurs when the mind is focused (Satchidananda, 1990).

The yoga Sutras explain that a person experiences pratyahara only when there is a balance between steady and comfortable yoga practice (Satchidananda, 1990). The yoga posture practice, the breath practice, and the meditation practice become the metaphors to teach a person to eliminate the agitation of experiencing the polarities of life, the good or bad, the hot or cold, the pleasing or displeasing events.

An example of pratyahara explains the definition. A person is meditating one afternoon. The phone rings and the individual jumps up to answer it because it may be the call he or she has been waiting for. That is not pratyahara, but a person succumbing to distraction. The next time
the phone rings the person acknowledges the ringing and tries to stay focused. He or she does not answer it but loses concentration on his or her mantra. This is still not pratyahara because the person is distracted by the phone.

Moving closer toward pratyahara in this example occurs when the person hears the phone ringing but does not get distracted from his or her meditation. Distractions are not completely shut out, but acknowledged without attachment. Finally, true pratyahara exists when the person is so absorbed in meditation that he or she does not even hear the phone ring at all so no thoughts are interrupting the meditation.

Pratyahara may be extremely beneficial to a person suffering from depression because the senses are brought under control (Wientraub, 2004). After pratyahara is achieved a person is not distracted or bothered by thoughts or outside distractions. A steadiness of the mind has occurred.

*Dharana (Meditation through concentration, self-awareness, and mindfulness)*. The goal of meditation is, similar to that of all yoga, to hold the mind to one place, object, or idea (Satchidananda, 1990). Dharana is training the mind so that focus becomes effortless. Then, and only then, can the mind can give unwavering attention to a single object. In yogic terms, meditation has been described as the continuous flow of attention from the mind to an object over an extended period, uninterrupted by extraneous thought (Satchidananda, 1990). Pouring oil from one pot to another is the metaphor used to describe the process of meditation.

There are many different styles and techniques of meditation, but the purpose is the same: to focus the mind internally on an intangible object (Iyengar, 1976). In the yogic tradition, the breath is always available as an object to focus on. An individual sits in a comfortable position and simply observes the inhale, retention and exhale of the breath without judgment or without trying to change it. As the mind wanders to other thoughts, the focus is gently brought back to
the breath. Once this method has been practiced for a while, a person is able to see what thoughts he or she is attached to.

Another type of mediation practice is mindfulness (Khalsa, 2001). This is the Buddhist practice of “Vipassana”, which means insight. This practice has the purpose of training an individual to become deeply aware of the here and now (Khalsa, 2001). A person focuses on what is happening in and around him or her in the moment. This encourages him or her to become aware of thoughts and feelings that are taking energy from him or her moment to moment. This is accomplished through watching the breath, then watching thoughts, then watching body feelings and sights and sounds. The key is to witness the sensations without judgment.

Mantra meditation is another practice which helps an individual calm the mind by concentrating on a mantra (Khalsa, 2001). In this type of meditation a word or phrase is repeated. It is generally chosen by a master or guru.

Meditating on a concept is one contemplative form of meditation (Khalsa, 2001). This technique is used to guide a person to understand the mind more deeply through its rationalizations. There is a Buddhist technique in which a person meditates on a corpse decomposing. One thinks about the body rotting in the ground. This type of meditation guides a person to understand impermanence.

_Chanting_. Another method of meditation to access the higher self is chanting (Khalsa, 2001). The sounds of the Sanskrit words are thought to emit vibrations that can bring on transformation leading to power and strength (Iyengar, 1976). Recent research indicates that sounds have effects on the human psyche (Khalsa, 2001).
In the Kundalini yoga tradition, when the tongue touches the upper palate of the mouth this stimulates reflex points (Khalsa, 2001). These points then activate the pituitary and the hypothalamus in much the same way as acupuncture. For that reason, chanting acts in the same way as the sound of ocean waves is known to be calming or the way music lifts a person’s spirit (D’Angelo, 2000). One study indicated that mantra chanting stimulates the endocrine glands, which has aided people in recovering from addiction, depression and chronic fatigue (D’Angelo, 2000).

Significance for Special Populations

Women. Due to specific stages of life depressed women have different issues related to how they choose to treat their depression (Manber, R., Allen, J.J.B., & Morris, M. 2002). Many pregnant or women who are nursing seek alternative treatment because medication is contraindicated.

According to feminist theory, U.S. women are often sexualized and objectified (Corey, 2005). Sexual objectification occurs when women are treated as objects for another’s pleasure. The media has intensified this objectification by evaluating women based solely on appearance. Young women are particularly vulnerable to the cultural norms and begin to objectify themselves (Impett, Dabenmier, & Hirschamn, 2006).

When young women are preoccupied with their own appearance, they can experience shame, anxiety, and other negative emotions related to not measuring up (Impett, Dabenmier, & Hirschamn, 2006). These self-objectifying women may have lower self esteem and may experience a decrease in sexual health by not practicing safe sex.

A study of women involved in yoga practice 4 times per week measured self-acceptance, life satisfaction, negative affect, embodiment, and self-objectification (Impett, Dabenmier, &
Hirschamn, 2006). Results indicated that the yoga practice decreased self-objectification, and increased embodiment and well being. These young women cared less about physical appearance and more about how their bodies felt to themselves. Moreover, these results indicated that yoga can be powerful for improving body satisfaction and may be useful for people with eating disorders and other body image problems.

_Cancer patients._ Chemotherapy related nausea is often experienced by cancer patients and it is quite distressing (Raghavendra et al., 2006). Although emesis or control of vomiting can be achieved by drug therapy, constant nausea cannot. Studies indicate that yoga as a complementary modality is quite effective at controlling the nausea and other psychological problems related to cancer treatment.

In one study, 62 women were randomly selected to receive either yoga or supportive therapy during the course of chemotherapy treatment for stage one and two breast cancer (Raghavendra et al., 2006). The 60-minute yoga sessions included supervised and unsupervised home practice. The control group received supportive group therapy through the hospital. The yoga participants reported a significant decrease in post-chemotherapy related nausea in both frequency and intensity. Moreover, the study measured secondary outcomes for anxiety, depression, quality of life, and other distressful symptoms. Results indicated a positive correlation for the group receiving yoga versus the control group.

Often people with chronic diseases do not engage in physical activities (Culos-Reed, Carlson, Daroux, & Hately-Aldous, 2006). It has been suggested that gentle activities, like yoga, may be more enticing for these people. A small pilot study explored yoga for breast cancer survivors after diagnosis and treatment (Culos-Reed, Carlson, Daroux, & Hately-Aldous, 2006). The purpose was to determine both the physical and psychological benefits of yoga practice.
Iyengar yoga was the method chosen because the poses are modified for people who are stiff, injured, or otherwise ill by using props. Participants practiced yoga for 7 weeks for 75 minute sessions. The control group participated in aerobic based activities training.

Results indicated that even though there was no significant physical fitness benefit compared to the control group, participants improved in all psychosocial areas (Culos-Reed, Carlson, Daroux, & Hately-Aldous, 2006). Participants enjoyed better quality of life, overall emotional functioning, and experienced less gastrointestinal symptoms than the control group. More specifically, the yoga participants experienced less mood disturbance, less tension, less depression, and less confusion.

In another small study, lymphoma patients undergoing treatment were randomly assigned to yoga classes or to a wait-list group (Cohen, Warneke, Fouladi, Rodriguez, & Chaoul-Reich, 2004). The yoga participants attended at least 5 of 7 weekly yoga sessions which combined postures and breath work. Patients in the yoga group reported significantly less sleep disturbance during the follow-up as compared to the wait list group.

Obesity. Yoga may have appeal to obese individuals because it is nonimpact in nature. Obese people often are hesitant to participate in impact activities such as running and walking because of the stress on joints (Guarracino, Savino, & Edelstein, 2006). Some yoga postures are thought to stimulate the thyroid gland which increases metabolism (Nayak & Shankar, 2004). In addition to expending calories, the postures mobilize bone and soft tissues which are thought to reduce fat accumulation in the abdominal area.

A study was conducted to evaluate the effects of yoga on obesity, blood pressure, and quality of life (Guarracino, Savino, & Edelstein, 2006). Both adult men and women with a body mass index of more than 30% were included in this study. Results indicated a significant
decrease in the systolic blood pressure of the participants who had been practicing yoga for less than 1 year as compared to the group practicing for 1 to 4 years. It appears that lower blood pressure for obese individuals occurs after 1 year of practice, but not more than 5 years. Consequently, benefits from yoga come soon after practice begins.

In addition, participants indicated a statistically positive mood state as compared with the control group (Guarracino, Savino, & Edelstein, 2006). It appears that yoga may play a role in controlling weight, hypertension, and mood in obese individuals. These results are important due to the increase in overweight individuals and obesity in the U. S. during the past 25 years.

Asthma patients. Asthma has been associated with increased anxiety and depression (Lehrer, Feldman, Giardino, Song, & Schmaling, 2002). It can be triggered by stress, sadness, and suggestion as well as allergies, exercise and illness. According to a large study, yoga breathing pranayama techniques stabilized the reactivity of asthma. The 106 individuals in the study indicated that, after the yoga breathing sessions, they felt more positive, had an increased sense of well-being, and had fewer symptoms of panic (Lehrer, Feldman, Giardino, Song, & Schmaling, 2002).

Recovering addicts. Yoga helps early recovering alcoholics relax and become less depressed (Vedamurthachar, et al., 2006). One research study followed 60 individuals who had just completed one week of detoxification. One group was randomized to receive yoga for a period of 2 weeks and the control group received nothing. The yoga group also received supervised breathing exercises. Both groups completed the Beck Depression Inventory before and after the intervention. Blood was drawn from both groups to test cortisol and prolactin levels each day.
Results indicated a reduction in Beck Depression Inventory scores for both groups, with a more significant reduction for the yoga participants (Vedamurthachar, et al., 2006). Similarly, the cortisol and prolactin levels were reduced in both groups over the 2 week period, but again, dropped more significantly for the yoga group. Moreover, the reduction in the Beck Depression Inventory scores correlated positively with the reduction in both the cortisol and prolactin levels in the yoga group but not in the control group. It appears that yoga has antidepressant effects on newly recovering alcoholics along with a reduction in stress hormone levels.

Adolescents. A randomized pilot study indicated that 10 yoga sessions may have therapeutic benefits for adolescents experiencing mild levels of depression (Woolery, Myers, Sternlieb, & Zeltzer, 2004). Subjects selected were experiencing mild levels of depression but had received no diagnosis or treatment. None of the participants had any previous yoga experience. Subjects were assigned to a 5 week yoga class or to a wait list group.

Participants self-reported significant decreases in depression symptoms and trait anxiety based on depression, anxiety, and mood state profiles (Woolery, Myers, Sternlieb, & Zeltzer, 2004). In addition, participants were tested in the mornings for blood cortisol levels. Decreases were apparent half way through the study and were maintained until the end. Subjects reported decreased levels of negative mood and fatigue after yoga classes. Cortisol levels were reduced in the yoga group as well.

Yoga may benefit anxious children (Semple, Reid, & Miller, 2005). A very small pilot study used individuals who were recommended by a school psychologist as being anxious. The children participated in mindfulness techniques and breathing exercises. Results reported by both teachers and children indicated that the techniques improved attention and reduced anxiety. The
children expressed pleasure at being in the study and wanted to continue after the study was complete.

Carl Jung: The First Yoga Therapist

Carl Jung was the only Western psychologist interested in yoga (Rama, Ballentine, & Ajaya, 1976). He was drawn to Eastern practices while studying the collective unconscious (Rama, Ballentine, & Ajaya, 1976). Unfortunately, Jung gave mixed messages about his feelings about yoga (Watts, 2000).

On the positive side, Jung thought yoga and his study of the collective unconscious seemed to fit together well (Watts, 2000). Yoga and Jung’s philosophy are similar in several respects. Jung understood the concept of Braham, the Hindu deity as being similar to his concept of libido. For Jung, libido meant all psychic energy which expresses itself as symbolic, through life process as strivings and desires (Jung, 1964). The Hindu concept of Atman, or eternal soul, is related to Jung’s concept of the “self.” This is more than the ego and represents the total conscious and unconscious mind (Jung, 1964).

Although Jung was pleased with the similarities between yoga and his teachings, he was cautious about Westerners practicing yoga (Watts, 2000). Jung believed that Westerners were narrow-minded. Even though Westerners need an approach to help them access the unconscious material to make it available to them, Jung believed yoga would not be appropriate for them (Watts, 2000). Jung thought other methods, such as active imagination, would be more suitable for the Western mind. Jung wanted the West to develop its own yoga.

It is uncertain as to whether Jung suggested that yoga increased an awareness of the unconscious mind or interfered with it (Watts, 2000). Current research is also unclear about whether yoga practice increases control of the conscious over the unconscious or simply opens
the conscious to the unconscious mind (Watts, 2000). Another question is whether yoga practitioners have more awareness of unconscious material or are able to assess it at other times in life.

For Jung, yoga in India was much more than a set of techniques (Watts, 2000). Yoga was an ancient integrated religious, cultural, and psychological practice. Jung believed that modern people in the West would split apart the religious elements from the practical and yoga would lose its benefits. Jung thought Westerners would either follow yoga uncritically or just see it as simple exercise. Ironically, this is one of the current criticisms of modern yoga practice in the U.S.

Yoga developed within a cultural and religious context in India, one that is extremely different than in the West (Rama, Ballentine, & Ajaya, 1976). Yoga was born in India to help people develop a sense of individualism (Watts, 2000). Jung thought Westerners were extraverted and would not deal well with meditation. Those in the East are introverted and it is more suitable for them. People in the West are more individualistic and seek unity.

**Health Benefits of Yoga**

People seek out yoga for relief of many health problems (Hart, 2008). A 2004 survey suggested that 63% of yoga participants came to yoga for wellness and disease prevention (Hart, 2008). Nearly half of those surveyed practiced for a specific health condition. The health problems were neck pain, anxiety, arthritis, depression, and fatigue. Approximately 90% of the participants indicated that they found yoga to be very or somewhat helpful to their condition.

**Physiological benefits.** A research study measured brain waves before and after a single 2-hour yoga class (Brainard, Pratap, Reed, Levitt, & Hanifin, 1997). The study found that the alpha waves, indicative of relaxation were increased by 40%. The theta waves which are the
border between the conscious and unconscious were also increased. Theta waves are important in healing because it is in this state that an individual can access the unconscious self that is normally hidden in wakeful life. For example, lucid dreaming takes place during theta state.

These results indicate that a person is more relaxed and more in touch with his or her subconscious after a yoga class.

The yoga lifestyle which includes a vegetarian diet indicates some cardiovascular benefits (Manchanda, Narang, 1998). In a randomized controlled study, 42 men with coronary artery disease participated in yoga instruction for 1 year. At the end of that year, the yoga group showed a decrease in the number of angina episodes, decreased body weight, decreased total cholesterol, and decreased triglyceride levels as compared with the control group. In addition, the yoga participants had 10 times as many coronary lesions regress as indicated by coronary angiography. Although this study was limited by small numbers and the yoga practice was self-reported, it still indicates the potential heart benefits of yoga practice.

Another study examined yogis in India for physiological affects of yoga (Watts, 2000). This study indicated a decrease in oxygen consumption, decrease in carbon dioxide output, decrease in basal metabolic rate, slower heart rate and respiration, production of alpha rhythm in EEG, and increased galvanic skin response. The results point to yoga slowing metabolic rate and increasing physical relaxation.

*Psychological benefits.* A literature review of five randomized controlled studies was complied on yoga effects for treatment of depression. The results indicated that yoga interventions had a statistically significant impact on depression (Pilkington, Kirkwood, Rampes and Richardson, 2005). Another review of the literature noted an increase in the psychological
benefits of somatic and kinesthetic awareness, self-acceptance and self-actualization, and social adjustment (Lamb, 2001).

Yoga practice positively affects mood even more than aerobic exercise (Berger & Owen, 1992). The mood benefits of yoga versus swimming were studied in 87 college students. Swimming was chosen as the control because of the deep and rhythmic breathing. The theory tested was that swimming facilities the relaxation response and it would positively affect mood in the same way yoga does.

Results indicated that although both groups reported decreases in scores on anger, confusion, tension, and depression, the yoga participants, men in particular, reported the most benefits (Berger & Owen, 1992). This study indicated that aerobic exercise may not be necessary to facilitate mood improvement. In addition, the students who reported the greatest mood improvements participated in classes more regularly than those with less psychological improvements.

Depression in people over 65 is quite common (Krishnamurthy & Telles, 2007). In a small study of geriatric depression, 69 people over the age of 60 living in a residential home were assigned to yoga, to receive Ayurveda (Indian medicine), or to a wait list group. A depression scale was administered to the participants prior to the study, after 3 months, and at the end of the study 6 months later.

The yoga intervention consisted of 7 ½ hours per week of postures, relaxation, breath work, chanting, and lectures (Krishnamurthy & Telles, 2007). The Ayurveda group received herbs two times a day. Results indicated that the depression symptom scores of the yoga group at 3 and 6 months decreased significantly from the start of the study. The group receiving herbs and
the wait list group showed no change in depression scores. The results indicated that yoga has psychological benefits for the elderly who practice it often.

**Biochemical effects.** Studies indicate that many people with depression, anxiety, and epilepsy have low brain GABA levels (Streeter, et al., 2007). When treated with serotonin selective reuptake inhibitors (SSRI’s) or electric shock, these patients show an increase in GABA levels. A recent pilot study measured a single 60-minute yoga session with a control group who participated in a single 60-minute reading session and compared the GABA levels of both groups prior to and after the intervention.

The yoga participants chosen for this study were to have had a current yoga practice consisting of at least 2 days per week for at least 4 months previously (Streeter, et al., 2007). The control group did not need to have a current yoga practice. The participants did yoga postures and breathing exercises. The control group read magazines and fiction, but were not allowed to read self-help books or religious material.

Results indicated that after completing a single 60-minute yoga session the participants had a 27% increase in GABA levels (Streeter, et al., 2007). The comparison group’s GABA levels stayed the same or decreased slightly after reading. Although this was a small study, it suggests that yoga practice is promising as a method to increase GABA levels and reduce depression and other low GABA-related diseases.

Another study compared the effects of anti-depressant medication with combined anti-depressant medication and 8 weeks of yoga training (Sharma, Das, Mondal, Goswampi, & Gandhi, 2005). At the end of 8 weeks, both groups indicated improvements in depression symptoms but the combined medication and yoga participation group showed a greater
improvement. Additionally, a higher percentage of participants in the combined group went into full remission, indicating no depression symptoms at the end of the 8 week yoga training.

A review of the research literature indicates that, biochemically, yoga can viewed as having antioxidant effects (Lamb, 2001). This is due the reduction in many of the stress hormones such as cholesterol, glucose, while blood cells, and sodium levels. Yoga also increases oxygen, oxytocin, protein, thyroxin, and lymphocyte levels.

Differences between yoga and conventional exercise. Physical exercise is well known to alleviate depression due to the release of endorphins (Brosse, Sheets, Lett, & Blumenthal, 2003). One research study of 156 adults with major depressive disorder used aerobic exercise for a period of 4 months. Results indicated that exercise was as effective as either psychotherapeutic or cognitive treatment in effectively reducing symptoms of depression (Baybak, 2000). In fact, the individuals had lower relapse rates 10 months later than those individuals who were only using medication.

One single session of yoga can account for more beneficial changes than exercise alone (Netz & Lidor, 2003). Israeli researchers compared individuals who participated in a single yoga class with other modes of conventional exercise: aerobic dance, swimming, and Feldenkrais. Results indicated increased mood levels in both the yoga and Feldenkrais methods, with yoga having a greater mood improvement. Activities that combine mindfulness with slower movements encourage individuals to develop awareness of the body. These appear to be more beneficial to a person’s mood.

Even people who are already fit seem to benefit from yoga (Telles, Nagarathna, Nagendra, & Desiraju, 1993). One study examined the effect of yoga on gym teachers who had approximately 9 years of physical fitness history. These individuals showed significant
improvements in health. They had a reduction in body weight and blood pressure and improved lung capacity after participating in just 3 months of yoga. The gym teachers showed evidence of decreased autonomic arousal by exhibiting lower heart rates, slower breath rates, and improved steadiness.

Yoga can alter the biochemistry of the brain more directly than regular exercise (Khalsa, 2001). Most people agree that, after a session of yoga they feel alert yet calm (Shapiro & Cline, 2004). This is due to both the brain stimulation from the mindfulness and the relaxation of muscular tension.

Like conventional exercise, there is also an endorphin release from the pituitary gland and a relaxation response from breathing (Shapiro & Cline, 2004). The cortisol level is lower with relaxed muscular tension. In conventional exercise, cortisol is lower as well. However, there is an increase in muscle tension (Lamb, 2001). The net result after a session of yoga is that people feel energetic and relaxed at the same time. Consequently, yoga helps the mind focus by being alert and helping the body to relax. See figure 1 for a list of the differences between conventional exercise and yoga.

A Sample Yoga Practice for Depression

Sequence for chronic depression

Prior to the practice make sure the stomach is empty and the body is clean (Iyengar, 1976). Breathe deeply and slowly while practicing the postures. Deep inhalations lift the spirits, and long, slow exhalations soothe the nerves. It is also quite common to experience feelings of sadness, joy, or fear during posture practice. Simply acknowledge these feelings without attachment and move on to the next pose.
**Supta Sukhasa (reclining easy seated pose).**

Place a bolster vertically on the floor and sit just in front of it with knees bent and sacrum touching the bolster’s edge. Cross legs comfortably at the shins and extend up through the spine. Rest arms out to the sides. This is meant to be a restful pose. Hold this pose for several minutes. This pose opens the chest, improves respiration and circulation, and balances adrenal and thyroid function (Sparrowe, 2002). It also alleviates depression and fatigue (Iyengar, 1976).

**Adho Mukha Svanasana (Downward-facing dog pose).**

Press hands firmly into the ground and extend though the arms. Stretch the legs back and move the heels toward the floor. Keep the legs firm and elbows straight. This elongates the spine and releases the head. Hold this pose for 30 seconds to 1 minute, breathing deeply. This pose increases circulation to the chest, improves respiration, calms the mind, and decreases fatigue (Iyengar, 1976).
Sirasana (Headstand).

Use a wall for support when practicing this pose. The hands should be no more than 3 inches away from the wall, elbows shoulder-width apart. The wrists, forearms, and elbows are the foundation for this pose. The back of the head should be in contact with the hands. Keep the heels and buttocks against the wall. Roll the thighs in, lift the tailbone, and lengthen the legs upward while keeping the feet together. The breath should be calm. Relax the eyes and the throat. Soften the belly so it is relaxed (Iyengar, 1976).

This pose helps alleviate agitation, depression, and foggy thinking. It encourages oxygenated blood to circulate through the head and chest which balances the neuroendocrine system (Sparrowe, 2002). Headstand is known as the king of the postures because it encourages fresh blood to flow to the brain to rejuvenate it so that thinking becomes clearer (Iyengar, 1976). This ancient yogi’s understood headstand to relieve tonsillitis, halitosis, constipation, insomnia, and heart palpitations. This pose is thought to improve hemoglobin in the blood.


_Urvha Dhanurasana (Upward facing bow).

Lie on the ground face up with bent knees, feet are hip distance apart and heals are 6 inches away from the buttocks. Bend the elbows and place hands on the floor with fingers pointing toward the feet. On the exhale, raise the hips and chest, stretching the arms and the legs. Lift the tailbone and move the backs of the thighs toward the buttocks. Hold this pose for 5 to 10 seconds. Practice this pose two to three times. To come out of the pose, bend the knees and elbows and gently lower the body to the floor. This pose stimulates the body with an overall feeling of elation and well-being (Sparrowe, 2002).

_Bharadvajasana (Seated twist pose).

Sit up straight with legs stretched. Bend both legs to the right so the feet are next to the right hip. Keep the thighs and knees facing forward. The right ankle rests on the arch left foot. Draw the shoulder blades into the back and broaden the chest, while extending the spine upward.
On the exhalation, turn the abdomen, ribs, chest and shoulders to the left. Place the right hand on the outside of the left leg and the left hand on the floor. Remain in this pose for 20 seconds. Come back to the center and straighten the legs and switch sides. This pose is understood to broaden and open the chest while increasing circulation and respiration. It also releases muscles in the back and shoulders (Sparrowe, 2002).

_Sarvangasana (Shoulderstand)_.

Lie on the back with head facing up. On an exhalation bend the knees and raise the legs toward the chest. Pressing the hands into the floor for support swing the bent legs over head. Move the hands to support the back with elbows firmly on the floor. Raise the torso up until it is perpendicular to the floor and the knees are close to the chest. Then supporting the back, raise the legs until the thighs are parallel to the floor and the backs of the knees point toward the ceiling. Raise the legs completely and extend up through the heels, until the whole body is perpendicular to the floor. Move the tailbone up and in and use the hands to lift the back ribs. The whole body becomes long and straight. Hold this pose as long as possible, at least for 2 minutes. This pose calms anxiety and irritability (Sparrowe, 2002). The ancient yogis believed
that the entire body is toned by this posture because of the reversal of blood flow which was understood to eliminate toxins (Iyengar, 1976).

_Halasana (Plough)._  

![Halasana diagram](image)

Lie on the ground face up arms down by the sides. Legs are straight out in front with feet together and knees firm. On an exhale, bend the knees and bring the thighs in toward the chest. Roll the shoulders away from the head and expand the chest. On another exhale, lift the buttocks and legs up, support the back with the hands and extend the legs over head, placing the toes on the floor behind the head. Keep the thighs active by tightening the knees to create space between the face and the legs. Stay in this pose, breathing deeply and slowly for several minutes. To come out, role down one vertebra at a time. After completion of this pose, rest with the back flat on the floor for several breaths.

The plough balances the endocrine system, quiets the nervous system and brings the body and mind to a state of relaxation (Iyengar, 1976). It calms anxiety and irritability. The spine receives extra blood due to the forward bend which helps relieve backache. Any indigestion is relieved by this posture. This pose also reduces high blood pressure.
Setu Bandha Sarvangasa (Bridge).

Lie on the ground face up with bent knees, feet hip distance apart and heals 6 inches away from the buttocks. Moving slowly lift the buttocks, the belly then the chest. Hold this pose for 1 minute. To come out, role down one vertebra a time. Repeat two more times. This pose calms anxiety and irritability (Iyengar, 1976). Since the spine is flexed, this pose balances the nervous system and removes any neck strain.

Supta Budda Konasa (Reclining bound angle pose).

Place a bolster vertical to the back of the body. Sit in front of it with the knees bent and the sacrum touching the bolster’s edge. Put the soles of the feet together and let the knees and thighs fall to the sides. Lay on the back so the head and torso rest comfortably and the buttocks and legs are on the floor. Rest in this pose for as long as possible. This pose opens the chest, improves respiration and circulation, and lifts the spirits (Iyengar, 1976). It also alleviates menstrual cramps.
Savasana (Corpse).

Lie on the back face up with legs stretched out in front. Place the arms comfortably at the sides slightly away from the torso with palms up. Close the eyes and let everything relax. Take a few deep breaths, inhaling into the chest. Exhale while releasing the shoulders, neck, body and facial muscles. Keep the belly soft and relaxed and release the lower back. Breathe normally for at least 5 to 10 minutes taking in energy and releasing tension. This pose soothes the nerves, removes fatigue, and calms the mind though total relaxation (Iyengar, 1976).

Breathwork

Nadi sodhana (alternate nostril breathing). Sit in a comfortable position with an erect spine. Make a fist with the right hand. Next, release the thumb and the third and fourth fingers. Leave the index and middle fingers against the palm. Place the thumb against the right nostril and slowly inhale through the left nostril. Close off the left nostril with the fourth and little fingers of the right hand and hold the breath for 1 or 2 seconds.

Release the thumb and slowly exhale through the right nostril. Inhale through the right nostril, then close off the right nostril, pause, then exhale through the left. Repeat. Keep the inhalation even with the exhalation. Do five rounds to begin, ending by exhaling through the left nostril. Sit with eyes closed and notice body sensations.
Conclusion

The Adlerian concept of organ jargon is holistic. It serves as a useful method to understand people who experience both physical and emotional symptoms. Undeniably, the posture a person takes is a reflection of his or her state of mind. When a person is stressed, the eyebrows are knit and the forehead is tense.

When the body is tense, both movement and breathing become restricted. Adler understood that each person has a characteristic way of responding to mental tension by tensing particular parts of the body. These functional gestures can indeed then become organic disease if they serve a person’s life style goal. For Adler, depression was an example of organ jargon.

The current common treatment of depression with antidepressant medication addresses the underactive parasympathetic nervous system. The medication may reduce symptoms, but people taking these medications report many side effects. They are also costly and there is no long-term evidence that they work. They do little to treat the whole person.

Yoga is a viable complimentary treatment for depression. The focus of yoga is to alter an individual’s self awareness and his or her relationship to the world. It is a holistic system that includes work on developing awareness and control of the physical body, emotions, breath, mind, and interpersonal relationships. The goal of yoga practice is to become more aware and more integrated. If Adler were alive today, he may well approve of yoga as a holistic complementary treatment of depression.

“The point of stretching is not to see or show how far you can reach, or even to reach as far as you can, but…to pay attention.” by John Jerome” (Bennett, p. 1, 2002)
References


http://www.who.int/mental_health/management/depression/definition/en/

**Figure 1. Yoga compared to conventional exercise (Lamb, T. 2001)**

<table>
<thead>
<tr>
<th>Yoga</th>
<th>Conventional Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parasympathetic nervous system dominates</td>
<td>Sympathetic nervous system dominates</td>
</tr>
<tr>
<td>Subcortical regions of the brain dominate</td>
<td>Cortical regions of the brain dominate</td>
</tr>
<tr>
<td>Slow dynamic and static movements</td>
<td>Rapid forceful movements</td>
</tr>
<tr>
<td>Normalization of muscle tone</td>
<td>Increased muscle tension</td>
</tr>
<tr>
<td>Low risk of injuring muscles and ligaments</td>
<td>High risk of injury</td>
</tr>
<tr>
<td>Effort is minimized, relaxed</td>
<td>Effort is maximized</td>
</tr>
<tr>
<td>Low caloric consumption</td>
<td>Moderate to high caloric consumption</td>
</tr>
<tr>
<td>Energizing (breathing is natural or controlled)</td>
<td>Fatiguing (breathing is taxed)</td>
</tr>
<tr>
<td>Balanced activity of opposing muscle groups</td>
<td>Imbalanced activity of opposing muscle groups</td>
</tr>
<tr>
<td>Noncompetitive, process-oriented</td>
<td>Competitive, goal-oriented</td>
</tr>
<tr>
<td>Internal awareness (focus is on the breath and the infinite)</td>
<td>External awareness (focus is on reaching the finish line, making the basket, etc)</td>
</tr>
<tr>
<td>Limitless possibilities for growth in self-awareness</td>
<td>Boredom factor</td>
</tr>
</tbody>
</table>