

## Twelve Years of Experience with Yoga in Psychiatry

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*The author describes his experience with the use of yoga in the prevention and treatment of alcohol and drug related problems, in psychosomatics, neuroses, geriatric psychiatry, and in some other areas. He deals with problems of the use of yoga in psychiatry like compliance, systems aspect, competitiveness and respecting specific indications in regard to health status and contraindications with personal differences. The usefulness of yoga in the prevention of stress and burn-out in health care professionals is emphasized.*

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### INTRODUCTION

My first serious encounter with yoga took place when I was 16. At that time, Ms. Ossius, an American yoga teacher of Czech origin and the disciple of Swami Vishnudevanada visited this country. She was over 70 years of age. Despite this, she was able to practice easily yogic physical exercises which were too difficult for young people in attendance, including myself. During my medical studies I encountered the publications of Bihar School of Yoga, and in 1977 started correspondence with this organization. We have since exchanged many yoga related papers and publications. Much later, I was able to visit the headquarters of Bihar School of Yoga in North India, and to receive training there. My interest in Yoga led me to participate in research in its medical applications. In the late seventies, for a year and a half, I worked with the team of academician Dostálek in the investigation of neurophysiological aspects of various yogic practices. In 1979, I started work at the Psychiatric Hospital Prague, where I have used yogic techniques together with more conventional psychiatric approaches in clinical practice.

I hope that sharing my modest experience will increase the interest in the research and the use of yoga in psychiatry.

### YOGA IN MENTAL HEALTH PATIENTS

There are a variety of yogic techniques which may or may not be suitable for people with different mental health problems. I will try to summarize briefly which techniques and approaches have proved useful to me and my colleagues.

### *Psychosomatic Disorders*

Psychosomatic patients commonly are unwilling to accept the mental aspect of their problems, and they emphasize its physical causes. That is why the intervention both on a physical and mental level is more likely to be accepted by them than psychotherapy alone, or treatment with psychotropic medication. Correctly and gently practiced Hatha Yoga and yogic physical exercises is useful. These physical exercises also have their mental health component - global and partial relaxation, a supportive group and/or teacher, and an improved awareness of one's own body and mind. At a later stage some simple mantra meditation and the questioning of life-style and values may be introduced. I have had positive experience with this approach in people with back pain without sufficient somatic cause. I believe that such an approach can also help psychosomatic patients become more open and sensitive to their emotions, enhance psychotherapy and increase the control of their symptoms (1).

### *Neuroses and personality disorders*

It is said that relaxation training is of greatest benefit to those who are slightly compulsive, with above average but not too high anxiety. The anxiety reduction acts as a reward for their regular practice, and encourages them to continue. The experience is similar with yoga for these persons. Another group for which yoga can be recommended are people with existential neuroses, a lack of meaningfulness in their lives. Women above forty whose children have left home and whose husbands are too busy with their careers often benefit from yoga. Many of them

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are able to find new aims and self-confidence, and establish supportive relationships among fellow trainees.

On the other hand, persons with hysterical neurosis or personality cannot be expected to practice yoga regularly and quietly at home, and the use of yoga for them may be limited.

### *Schizophrenia*

My experience with yoga in these patients was short. I avoided long-term relaxation and meditation techniques, and instead used simple rather dynamic yogic techniques and short relaxation in a supportive and tolerant way. This may improve body awareness as a step away from over-involvement with psychotic thought material. According to the Bihar School of Yoga in India, there are positive experiences with the use of Karma Yoga (Yoga of Action) in psychotic patients. This may add a new dimension to the occupational therapy used in the West. A recent paper provides encouragement for the use of simple, body-oriented, and short-term relaxation with the EMG biofeedback in schizophrenia (2).

### *Depression*

Dr. Dolezalová, a psychiatrist in Czechoslovakia, reported good effects with yoga in patients with depressive psychoses in remission in preventing further relapse (3). However, only a minority of patients with acute and more severe depression are willing to practice any physical exercise, which could be beneficial. In cases of mild and moderate depressions, which do not respond well to psychotropic medication, Yoga and physically more demanding practices (according to a patient's fitness), and relaxation (shavasana, yoga nidra), work well. Indian authors reported positive effects of yogic physical exercises in dysthymia (4).

### *Sexology*

My personal experience in this field is limited. Serious sexual offenders constitute one of the most difficult and problematic groups in psychiatric practice, and their compulsory treatment is fraught with difficulties. Some of these patients have other personality disorders or subnormal intelligence. Whether yoga techniques like uddiyana can be helpful in their treatment by enabling improved sexual self-control remains an interesting but as yet unanswered question.

Delmonte suggests that Yoga can be helpful in functional sexual problems (5).

### *Geriatric psychiatry*

Lack of suitable physical activity and stimulation are common problems in geriatric psychiatry. Gentle exercises for joints (pawan mukta asanas, part. I) and relaxation are usually well accepted and helpful. According to the Indian tradition, old age is the part of the life when one is expected to transcend the material world. Yoga can enhance one's spiritual life and the perspective beyond this physical life regardless of one's particular religion.

### *Child mental health problems*

According to Czech author Zemánková, yoga can be of significant value in children with attention-deficit hyperactivity disorder. She advocates using yoga in a playful manner, presenting yogic practices and relaxation in a way the children could easily understand and accept (6).

### *Alcohol and drug abuse*

A considerable body of literature has been written about the effects of meditation in reducing the abuse of alcohol and other drugs. Even though most of these papers used retrospective rather than prospective data, and were uncontrolled, it is worth considering yoga as a preventive practice in dealing with alcohol and drug related problems for those willing to practice it regularly. The following factors are potential sources of benefit:

1. Various yogic techniques, especially those emphasizing relaxation and meditation contribute to relieving stress, anxiety and depression.
2. Since most of the people practicing yoga refuse alcohol and drug abuse, a safer social network is provided.
3. Increased self-awareness and improved self-control, both on mental and physical levels; the feeling of control opposes learned helplessness, which often accompanies alcohol and drug related problems.
4. Reduces use of addictive analgesic drugs, providing safer management of minor psychosomatic problems including insomnia, headaches, and some pain problems.

From my personal activity in this area over many years, I was able to include a chapter about yoga in the author's self-help manual for problems drinkers, "Am I concerned as well?" (7), as well as presenting basic information about yoga in a preventive publication for teenagers, "Secret Report from the Planet X", as one of the positive alternatives to alcohol and drugs. We also have used yoga in an in-patient setting both for male and female patients for many years. Female patients especially have expressed that yoga helped them to overcome the stress of early abstinence after withdrawal syndromes. They began to understand their often complicated social situation, and strove to develop new coping skills. For post-discharge practice, we offer our patients the addresses of yoga clubs in Prague.

Although we have extensive experience in the use of yoga, we cannot provide hard data about its specific effects because it is integrated in a broad therapeutic scheme, which does not allow factoring the contributions of its individual components.

## PROBLEMS OF YOGA IN PSYCHIATRY

**1. Compliance.** It is not uncommon that patients like our yoga classes at the hospital, but they do not continue to practice at home after discharge, which decreases its efficacy. Regular practice helps people improve their life-style over time.

2. **Systems aspects.** The daily practice 20 minutes of yoga and/or weekly attendance at a yoga class cannot remain unnoticed by family members. If family members are properly informed and are encouraged to be supportive the probability increases that regular yoga practice will continue.

3. **Competitiveness.** For some patients, competitiveness may lead to exerting too much effort and overdoing the practice to the point of discomfort, which decreases long-run compliance. It should be emphasized that yoga is non-competitive and its goals are internal to the individual, rather than an external demonstration for winning approval. At a deeper level, this problem is connected with a difficulty in accepting that they deserve to feel well. In such areas, the combination of yoga and psychotherapy is useful.

4. **Competent use of yoga.** Health status and personal differences influence indications and contraindications of various yogic practices.

doctors than the general population. This can be balanced by improved knowledge, skills and strategies including building social networks (friends, family, colleagues), reasonable life-style, good communication with colleagues, realistic adjustment of professional standards and expectations, hobbies unrelated to job, ways to separate personal life and job, and the use of relaxation and yoga practices. I previously detailed the use of yoga in the prevention of professional stress (80). The Section for the Use of Yoga in Rehabilitation Medicine in this country has about 300 professionals as its members. When I asked at the last meeting of the committee, how many members of those present practiced Yoga themselves to keep their own fitness, 22 members answered positively and only 2 of them negatively. I am sure that yoga is as important for their own health as for the health of their patients.

### PROFESSIONAL STRESS AND BURN-OUT

Medicine, and possibly more psychiatry, is a stressful profession, which has been cited as a reason for substance abuse being more common among

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### Index Terms

yoga, psychiatry, treatment, prevention

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