Yoga and Mental Health: Connections Between Ancient and Modern Knowledge

Opinion

Many studies have shown that yoga has been successfully employed as complementary or the main intervention in the treatment of mental disorders such as anxiety, stress, depression, and panic [1-6]. Both, the modern knowledge of cognitive neuroscience and the ancient wisdom of eastern philosophical systems, have different theories about the causes and effects of such disorders and the effectiveness of different intervention methods. However, as distant and different as these systems appear to be, many concepts utilized in modern psychology may not come from contemporary ideas after all, but seem to share a common root with ancient wisdom.

Even though yoga, a mind-body practice originated in India millennia ago, is not a type of psychotherapy, it has long been attentive to mental health issues. And the ideas and concepts behind yogic practices and “yogapathology” have been correlated to modern techniques used in psychology and psychiatry, in the treatment of mental disorders. For example, living in the present is an essential part of both yoga and psychotherapy. Likewise, the relationship between acceptance and change is greatly discussed in psychotherapy today. Some authors suggest that acceptance involves “experiencing events integrally and defenselessly, just as they way they are” [7] and much emphasis has been given to eliminating negative symptoms without first accepting them. For example, a person that suffers from panic disorder develops unadaptive behavior as a way to prevent future attacks. This behavior includes drug and alcohol abuse, avoidance of relevant activities, and excessive anxiety toward bodily sensations. By accepting that panic attacks or episodes of acute anxiety occasionally occur in a limited time space without representing a real threat, the individual becomes able to experience them with tolerance, acknowledging that these are just unpleasant feelings. So, on one point modern and ancient psychologies seem to agree: The importance of acceptance in the therapeutic process. Acceptance has also been described by Kabat-Zinn [3] as one of the seven fundamental practices of mindfulness meditation, a Buddhist-based meditation widely employed in medical research [8].

Yoga psychology also states that a crucial step in the process of conflict removal for the purpose of establishing mental health is meditation. During meditation, one should carefully observe conscious and subconscious manifestations and try to reduce the emotional response using just a contemplative posture. One should perceive and witness these manifestations without identifying with them. According to ancient texts, the simple fact of becoming aware of these manifestations with a detached attitude is a powerful tool in the process of withdrawing the power that thoughts exert in our lives. The ability to observe these sensations without judging or criticizing them seems to reduce associated distress, just as continuous exposure to certain feelings [9]. Modern psychiatry and psychology also employ this technique and call it “desensitization” [10], a very effective technique utilized in the process of extinction of conditioned reflexes. It consists of a set of techniques that exposes the individual to the traumatic experience. It involves three basic stages: Physical relaxation, the establishment of a hierarchy of anxiety (regarding the phobic stimulus) and counter-conditioning of relaxation as a response to the stimulus. This method of desensitization begins with the exposure to less anxiogenic elements, that is, stimuli that evoke less intense responses. Gradually, the magnitude of exposure increases until it reaches the original conditioned stimulus [10].

Modern psychology and ancient writings describe a similar mechanism for the effects of meditation in mental disorders. The sustained and noncritical observation of anxiety-related sensations, for example, without the attempt to avoid it, is capable of significantly reducing the emotional reactivity induced by anxiety symptoms. This approach is also very similar to the interoceptive exposure strategy described by Barlow & Craske [11] or the nonjudgmental awareness development exposed by Kabat-Zinn [3]. The difference is that meditation does not include a deliberate induction of panic attack symptoms. Instead, individuals are instructed to witness these feelings as they arise.

One of the other goals of the psychological processes of yoga is the removal of conditioning (basic processes formed by associations), habits (higher forms of learning), dogmas (cognitive processes), turning the individual into a more adaptive one, and open to new experiences, as most conditionings are the habits of thought and action deeply rooted in the mind or fundamental processes of associations [9]. These ancient ideas are very similar to the modern concepts of schemas. Schemas are cognitive structures that form and give meaning to objects, situations, people, etc. They are developed very early in life and help us understand the world around us [12]. According to Beck, a schema is a cognitive structure that filters codifies and evaluates all stimuli, becoming central structures of meaning construction that self-perpetuate, remaining extremely resistant to changes [12].
One of many tools employed by yoga to deal with this is deconditioning. The yogic method teaches the individual to evaluate thoroughly his actions. When performing an action or having a thought, one should inquiry that specific behavior and its related conditioning, trying to realize if our conditioning is legitimate or if we're attached to our own beliefs without real conviction or reason [9]. What the ancient writings call deconditioning (by meditation practice) is represented in modern psychology by the cognitive changes produced by some forms of psychotherapy, such as cognitive behavioral therapy. In fact, many authors noticed that meditation can lead to changes in thought and action patterns [8]. The nonjudgmental observation of thoughts associated with pain or anxiety helps the individual to understand these as “thoughts only” instead of reality, and not try to avoid them at any cost. Some authors suggests that the decentralized and noncritical view of one’s own thoughts practiced during meditation seems to interfere with the so called ruminative patterns, typical of mental disorders such as anxiety and depression, resulting in positive cognitive changes [13], also described as “metacognitive insight” [14].

**Conclusion**

Many ancient texts of yogic philosophy and psychology make references to the importance of mental health and are full of wise and practical insights. Such insights can help deepen our understanding of mental health and enhance positive feelings, while indicate the potential of yoga as an integrative practice with relevant outcomes in the field of mental health. Moreover, studies have observed that many contemporary interventions in psychology might share a common root with ancient yogic knowledge, giving us the opportunity to integrate the psychological wisdom of both East and West.

**References**

1. Vorkapic CF, Rangé B (2014) Reducing the symptomatology of panic disorder: The effects of a yoga program alone and in combination with cognitive-behavioral therapy. Front Psychiatry 5: 177.
2. Miller JJ, Fletcher K, Kabat-Zinn J (1995) Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. Gen Hosp Psychiatry 17(3): 192-200.
3. Kabat-Zinn J, Massion AO, Kristeller J, Peterson LG, Fletcher KE, et al. (1992) Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. Am J Psychiatry 149(7): 936-943.
4. Lee SH, Ahn SC, Lee YJ, Choi TK, Yook KH, et al. (2007) Effectiveness of a meditation-based stress management program as an adjunct to pharmacotherapy in patients with anxiety disorder. J Psychosom Res 62(2): 189-195.
5. Javnbakht M, Hejazi Kenari R, Ghasemi M (2009) Effects of yoga on depression and anxiety of women. Complement Ther Clin Pract 15(2): 102-104.
6. Vempati RP, Telles S (2002) Yoga-based guided relaxation reduces sympathetic activity judged from baseline levels. Psychol Rep 90(2): 487-494.
7. Hayes SC, Jacobson NS, Follette VM, Dougher MJ (1994) Acceptance and Change: Content and Context in Psychotherapy. Context Press, Reno, Nevada.
8. Kabat-Zinn J (1990) Full Catastrophe Living: Using the Wisdom of Your Mind to Face Stress, Pain and Illness. Dell Publishing, New York, USA.
9. Satyananda S (1981) A Systematic Course in the Ancient Tantric Techniques of Yoga and Kriya. Yoga Publications Trust, Bihar, India.
10. Wolpe J (1973) The Practice of Behavior Therapy. Pergamon Press, New York, USA.
11. Barkow DH, Craske MG (2000) Mastery of Your Anxiety and Panic. (3rd edn), Oxford University Press, New York, USA.
12. Alford B, Beck AT (1997) The Integrative Power of Cognitive Therapy. Guilford Press, New York, USA.
13. Teasdale JD (1999) Emotional processing, three modes of mind and the prevention of relapse in depression. Behav Res Ther 37(Suppl 1): S53-S77.
14. Teasdale JD (1999) Metacognition, mindfulness and the modification of mood disorders. Clin Psychol Psychother 1999 6(2): 146-155.