



## **Yoga for Depression Part 1**

A number of yogic practices can not only help relieve depression but may put your students in touch with a deep source of joy and peace.

**by Timothy McCall, MD**

When physicians use the word "depression," they don't mean feeling disappointed or blue, or grieving a loss—normal moods that everyone experiences from time to time. Clinical depression is a persistently sad, hopeless, and sometimes agitated state that profoundly lowers the quality of life and that, if untreated, can result in suicide. Doctors aim, with drugs and sometimes psychotherapy, to raise their patients' moods, but yoga has much loftier goals. As a yoga therapist, you want not only to help lift your students out of depression but to quiet their restless minds, put them in touch with their deeper purpose in life, and connect them with an inner source of calm and joy that yoga insists is their birthright.

My work with students with depression has been deeply influenced by my teacher Patricia Walden, who, as a younger woman, struggled with recurrent depression. Yoga, particularly after she began her studies with B.K.S. Iyengar in the 1970s, spoke to her in a way that no other treatments had, including psychotherapy and antidepressant medication.

### **Are Antidepressants Bad?**

In recent years, doctors have increasingly focused their efforts in treating depression on changing the biochemistry of the brain, specifically by using drugs to raise the levels of neurotransmitters such as serotonin. This is the mechanism of action of the most commonly prescribed antidepressants, the so-called selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Paxil, and Zoloft. But there are many other ways—including aerobic exercise and practicing yoga—to raise the levels of serotonin and other neurotransmitters linked to depression.

While many people in the yoga world have a negative view of antidepressant medication, I believe that there are times when these medications are necessary and even lifesaving. While they have side effects and not everyone responds to them, some people with recurrent severe depression appear to do best if they go on and stay on medication. Others may benefit from using antidepressants for a shorter time to help them feel good enough to establish behaviors—such as an



exercise regimen and a regular yoga practice—that can help keep them out of the depths of depression after the drugs are discontinued.

Still, many people with mild to moderate depression may be able to avoid drug therapy entirely. For them, in addition to yoga and exercise, psychotherapy, the herb St.-John's-wort, and increased amounts of omega-3 fatty acids in their diets can help lift mood. These measures can also help in cases of severe depression, though St.-John's-wort should not be combined with prescription antidepressants.

One caution to yoga teachers: I have seen a lot of guilt-tripping of patients considering antidepressants, which people wouldn't dare do if the medication in question was for diabetes or heart disease. I think that's partly a remnant of the outdated notion that, when it comes to psychological problems, you should just buck up and will yourself to feel better. This approach, of course, rarely works and results in a lot of unnecessary suffering. As Patricia Walden says of drug therapy, "Thank God we've got this option."

### **Personalizing the Yogic Prescription**

You'll want to personalize your approach for each student with depression, but Walden finds it useful to divide students into two major categories, each with its own characteristics and yoga practices that are most likely to be helpful.

Some students' depression is marked by a dominance of *tamas*, the *guna* associated with inertia. These people may have a hard time getting out of bed and may feel lethargic and hopeless. Students with *tamasic* depression often have slumped shoulders, collapsed chests, and sunken eyes. It looks as if they are barely breathing. Walden likens their appearance to that of a deflated balloon.

A more common type of depression is marked by a predominance of *rajas*, the *guna* associated with activity and restlessness. These students are often angry, have stiff bodies and racing minds, and may appear agitated, with a hardness around their eyes. In *Savasana* (Corpse Pose) or restorative poses, their eyes may dart and their fingers won't stay still. These students frequently report difficulty in exhaling fully, a symptom often linked to anxiety.

### **Asana for Depression**

From a yogic perspective, people with *tamasic* depression lack life force or *prana*. You'll want to concentrate on practices that bring breath to the body, particularly



deep inhalations. If they are able to tolerate them, vigorous practices such as repeated Sun Salutations (Surya Namaskar), arm balances, and other challenging poses can be therapeutic. The body and mind are so occupied with the practice that it's hard to brood. When teaching vigorous practices to students with depression, don't worry much about proper alignment. As long as they aren't doing anything that might cause an injury, it's better to have them just do the practice and focus on the movement of the breath. Backbends, in particular, can be stimulating and help fight *tamas*. These range from restorative poses such as supported Savasana (done with a bolster placed lengthwise under the torso) and supported Bridge Pose (Setu Bandha Sarvangasana) to more active poses such as Camel Pose (Ustrasana) and full backbends (Urdhva Dhanurasana). Once you've gotten students to overcome some of their *tamas*, they may be able to relax more deeply. If you try relaxation first, however, you may find them sinking into dark thoughts, defeating the purpose.

Students with *rajasic* depression also tend to respond to Sun Salutations and backbends, though some of them will find strong backbends too agitating. Vigorous practices have the advantage of helping students burn off some nervous energy, and also of being demanding enough to keep their attention from drifting.

Indeed, some students have such a tendency to brood or get swept away with anxious or negative thoughts that asking them to close their eyes in Savasana and restorative poses (and even during pranayama and meditation) may be counterproductive. Any of these practices can be done with open eyes or, if necessary, skipped entirely. In addition, Walden finds that propping students way up in Savasana, even having them lean on an inclined bolster placed against the wall, can be helpful. She'll often talk during Savasana, turning it into more of a guided relaxation practice.

In Part II of this article, I'll discuss using pranayama, meditation, chanting, and other yogic tools for depression.



**Timothy McCall, MD teaches yoga therapy seminars worldwide. He is a board-certified internist, the medical editor of *Yoga Journal* and the best selling author of [Yoga as Medicine](#). This article originally appeared in *Yoga Journal*. You can download a PDF of this article and other articles and view his teaching schedule at [DrMcCall.com](#).**

