

SPIRITUAL MADNESS AND COMPASSIONATE PRESENCE

AN INTERVIEW WITH ELIZABETH VISCEGLIA, MD

Elizabeth Visceglia, MD, is a psychiatrist and Yoga therapist who approaches the healing of mental suffering through the philosophy and practice of Yoga. She is a student of Prakash Shankar Vyas, a Kriya Yogi in the lineage of Lahiri Mahasaya. She works primarily with people with chronic and severe mental illness, and she is currently conducting a study to explore the effects of Yoga for people with schizophrenia at Bronx State Psychiatric Hospital, where many of her students have been inpatients for ten years or longer.

How did you develop your Yoga program at the hospital?

The hospital environment can be extremely isolating and intimidating. Much of my medical training emphasized the perceived separateness of patient from healer, and of health from disease. To cope with the alienation I experienced in the hospital, I often made time to practice Yoga one-on-one with patients.

For example, one man with Crohn's disease was scheduled for his fifth bowel resection, and I was assigned to do his brief pre-op evaluation as part of my surgery rotation. Instead of taking 15 minutes, we ended up talking for an hour about his life, his reflections about why he had developed this difficult disease, and what it might mean.

I suggested we practice some *pranayama* together and led him through some simple relaxation exercises, as he was understandably worried about his impending surgery. He found our practice so helpful that he requested I scrub in at his surgery the next day, telling me, "I just want to see you there when they put me to sleep tomorrow." I was happy to be with him the next day, and found myself praying for him as I assisted with his surgery, my hands literally inside his belly. Experiences like this helped me feel connected to the people I was serving, rather than afraid or distant.

Three years ago, when I was doing a psychiatry rotation at Bronx State, I was disturbed by the inhumane conditions there. Patients were locked on wards for all but an hour or two per day with literally nothing to do. They met with their doctor for as little

as 15 minutes weekly. These are the people with chronic mental illness our society has given up on. I decided to start teaching a Yoga class, since this was something I believed could be helpful on multiple levels.



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them, learning how to manage these uncomfortable states without judgment and without fear can be transformational.

One of my students has severe and chronic anxiety in addition to schizophrenia. She has difficulty being quiet longer than a minute or two because she constantly needs to have the same questions answered: "Will you give me a good report? Will you write me a pass? Did you know So-and-so is extorting me?" So initially, it was very challenging to have her in Yoga class, as her anxiety is expressed in very disruptive ways.

Yet she never missed a class, even if she participated in her own style. And over the last few weeks, I have started to notice a

What does Yoga have to offer people with mental illness?

Yoga is most fundamentally a system designed to address and heal the source of mental illness itself—our minds, and the sense of alienation the mind clings to.

One of my patients had severe post-traumatic stress disorder. His experience of isolation and helplessness sent shockwaves through his day-to-day life. He had flashbacks and significant difficulty relating to others.

We began his treatment with daily *pranayama*. We added meditation on both the destructive and creative aspects of the mother goddess Kali. Finally, he began to meditate on his own eternal nature: "I am that I am" (*Hum So*). Slowly but surely, this healed his illness.

For him and many others, Yoga creates a new experience: connected, compassionate presence with others, and a sense of calm within the Self. Just having this kind of experience forces people to question their assumptions about their isolation, and can create a cascade of positive changes.

Many people with mental illness have difficulties with depression and anxiety, and for



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real change. She can join us in the practice for longer periods of time, and when she does not, she is more able to lie on her mat and relax without being plagued by anxious fears. She describes this state as “an inner glow.” Yoga practice fosters a sense of returning to the essence of who we really are. I think this might be what she means by her “inner glow.”

How do you guide students to this experience? Are your hospital classes structured like a “typical” Yoga class?

In theory, yes. But this is not like any Yoga class most people have been to! For starters, there is very little uniformity in what students are doing. My students are very creative and often will do in a chair or on the floor something only vaguely resembling what the rest of us are doing standing up. I try to emphasize the liberating effect of awareness and of noticing differences, not judging them. And usually I am urging people to do less, not more, which is not usually the emphasis at a typical Yoga class.

We also rely on many other practices besides *asana*. We often start with Yoga self-massage, which they love. Just starting to feel their bodies in a pleasurable way is novel. We use *mantra* and sound, particularly the sounds associated with the *chakras*, such as *oh, ah, mm, and ng*. Recently we were chanting *om*, and one of the students pointed out that it sounds like “home,” so we did a round of chanting “home” as well.

We frequently do walking meditation, often with individuals repeating to themselves a quality they want to embody, such as happiness or peace, with each step. Sometimes we will do walking meditation before *asana* practice, and when I ask people “What does this feel like today?” I usually get answers like “Stupid.” When we repeat the meditation after *asana* and relaxation and I repeat the question, the new answer is, “Like every part of my body is working exactly how it should.”

In some ways, my students with schizophrenia are more “advanced” than many of us, because many of them already know their minds play tricks on them. They have worked to understand that the FBI is not really after them, or that the voice in their head is not actually the devil. Taking it one step further to consider Yoga philosophy is not such a stretch. Sometimes those on the “normal” spectrum have much more difficulty accepting the principles of Yoga because they are so accustomed to unquestioningly accepting all the information they receive from their minds.

Can Yoga offer us a different way of thinking about mental illness than our Western model?

The Western allopathic approach to madness is one of blame—troublesome genes, faulty neurobiology, traumatic experiences, difficulties in early childhood.

The philosophy and practice of Yoga offer important counterpoints to this judgmental orientation. Yoga includes the concept of “divine madness” as one aspect of spiritual experience, even spiritual expertise. There is a well-developed tradition in Hindu mythology where both gods and goddesses seem to be mad, as do their devotees. Shiva himself, father of Yoga, is often represented as a madman covered with ashes, singing and dancing on cremation grounds, associating with “idiots or epileptics.” Devotees of Shiva and others, notably Kali, sometimes mirror his state, and as David Kinsley notes, “The madness of the saints is a mark of their freedom and transcendence.”

This view sharply contrasts with the explanations for mental illness shared by our culture. It provides an important counterpoint

to the belief that mental illness is something to be pushed away, and that people with mental illness should be locked up.

For me, the notion of divine madness allows some aspect of the experience of mental illness to become more meaningful, rather than simply pointing to something that has gone tragically wrong with a person. It also offers a potential direction toward resolution or integration of the experience of madness, through the experience of union itself.

Do you share this concept with your students, or does it simply inform how you relate to them?

This concept is integral to my approach to working with those with “madness,” but it is not something I have talked about much. It is more an aspect of my philosophy that allows me to take seriously their perceptions, complaints, and sense of reality. Rather than thinking of these as “symptoms,” which is ultimately dismissive, to me these hallucinations and visions are rich with meaning.

I think that my belief that my patients are my teachers is derived from this concept of divine madness. I approach my students with a sense of respect and equality, as people with something to learn from each other. I try to cultivate the atmosphere of *Namaskar*, the Divine in me saluting the Divine in you, in and out of the classroom or therapy room.

What is the biggest challenge in your work?

Sharing Yoga with people with severe mental illness gives me incredible joy, and I am consistently motivated to do it. However, staying committed to my own personal practice—and not judging myself about my practice—is much more difficult.

My teacher has always emphasized that meditation is the most essential aspect of practice. Intellectually, I completely agree. But I go through periods—as I am right now—where my kriya meditation practice is something I have great trouble doing. I suspect this is because I need it the most.

One of my students recently reminded me of myself in this regard. After class, he told me, “I didn’t want to come to Yoga because I thought I would have to give a lot. Instead, I feel like I gained so much.” I was delighted to hear this. But the next time I went to pick him up for class, he preferred to stay in bed. I was not shocked, but a bit disheartened.

I will continue to work with this student to help him get to class, but he has already been an incredible teacher. His struggle mirrors mine. It can feel so challenging to take care of ourselves and so we routinely deny ourselves what we need the most. He also reminds me to be cautious about my own attachment to outcomes, both for myself and for my students.

Finally, tell me one thing people should know about this work.

I can’t imagine finding more inspiring people to practice Yoga with. They are routinely deprived of the simple pleasures many of us take for granted—healthy food, a comfortable bed, people around who love them. Because they are coming from such a difficult place, when my students begin to feel their bodies and notice their breath, the changes they experience can be truly profound. This translates into a sincere enthusiasm for the practice, a willingness to try new things, and a palpable sense of joy. As one of my students said after class yesterday, “I think this is exactly how I am supposed to feel.” □

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