

Yoga Therapy in Practice

Healing Mind and Body: Using Therapeutic Yoga in the Treatment of Schizophrenia

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Abstract

This article offers insight into the causes and nature of schizophrenia, a chronic mental illness, and describes practical ways Yoga can be integrated as an aspect of treatment. Yoga offers a safe, effective intervention to address both the physiological and psychological stress prevalent in this population. With a practice grounded in the movement of the breath, Yoga can create a sense of community, self-awareness, and self-care that traditional psychiatric practice is frequently unable to foster. This article also discusses some of the concerns specific to teaching this population, and to teaching in a psychiatric hospital. Clinical cases are shared to illustrate the benefits individuals with schizophrenia may receive from a practice of Yoga.

We imagine that the soul is the body, almost a result and derivation from the body; but it is the body that is the soul and a result and derivation from the soul. — Sri Aurobindo

Introduction

A 52-year-old man, EF, lives in a state psychiatric hospital. He can frequently be found lying on a couch in the dayroom at the hospital where he will likely spend the rest of his life. EF has the ability to be intelligent and approachable, but he can also be illogical and unreachable. Other clients at the hospital respect him and have elected him secretary of the patient government, but they also fear his angry outbursts, which emerge erratically from this otherwise gentle man.

EF exists in a situation all too typical for someone with schizophrenia. He suffers from a disease that is poorly understood and rarely cured. He is routinely medicated, and if he refuses his medication, doctors are legally authorized to force him to take it. Living among others who are struggling with their own version of this powerful illness, EF feels isolated and unable to connect. His perceptions of reality are frequently unreliable and confusing, and he occasionally hears voices, a hallmark of schizophrenia. His family seems to have forgotten about him, and he rarely has visitors to break up the monotony of the hospital schedule.

Despite these challenges, EF was able to motivate himself to come to a weekly Yoga class I was teaching on his hospital unit. He frequently requested more challenging postures, and he enjoyed his success at the physical aspect of practice. At the end of class, I ask people to share how they are feeling physically and emotionally compared to when class began. On one particular day, EF did not share anything with the group. But after our closing *prānāyāma* and chanting, he came directly up to me and said, “After Yoga, I can feel my feet touching the ground more.”

A lack of groundedness—the literal disconnection from physical experience—is something EF shares with many others suffering from schizophrenia. Untethered from shared experiences of reality, they suffer from disorganization on multiple levels: uncontrolled thoughts, shifting emotions, unstable social worlds. Their internal reality is frequently confusing and difficult to articulate. But by engaging themselves in the sensations and grounding experience of the body, many are able to become present to a sense of calm which otherwise eludes them.

There has been much discussion in the popular press recently about the many uses of Yoga for improved men-

Some identifying information about patients described in this article has been changed to protect the individuals' privacy.

tal health: Yoga for depression, Yoga for anxiety, Yoga for insomnia. However, there is little discussion about the possibility of addressing the most severe sorts of mental illness, including schizophrenia, through Yoga. Schizophrenia is one of the most debilitating and chronic forms of mental illness. It affects both the mind and the body in profound ways, and full recovery is almost unheard of. Through its calming effects on the nervous system and its focus on connecting mind and body, Yoga can make a unique contribution to the treatment of people suffering with schizophrenia.

In this article, I describe what schizophrenia is, how it affects people's lives, and the common approaches to managing this chronic illness. I then explore how the practice of breath-based Yoga can offer opportunities for healing otherwise excluded from current treatments. I provide teaching strategies and guidelines for those interested in sharing Yoga with this population, and offer stories from my own experiences teaching Yoga to individuals with schizophrenia. I am a medical doctor training in psychiatry at Montefiore Medical Center in Bronx County, New York. I have been practicing Yoga for over 15 years, and have studied *āsana*, *prānāyāma*, and meditation extensively with Prakash Shankar Vyas, a Kriya Yogi in Varanasi, India in the lineage of Lahiri Mahasaya. I have also studied *vinyasa krama* with Srivatsa Ramaswami, Ashtanga Yoga with Pattabhi Jois, and Hatha Yoga in the Sivananda tradition.

Understanding Schizophrenia

Schizophrenia is one of the most serious forms of mental illness because it disrupts cognitive, emotional, and social functioning. Qualities we consider most essential to our identity as human beings become deeply disturbed, including thoughts, language, perception of the world around us, feelings, and a sense of ourselves and our bodies. People with schizophrenia in the United States are subject to downward socio-economic drift and frequently become homeless, abandoned by those who were closest to them.

Symptoms

There are as many manifestations of schizophrenia as there are people with the illness, and the level of function and kinds of symptoms also vary tremendously. As described in the *Diagnostic and Statistical Manual of Mental Disorders*, schizophrenia consists of two classes of symptoms: positive and negative.¹ Positive symptoms involve the presence of experiences and behaviors that are considered abnormal. These include hallucinations (hearing voices or other sensory perceptions not shared by others) and delusions (fixed, false be-

liefs such as “I am the president of the United States”), and non-goal-oriented, disorganized speech and behavior. In contrast, negative symptoms refer to the absence of typical behaviors. These include apathy, lack of displayed emotion, and poor social functioning. Unfortunately, the medications used to treat the symptoms of schizophrenia can create a wide range of side effects, including tremors, stiffness, confusion, sedation, depression, and both acute and chronic movement disorders.

What Causes the Symptoms of Schizophrenia?

There is no known cause of schizophrenia; most psychiatrists agree that it is multi-factorial. There is likely a genetic pre-disposition toward the illness, activated by stressors including perinatal viruses, obstetric complications, childhood trauma, and social environment.²⁻⁴

It is frequently speculated that there is a neurodevelopmental component to schizophrenia. Excessive amounts of dopamine, a neurotransmitter, in brain regions such as the hippocampus are believed to be an important cause of schizophrenia.⁵ Dopamine receptors in these areas appear to function differently, with some taking up too much dopamine and others seeming to be overly sensitive to small amounts.

People with schizophrenia frequently have a high baseline level of physiological arousal, in which the body is chronically agitated and on the alert even under normal conditions, as Zahn⁶ and others describe. Simultaneously, the parasympathetic nervous system—the body's means of calming itself—has been found to be suppressed in many with schizophrenia.⁷

This hyperresponsivity to stress can lead to ongoing overactivation of two of the body's stress-response systems, the hypothalamic-pituitary-adrenal and sympathoadrenal-medullary axes.⁸ These systems produce cortisol and epinephrine, so-called stress hormones. Stress hormones put the body in a state of alert—ready for action or danger, with increased heart and respiratory rates, increased blood pressure, and many other changes. When these hormones are chronically released, as is often the case in schizophrenia, they strain the entire body and mind, and lead to chronic mental and physical distress.

Excess cortisol and epinephrine can worsen the pre-existing problems with dopamine. As the HPA is increasingly activated, more cortisol is released, which interferes with cell function in the part of the brain where dopamine receptors thought to be involved in schizophrenia reside. The end result is exacerbation of excess dopamine's harmful effects.

The unfortunate conclusion is that stress is a trigger of schizophrenic episodes as well as a by-product of schizo-

phrenia itself, creating a difficult-to-break chain of relapse and suffering.

Prognosis

In the U.S., fewer than 15 percent of people who experience a first episode of schizophrenia successfully recover social and vocational function with remission of symptoms for over two years.⁹ While the incidence of schizophrenia is relatively stable throughout populations around the world (approximately one percent), the World Health Organization finds that people living in developing countries have a better prognosis than those in the industrialized nations of Europe and the United States.¹⁰⁻¹¹ No one knows exactly how to account for this difference, but several explanations have been offered. It is clear that developing nations are better able to integrate the mentally ill into society, and fewer people are subjected to long-term hospitalization. Maintaining social connections and having opportunities to perform useful tasks keep people more functional than hospitals and day-treatment programs ever could. Another explanation for the improved course of illness could be the decreased reliance on antipsychotic medications in developing nations.¹² Regardless of the explanation, the poor prognosis for individuals with schizophrenia suggests that treatment of this illness in the U.S. can be considered unsuccessful.

Current Treatments and Their Limitations

Perhaps because there is no single cause of schizophrenia, there is also no single effective treatment. The National Institute of Mental Health identifies several types of psychosocial rehabilitation to help individuals and families cope with schizophrenia, including social and vocational rehabilitation, family education, cognitive behavior therapy, self-help groups, and treatment for substance abuse if indicated.¹³ Many hospitals and day-treatment programs offer social-skills training, independent-living skills training, and group therapy.

Traditional individual and group therapy can create small changes and provoke certain insights after months and years of treatment, but it is acknowledged to be mostly supportive of the client, rather than curative. Talk therapy continually draws attention back to the mind, which has become most comfortable circling familiar themes while avoiding others. “Breakthroughs” out of the illness are rare, if not impossible. Ongoing therapy rarely transforms the face of the illness, and many current treatments emphasize clients’ adherence to medication instead.

Medication is considered a critical component of treating schizophrenia. The oldest known antipsychotic medication is an Ayurvedic herb, called *Rauwolfia Serpentina*, which

has been used for thousands of years to treat what traditional Indian medicine understood as “madness.”¹⁴ Many pharmaceutical drugs, some based on this herb, have been developed for schizophrenia. In general, antipsychotic medications aim to reduce the amount of dopamine available in certain parts of the brain, and some also affect activity of other neurotransmitters.

Antipsychotic medications are most effective at decreasing hallucinations and delusions. They routinely produce side-effects that worsen the negative symptoms, leading to further functional impairment.¹⁵ The drugs often make people more depressed, less interested in doing pleasurable things, and more emotionally cut off. They can also create sleep and eating disturbances. Many people with schizophrenia gain a significant amount of weight because of medication side-effects, which can lead to more inactivity, Type 2 diabetes, high blood pressure, and not feeling at home in their bodies. People taking antipsychotic medications can develop a variety of movement disorders, some of which are lifelong, regardless of whether the medication is stopped.

Despite these limitations and the chronic nature of schizophrenia, current trends and pressures in healthcare in general and psychiatry in particular have led to an emphasis on medications and short-term interventions.

Why Yoga?

While there are frequent references in traditional Yoga texts about improperly practiced Yogic techniques causing psychosis, there are hardly any which directly recommend using Yoga to help heal severe mental illness. However, Yoga has traditionally been a practice for understanding and working with the mind. Patanjali’s second *sūtra* clearly states that “the restraint of the modifications of the mind-stuff is Yoga.”¹⁶ Yoga practice teaches the mind to become less distractible and better able to know itself.

In schizophrenia, the mind is commonly experienced as the enemy, chaotically inserting itself into the individual consciousness in hostile, frightening ways. Learning to modify this mind seems a critical aspect of treatment, one that is extremely difficult and not a major focus in current psychiatric care. Neurologist Antonio Damasio writes extensively about the ways the “body provides a ground reference for the mind.”¹⁷ Physical sensations can create a helpful framework for interpreting mental experiences. Practicing Yoga enables some people with schizophrenia to begin to articulate the confusing experiences of their inner worlds, the first step toward mastery over them. It offers them the possibility of experiencing their bodies as a source of pleasure

and relaxation, rather than shame or discomfort. As Carl Jung, one of the fathers of modern psychology, describes, “Yoga is the perfect and appropriate method of fusing body and mind together so that they form a perfect unity.”¹⁸

In the pursuit of a re-trained mind, Yoga allows us to witness and modify the sense of separateness from which even the most mentally well of us suffer. Twentieth century Indian philosopher Sri Aurobindo¹⁹ and others clearly describe this very human but ultimately false experience of separation from each other, from all living things, and from our deepest selves. People with schizophrenia suffer deeply from an exaggerated experience of separateness. Due to their illness, they perceive the world as hostile, and typically have a strong sense of alienation from others and themselves. Auditory hallucinations often comment on the person and his or her behaviors, criticizing or even commanding the person to do things, and can create a sense of otherness within the self. Social stigma and impoverished social skills further the isolation. If we are able to feel the deep connection we all share, our individual pain can be transformed.

These lessons of Yoga—equanimity of mind, learning to trust the messages of the body, and feeling connection with others—are essential skills that can aid the healing process for individuals with schizophrenia.

Recent reports on the effects of Yoga provide encouraging evidence that Yoga can improve mental health. Yoga has positive effects on mood in people undergoing psychiatric hospitalization; one study reports that attending Yoga class significantly reduced tension, depression, fatigue, and confusion.²⁰ The use of Yogic breathing techniques, without *āsana*, has been found to reduce depression, anxiety, stress, and stress-related medical illnesses.²¹ Yoga has also been shown to directly decrease levels of the stress response.²²⁻²⁴ Because people with schizophrenia exist in a state of chronic biological and social stress, Yoga’s well-documented relaxation benefits may be particularly important. One report suggests that Yoga can be a useful addition to the treatment of hospitalized people with schizophrenia, decreasing symptoms of depression and anergia and improving psychological quality of life.²⁵

Teaching Yoga to People with Schizophrenia

A Breath-Based Integrated Approach to Yoga

As a student of Yoga and a physician, I firmly believe that most benefits come from an integrated practice including *prānāyāma*, meditation, and all categories of *āsana*. *Āsana* is

merely one aspect of a complete system. Separating out certain postures to treat different psychological disorders is a concerning trend. This is a reductionist approach that fails to harness the synergistic power the system contains. There is little convincing evidence that using only certain postures to treat specific disorders is a helpful practice, and I fear that something essential is lost in doing so. Therefore, I do not recommend any particular classes of postures be focused on in teaching; instead, and over time, as many different sorts of postures that participants can perform should be encouraged.

Typically, clients with long-standing, severe mental illness are not encouraged to be physically active and are often not particularly aware of their bodies. (Some clients are preoccupied with bodily sensations, but this is generally in an unrealistic, delusional way.) As an entry point into the body, I have found the most therapeutic place to begin working is with the breath.

As observed in the *Hatha Yoga Pradipikā*, “When the breath is steady or unsteady, so is the mind, and with it the Yogi. Hence, the breath should be controlled.”²⁶ A simple attentiveness to the breath can focus the mind on the breath’s rhythmic movement through the body. This focus becomes a most effective form of meditation—one that requires no special skills or abilities. The sense of relaxation is almost immediate when the breaths are made as smooth and slow as possible.

When exploring the breath with clients, it is important to be aware that relaxation might feel foreign, uncomfortable, and even frightening. Clients also might become fearful when trying anything new, so it is best to start slowly. Invite people to close their eyes only if they feel comfortable doing so. Many people with schizophrenia experience paranoia and are constantly worried for their own safety. Over time, even such people can learn to feel secure enough to close their eyes. For this change to occur, it must be clear that Yoga class is a safe place and that the novel sensation of relaxation is safe and actually feels good.

Because obesity and deconditioning are common in this population, it will likely be appropriate to begin teaching the most basic two-count inhalations and three-count exhalations. The emphasis should be on letting the ribcage and belly expand on the inhalation, allowing the breath to move into the lower back, and then contracting these areas gently on the exhalation. Over time, it becomes possible to teach more complicated *prānāyāma*, including retention of the breath, *kapālabhāti*, and *nadi shodhana*.

The pleasant psychological and physical effects of focused breathing are immediately apparent, which makes even people with severe paranoia more relaxed and better

able to stay engaged with the class and each other. Encourage participants to share with the group what they experience when attending to the breath. One can ask them where in the body they feel relief. This is a good way to anchor the sensation, making it more real and accessible in the future.

For people with schizophrenia, learning how to affect their mood and soothe themselves without medication is a revolutionary change, one to be celebrated and affirmed. Simple breathing techniques can be performed whenever someone feels stress—during daytime if they are upset, at night if they are having difficulty sleeping. Because the effort is so minimal and the effects of breathwork are so immediate, clients who would never practice *āsana* outside of class will frequently use these techniques on their own. While this may seem basic, practicing a breathing exercise on one's own can be a truly empowered act. It requires recognizing an emotional state that is causing distress and using internal resources—not self-harm, other people, pharmaceutical or street drugs—to address it. Clients are always thrilled to discover they have this power at their disposal.

Class Set-Up

I recommend having a co-teacher or staff member present, since inevitably someone will require individual attention. I have found that the class works best with everyone arranged in a circle. That way, we can all see each other and no one needs to worry that they are being looked at from behind. Sometimes a person will choose to position her mat far away from the circle. I usually encourage him or her to join us, and then respect his or her wishes to stay wherever he or she feels most comfortable. In every way possible, I do my best to allow people to participate in Yoga class however they see fit. In the beginning, just coming to class can be practice enough, especially for people with a disease that is partially characterized by a lack of motivation.

Before we begin, I tell people that I might offer a hands-on adjustment to them, with their consent, during class. I let them know that if they do not want to be touched today, that is fine. When I walk around to make adjustments, I am sure to ask each person if I can offer them help at this time, no matter how well I know them or if I have given them hands-on adjustment in the past. Many have suffered physical and sexual abuse, and granting permission allows them total control over their bodies, at least in the present moment.

I also ask whether anyone has injuries or if they are experiencing physical pain, new or old. Some people will bring up the same issue week after week, and sometimes this question elicits delusional material. Regardless of the

nature of their concern, this becomes one of the focuses of the class. I will let that person know that we, as a class, will perform gentle stretches and move through certain postures in order to help relieve their pain. At the end of class, I check in with whoever brought up physical concerns. I have yet to experience a client who did not communicate some sort of improvement after this process. By making his comfort a priority and his experience a focus of the class, we allow the distressed person to feel our concern and our willingness to be of service. This special attention alone is a powerful healing tool.

Āsana Practice

Helping participants to fully experience the feeling of inhalation and exhalation in the body sets the focus for practicing *āsana*. My traditional Yoga training taught me to include all categories of postures in each class: standing, forward bending, back bending, twist, inversion, balance, seated, and relaxation in corpse pose (*savāsana*). Each of these should be taught in its simplest form to begin with. For inversions, clients typically lie on their backs with legs up the wall. This is an easy and safe way to achieve many of the benefits of inversion without the difficulty and potential danger, especially since many of them have medical illnesses as well. Modifications for Yoga postures detailed in “Teaching Therapeutic Yoga to Medical Outpatients”²⁷ are all excellent and appropriate modifications for psychiatric patients.

Poses should not be held statically, as this gives the mind of the participant an opportunity to move back into familiar, disordered thought patterns. Instead, each inhalation and exhalation should be verbalized by the teacher to help participants maintain focus on the breath. Participants should use each breath to slowly move in and out of *āsana* and to maintain focus on the sensations of the body.

I regularly begin the movement portion of class by focusing on opening and grounding the feet. Feeling the feet firmly on the ground can be a novel experience, one that prepares the body and the mind to experience something new as well. Standing tall with their toes spread, clients will inhale and lift up to stand on tiptoes, exhale the entire foot to rest on the floor, inhale and pull the toes back toward the shins, and exhale return to full standing. The feet can move together or in opposite directions, depending on the level of coordination. This simple exercise allows clients to feel the length and width of their feet, and to prepare them to be secure and stable in the practices to follow.

Without question, the aspect of practice that has most profoundly improved in my clients has been their ability to physically balance. When starting to practice Yoga, most

clients have poor balance. Gradually, they learn to shift their weight to one foot while keeping both feet on the ground. Then they try to balance on one foot, keeping the toes of the other in touch with the ground. Slowly they raise and lower this foot, until they are able to focus the eyes, the breath, and the mind enough to steady the body. The rapid and sustained improvement in the act of balancing has been marked. This came as a surprise, since it seemed that balance would be one of the most difficult things for someone with schizophrenia to attain.

Since we want to cultivate the quality of positive self-awareness, it is important to integrate it into the class. During the practice, participants should be asked to verbally express how they are feeling. They might choose to answer this question with a statement about their physical or their emotional well-being, and either way is appropriate. By checking in with the class frequently, the teacher can model the practice of checking in with oneself. Until someone is asked how she feels, she might not think to pause and look within. And as a teacher, essential information can be communicated to you—such as whether people feel tired or anxious, energized or calm. Working with this feedback, you can continue to tailor the class to the specific needs of the participants.

I am frequently surprised by clients' ability to feel and articulate subtle, energetic aspects of postures. Because they do not always develop the self-censoring mechanisms most of us have, these clients can experience the essence of a chest-opening pose as surrender or describe the reverence of a forward bend in ways many of us cannot. These are some of the moments when I learn the most from my students.

In working with this population, it is important to understand that people will practice *āsana* in their own way and it is unlikely that you will observe the unanimity of postures that characterize most Yoga classes. Some people will follow instructions to the letter, and others will seemingly create their own sequences. Sometimes a client will have one *āsana* or exercise he or she wants to spend time on while the group moves on. Other times I follow the lead of a client who starts a different stretch or verbalizes such a desire—allowing clients to listen to and trust the messages they are receiving from their bodies is a central aspect of this work. It is important as a teacher to foster a high tolerance for different kinds of behaviors, since Yoga class should be a place where people can both accept and share space with each other.

Closing the Practice

In relaxation (*savāsana*), I never expect people to be able to relax on their own. Such unstructured time might allow

the habitual patterns of the mind to creep or catapult back in. Instead, I offer a silent exercise, such as counting exhalations backwards, starting with number 20 and finishing with number one, while resting in *savāsana*. Or I might take the class through a simple guided relaxation exercise. We finish class with more breathing exercises that I encourage people to use whenever they like, especially when they are having a difficult moment or day. This might involve retaining the inhalation or exhalation for a count or two, or might just be deep breathing we all perform together.

We finish class with chanting and a final check-in. The positive effects created through Yoga practice are experienced both during class and afterward. Clients should be encouraged to notice how they feel later in the day or that evening after class, and this information can be shared with the group at the next meeting. Feeling more relaxed is important, but recognizing exactly how one feels is equally if not more important.

Stories from Clinical Experience

The following case stories demonstrate the variety of benefits individuals with schizophrenia experience from Yoga practice. They also provide a window onto the unique challenges and rewards of working with this population.

Connecting to Body, Mind, and Self

One client, SR, a 43-year-old woman, suffered from chronic stiffness throughout her body. This stiffness was a side-effect of the two antipsychotic medications she took. She was considered “somatically preoccupied,” a common symptom of schizophrenia in which the person is highly aware of physical sensations that defy our shared understanding of reality. In this case, SR felt bugs flying around in her brain and poisons in her blood. She also thought that there were fish living in her intestines. While the stiffness in her musculature was clearly visible in all her movements, she focused her complaints on the bugs and fish instead.

SR began coming to Yoga class and soon was able to focus on other sensations of the body. She became aware of a deep, tight aching throughout her spine, and began to make a connection between the stiffness and the medicines she was taking. Her focus started to shift from illness-generated complaints to what might be considered reality-based complaints. SR described the experience as “realizing the pain I had not only in my mind, but in my body too. Then I can try to fix it.” This increased awareness allowed her to become a better advocate for herself and to

speak in ways that others could understand. Yoga practice frequently gives people permission to feel their actual body and use words to describe it, rather than resorting to metaphor and delusion.

Another client, RP, a 57-year-old man with diabetes, HIV, and schizophrenia was extremely tall and obese. He suffered from dizzy spells and was understandably fearful when moving around. RP usually sat in a chair at the far end of the common room, reading the Bible and other religious literature. He never wanted to come to Yoga class. However, he was very open to doing breathing exercises with me while he stayed in the comfort of his chair. We began by consciously following the breath as it traveled in and out of the body. The first time he tried breath retention, he reported, “Now when I breathe, I can feel the relaxation move all the way into my toes.” Eventually, he was able to perform more complicated *prānāyāma* and would frequently use these techniques at night if he could not sleep, instead of requesting sleeping medication from the nurses.

Yoga provides an opportunity to experience physical pleasure, something many people with schizophrenia are denied, both institutionally and due to their illness. NC had been a resident at a state psychiatric hospital for two years after developing severe psychotic symptoms, ultimately being diagnosed as schizophrenic, at age 45. He had a marriage and a child “on the outside,” and these relationships were alternately pleasurable and frustrating for him. He felt like a failure as a father and a spouse, and this negativity infested all aspects of his life at the hospital. He rarely smiled or interacted with other people. He had been physically active before he became ill, but due to his medications had gained more than 100 pounds. In talking with him, one had the sense that he didn’t feel he deserved to be happy; instead, he believed that because he had “failed” at so many life tasks, he had somehow brought these misfortunes upon himself.

It is very likely that NC started attending Yoga solely because his psychiatrist, a colleague of mine, attended as well. However, he continued to come because it was the one activity that gave him only pleasure. While visits from family could be enjoyable, they were also guilt-provoking. Practicing Yoga reminded him of life before his illness, when he was in shape and felt more mastery over his world. NC repeatedly stated, “Yoga is the one thing I really enjoy in my life right now.” This single pleasurable activity had a profound effect on him, as it can for many other clients who are able to find parts of themselves to like and even love through the practice of Yoga.

Connecting to Others

People with schizophrenia frequently feel isolated from others because their thoughts and behaviors appear uncommon. Creating room for difference allows them to feel connected to the group in their own way. GS, a 47-year-old man with schizophrenia, had been living in a state psychiatric hospital for about 15 years. He had a history of paranoia and erratic behavior, but was always appropriate in class. He would frequently do his own exercises on the mat, but he clearly enjoyed the shared time with others and found class rejuvenating. Once he told me with a huge smile on his face, “When I do Yoga, it’s on fire!” While the literal meaning of this comment might not be obvious, it was definitely positive feedback.

One day in class, we were moving from a standing to a seated position. “I hear a little voice,” GS said. This was the first time I had ever heard a client spontaneously share that he was having an auditory hallucination with others. Because they are usually a source of shame, even people in psychiatric hospitals tend to keep hallucinations private. I asked if he would tell us what the voice was saying. “It’s telling me to get down. I am gonna tell it that I am already down!” At this, he and the class burst into laughter. Sharing this hallucination diminished the voice’s power and demonstrated how comfortable GS was in the context of the class. It was therapeutic for everyone in attendance to see that there is nothing inherently wrong or scary with having such hallucinations, and it normalized their own experiences. It also let GS experience power over both the voice and the tumultuous emotional state that hearing the voice typically entailed.

KR, a 32-year-old female living at a shelter for women with chronic mental illness, came regularly to Yoga class. She always showed up a few minutes late, wearing sunglasses and big black boots for the duration of class, regardless of the weather. She barely spoke, even when directly asked a question, but she participated in all the postures and breathing exercises. One day she came to class in flip-flops, which she removed before standing on her mat. The next week, again barefoot, she spoke for the first time. She told the class she was having severe back pain and was having trouble moving at all, but she didn’t want to miss class and hoped it would help. By the end of class, she was able to smile and share that she felt much better. This small progress—which can take months or years in traditional talk therapy—seems to have been expedited by the sense of community and compassion that Yoga fosters. Creating conditions to reinvigorate a sense of connection with others is an essential reason to use Yoga as an aspect of treatment in schizophrenia.

SD, a 28-year-old man, was hypervigilant. He continually looked around the room throughout Yoga class, as he did throughout the hospital (when he wasn't asleep in the common area with his coat over his head). He thoroughly enjoyed the movement aspect of Yoga class and even requested that we play Bob Marley CDs during *āsana* practice, which we did, to everyone's delight. But during breathing exercises and relaxation, he was unable to sit still, let alone close his eyes. He would continue to move around the room, dancing and stretching, while others lay quietly on the floor.

One day, seemingly out of the blue, he sat still on the floor and closed his eyes during final relaxation. He later explained to me that his father was Jamaican and that relaxing while listening to reggae made him feel that his dad was nearby. This was a novel sensation for someone who was abandoned by his father as a child. In class—if nowhere else—he felt began to feel safe enough to have his eyes closed without the protection of his big winter jacket.

Conclusion

The purpose of Yoga is to cultivate a sense of equanimity and equilibrium in both the body and the mind. People with schizophrenia exist at the center of profound psychological storms, and frequently experience helplessness in the face of their illness.

While much emphasis in psychiatric care focuses on using the mind to unlock the mind and using medications to quiet it, I have found that using the body to free the mind is an extremely powerful tool. Grounding the breath and the body through Yoga allows the mind to follow the path of the body. This moving meditation creates a sense of peace and of control that can be so elusive to this population. Movements can be considered thoughts of the body; when conscious movement becomes smoother, more orderly, and more beautiful, it can bring these qualities to the mind itself. Those who are most cut off from their own breath and bodies reap the results of awakening this connection profoundly. This approach has the power to transform the current model used in psychiatry, a model that can justly be considered a failure in the healing of schizophrenia.

“Feeling the feet touching the ground more” seems an excellent metaphor for the healing that breath-based Yoga can bring to those with severe mental illness. Patanjali remarks that “disease, false perception, failure to reach firm ground” (among other qualities) are the obstacles to our knowledge of the “inner Self.”²⁸ Listening to those with schizophrenia, one hears the suffering that lack of equanimity of mind creates. Continuing to listen to their experiences

with breath-based Yoga, we witness the healing that comes simply through learning to feel one's feet more firmly on the ground.

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