



# YOGA AND PSYCHOTHERAPY GO HAND IN HAND FOR ANXIETY AND DEPRESSION- A REVIEW

<sup>1</sup>Joel Mathew Jose, <sup>2</sup>Neena Biju Anthony, <sup>3</sup>Mahesh Narayanan

<sup>1</sup>M.Sc. Clinical Psychology student, <sup>2</sup>B.A. Psychology Student, <sup>3</sup>B.A. Psychology Student

<sup>1</sup>Department of Psychology,

<sup>1</sup>Christ (Deemed to be University), Bangalore, Karnataka, India

**Abstract:** Disorders of anxiety and depression have a significant effect on quality of life, with the increase in their symptoms leading to a decrease in the various domains of quality of life. Both these conditions have been associated with a number of negative outcomes. The current treatment interventions hold psychotherapy in prominence for these conditions as the efficacy of psychotherapy, especially the cognitive behavioural modality is supported by substantial evidence. An effective non-pharmacological intervention- Yoga, has been perceived as a method of stress management tool that can assist in alleviating depression and anxiety disorders. This study has been undertaken to review existing literature on the integrative value of Yoga and Psychotherapy. The study will highlight the advantages of using yoga as a complementary treatment with psychotherapy that will help mental health professionals to individualise their therapeutic treatment by delivering more holistic and collaborative treatment plans.

**IndexTerms – Yoga, psychotherapy, depression, anxiety, mood, intervention, CAM.**

## I. INTRODUCTION

Disorders of anxiety and depression have a significant effect on quality of life, with the increase in their symptoms leading to a decrease in the various domains of quality of life. (Brenes, 2007). Both these conditions have been associated with a number of negative outcomes as well. Anxiety disorders exceed mood disorders in a recent US epidemiological study, with a lifetime prevalence of 28.8%. (Kessler and Wang, 2008; Kessler et al., 2005). Mood and anxiety disorders are usually chronic and comorbid (Andrews et al., 2002; Wittchen et al., 1998). Affecting a person's psychological, social, and professional functioning, as well as their physical health, they can lead to high healthcare costs and worker productivity losses (Frye et al., 2006; Kessler et al., 1994; Williams et al., 1997). It is classified OCD and PTSD as spectrum illnesses in the DSM-5. Anxiety disorders include SAD, GAD, panic disorder and agoraphobia. The efficacy of psychotherapy, especially the cognitive behavioural modality for anxiety and depression are supported by substantial evidence. It is also currently the treatment of choice for these disorders (SCOTT N.COMPTON, 2004). This approach however, has its own limitations. Psychotherapy focuses more on the historic aspect, using the past to reflect on the present. There are interventions that specifically focus on the here, and now, yoga being one of them (Christine, 2017). Anxiety and depression problems affect 10–20 percent of the population each year (Center et al., 2003). Mood and anxiety disorders have been identified to be effectively treated with CAMs which includes herbs, meditation, yoga and nutraceuticals. Expansion of these therapies Yoga has helped people with depression and anxiety. Yoga's effectiveness in specific situations hasn't been evaluated recently (Silva, 2009).

## II. REVIEW OF LITERATURE:

In the following review, would look into different studies and researches that have dealt with this area, in order to understand the value of an integrated approach of yoga and psychotherapy to deal with anxiety and depression.

The article [1] by Forfyflow, Andrea L., looked at the existing observational research on yoga as an effective, complementary, clinical intervention for anxiety and depression. It concluded that addressing anxiety and depression through additional ways that include concentrated breath work practices, physical postures, and meditation of yoga can assist mental health professionals to treat anxiety and depression.

The aim of the study [2], conducted by Chloe Russell was to assess the need for and feasibility of implementing the Mindfulness, Meditation and Yoga (MMY) program. At the end of the study it was seen that the participants believed that there was a requirement for supplemental treatment programs to address the mental health needs of the youth at their sites. Although the results varied according to the sites, all participants indicated some level of need for the MMY program.

In the work by Ganesh Shankar [3], in the book health psychology edited by Surila Agarwala, Ganesh talks about the distinctive contribution that India can provide to the western system of psychotherapy for a comprehensive treatment of problems related to the integration of personality from a comparative stand point of yoga and depth psychology. In both psychoanalysis and yoga, the conductor of the session is the analyst and the teacher (guru). The initial steps are common for both processes, where the clients are asked to let go of old automatisms of thought and feeling. They are trained to lose rigidities of the thought and emotion that are a result of their nature as well as nurture. The work concludes on the note of how this paper encourages the Eastern and Western psychologists/psychotherapists to incorporate an effective integrated method of psychotherapy by using the system of yoga.

The objective of the study [4], conducted by Piyanee Klainin-Yobas examined empirical evidence of the effects of relaxation interventions on anxiety and depression among the older adults. Progressive muscle relaxation training, music intervention, and yoga had the strongest intervention effects on depression. The findings of this research concluded that when compared to controls in most studies, older adults who were subjected to relaxation interventions experienced greater reductions in anxiety and depression. Among the multiple interventions in the study, yoga was one of the processes with the strongest intervention effects on depression and was able to greatly reduce symptoms of anxiety in older adults.

In the article [5] by K Meister, looks upon the evidence of the effects of yoga on selected major psychiatric disorders. The results of this study was that the efficacy of yoga for reducing the depressive symptoms, anxiety disorders, and posttraumatic stress disorder (PTSD) is encouraging, but its use in major depressive disorders is less clear.

In the article [6] by Scott N. Compton, literature is reviewed on the cognitive-behavioural treatment of children and adolescents with anxiety and depressive disorders within the conceptual framework of evidence-based medicine. The results states that for both anxiety and depression, the substantial evidence supports the efficacy of problem-specific cognitive-behavioural interventions.

In the article [7] by Patricia M Barnes, the selected estimates of complementary and alternative medicine (CAM) use among U.S. adults and children is presented. The statistical results states that in the year 2007 almost 4 out of 10 adults and one in nine children (Approximate finding by NHIS) used CAM therapy in the past 12 months.

In the article [8] by Laura Douglass, the uses of yoga as an experiential adjunct to other forms of therapy in the treatment of eating disorders in residential and outpatient settings is explored. The usage of yoga practice might be a significant component on the path towards wholeness and healing. Some clinical findings bring to light the remissions rates of depressive episodes to be 77% after receiving yoga and meditation training. "Yoga has the ability to change the neurophysiology of the body" and thus it is able to create cognitive and physical changes. The study concluded on the note that most individuals healing from eating disorders need a team consisting of a psychologist or social worker, registered dietician, a physician and a group support – yoga is increasingly being added to the mixture.

In the work [9] by M Javnbakht, the influence of yoga in relieving symptoms of depression and anxiety in women who were referred to a yoga clinic is evaluated. The results state that when the experimental group was compared to the control group, women who participated in yoga classes showed a significant decrease in state anxiety and trait anxiety.

In the article [10] by Fouladbakhsh, Judith M., the relationships among gender, physical and psychological symptoms (pain, insomnia, fatigue, and depression), and use of specific complementary and alternative medicine (CAM) practices among survivors in the U.S. cancer population have been identified. The findings from this study was that the use of CAM practice was more prevalent among the Caucasian, middle-aged, females and well-educated subjects.

The objective of the preliminary [11] study conducted by Monica Beltran, Abena Nyamekye Brown-Elhillali etc was to examine changes in functioning following meetings of a yoga-based psychotherapy group (YBPG) for boys with a history of interpersonal trauma exposure. It concluded that YBPG is an effective intervention for the same population.

The review [12] by Luciana D'Alessio, Guido Pablo Korman etc. looked at the prevalent knowledge about allostatic load (AL) as well as chronic stress in relation to depression and anxiety, physical activity as well as yoga practice. It also throws light on yoga as a combination of physical (asana) and mental (meditation) activities. Yoga and pranayama have several benefits beyond their well-known role in health maintenance. Yoga is supposed to reduce stress and anxiety by soothing the HPA axis, which is triggered by physical or mental stress. With yoga, you may reduce physiological arousal (such heart rate), as well as psychological stress. Yoga appears to boost stress tolerance by raising heart rate variability. Executive brain neuroplasticity may be improved through yoga. Frontal, limbic, temporal, occipital and cerebellar GMV are higher in yoga meditation practitioners than in controls. Research shows that people with meditation had higher plasma melatonin levels than non-meditators immediately after meditation. In healthy persons, three months of hatha yoga and omkar meditation enhanced their cardiorespiratory and psychosocial characteristics

The article [13] by Tricia L da Silva, Lakshmi N Ravindran and Arun V Ravindran looks at evidence based literature on the benefits of yoga in managing mood and anxiety disorders.

The paper [14] by Jaclyn M Kamradt provides an overview on the history of yoga, the scientific evidence in support of its use for mental health issues, and an ethical framework to guide psychologists interested in integrating yoga into psychotherapy.

The review [15] by Maherra Khambaty and Rajesh M Parikh emphasizes the significance of cultural factors in making relevant diagnoses and offering effective and holistic treatments to individuals with anxiety disorders along with reviewing the prevalence and phenomenology of various disorders. They look at the various asanas or positions in yoga and talk about their benefits. Yoga practitioners who perform savitri pranayama for 5 minutes report great psychosomatic relaxation. Shavasana reduces oxygen consumption. Studies on the effects of yogic meditation on stress and anxiety have been positive. MSRT is an advanced yoga practise that incorporates conscious relaxation while using mantra to create resonance. In a pilot study, MSRT decreased anxiety and enhanced psychomotor function in GAD patients. To treat GAD, Vahia et, al. colleagues observed that meditation was as effective as medicine (imipramine and chlordiazepoxide) with none of the negative effects of pharmacotherapy, such as dependency and overdosage. Without a doubt, yoga has been shown to immediately lower anxiety in clinical experiments.

The review [16] by Sy Atezaz Saeed, Diana J Antonacci and Richard M Bloch looks at the positive effects of exercise, yoga as well as meditation in combating depressive and anxiety disorders. It also looks at their benefits in adjunctive treatments for these disorders.

The article [17] by Christine Jeuland Ware focuses on how psychotherapy and Yoga facilitate aspects of (1) self-awareness and introspection, (2) behavioral change, (3) cognitive change and self-acceptance, as well as (4) connection.

The study [18] by Nina K Vollbehr and Agna A Bartels-Velthuis aimed at systematically investigating the effectiveness of hatha yoga in treating acute, chronic and/or treatment-resistant mood and anxiety disorders.

### III. RESEARCH METHODOLOGY

This article [1] by Andrea L. Forfyflow addresses the empirical research on yoga as an effective, complementary, clinical intervention for anxiety and depression based on an examination of studies published from 2003 to 2010. There is a discussion of study findings and research limitations and suggestions for researchers and future research. They have used abundant studies examining yoga as an effective clinical treatment intervention for psychological and physiological concerns. The clinical findings show that for both anxiety and depression, breath work, physical postures, meditation and yoga theory and philosophy have been examined.

As a section of the book 'Health Psychology', the work [3] by Ganesh Shankar examines yoga according to its present value and validity. It examines the yoga system and methodology according to its ancient origins and its contemporary value. The main aim of the work is to incorporate yogic techniques into psychotherapeutic work.

The objective of this review [4] by Piyanee Klainin-Yobas was to examine the empirical evidence of the effects of relaxation interventions on anxiety and depression among older adults. The sources of data for the review were comprehensive literatures which identified studies that satisfied the pre-set inclusion and exclusion criteria. The focus was on 15 published and non-published studies - 12 randomised controlled trials and three non-randomised controlled trials - undertaken in the past 20 years (1994-2014). Three reviewers selected studies, extracted data, and appraised the methodological quality. Hedges' effect sizes were computed and were used to represent the effects of intervention.

The study [5] conducted by Gretchen A. Brenes examined the impact of anxiety and depressive symptoms on emotional and physical functioning, the effects of anxiety symptoms on functioning independent of depressive symptoms, and the effects of depressive symptoms on functioning independent of anxiety symptoms. The participants of the study included 919 patients, recruited from 2 university-affiliated primary care clinics between May 2004 and September 2006, who completed self-report measures of anxiety symptoms, depressive symptoms, and quality of life. The results showed that almost 40% of the sample reported anxiety symptoms and 30% reported depressive symptoms.

The article [6] by Scott N. Compton reviews the literature on the cognitive-behavioral treatment of children and adolescents with anxiety and depressive disorders within the conceptual framework of evidence-based medicine. The method used was systematic searching of psychiatric and psychological literature for controlled trials applying cognitive-behavioral treatment to pediatric anxiety and depressive disorders. This showed that for both anxiety and depression, substantial evidence supports the efficacy of problem-specific cognitive-behavioral interventions. Comparisons with wait-list, inactive control, and active control conditions suggested medium to large effects for symptom reduction in primary outcome domains.

The report [7] by Patricia M. Barnes presented selected estimates of complementary and alternative medicine (CAM) use among U.S. adults and children, using data from the 2007 National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). Trends in adult use were assessed by comparing data from the 2007 and 2002 NHIS. Estimates utilised in the study were derived from the Complementary and Alternative Medicine supplements and Core components of the 2007 and 2002 NHIS. Estimates were generated and comparisons conducted using the SUDAAN statistical package to account for the complex sample design.

The article [9] by M Javnbakht throws light on yoga as something that has been perceived as a method of stress management tool that can assist in alleviating depression and anxiety disorders. This study sought to evaluate the influence of yoga in relieving symptoms of depression and anxiety in women who were referred to a yoga clinic. The study involved a convenience sample of women who were referred to a yoga clinic from July 2006 to July 2007. All new cases were evaluated on admission using a personal information questionnaire well as Beck and Spielberger tests. Participants were randomly assigned into an experimental and a control group. The experimental group (n=34) participated in twice weekly yoga classes of 90 min duration for two months. The control group (n=31) was assigned to a waiting list and did not receive yoga. Both groups were evaluated again after the two-month study period. The average prevalence of depression in the experimental group pre and post Yoga intervention was 12.82+/-7.9 and 10.79+/-6.04 respectively, a statistically insignificant decrease (p=0.13). However, when the experimental group was compared to the control group, women who participated in yoga classes showed a significant decrease in state anxiety (p=0.03) and trait anxiety (p<0.001).

The article [10] by Fouladbakhsh, Judith M. etc identified relationships among gender, physical and psychological symptoms (pain, insomnia, fatigue, and depression), and use of specific complementary and alternative medicine (CAM) practices among survivors in the U.S. cancer population. The design of the study included secondary analysis of the 2002 National Health Interview Survey (NHIS). The CAM Healthcare Model, an extension of the Behavioral Model for Health Services Use, guided the study. The setting of the study was The United States. The sample of the study included 2,262 adults (aged 18 years and older) diagnosed with cancer representing more than 14.3 million cancer survivors in the United States. The methodology was an NHIS interview data on use of CAM practices (diet, yoga, tai chi, qigong, meditation, guided imagery, relaxation, and deep breathing) were examined in relationship to gender and symptoms. Analysis was conducted using Stata® 9.2 software for population estimation. Binary logistic regression, the primary statistical model employed in the analysis, focused on between-subject differences in practice use. The dichotomous outcome variables included use of at least one CAM practice and use of specific individual CAM practices. Independent variables included gender, age, education, race, provider contact, cancer diagnosis, pain, insomnia, fatigue, depression, and health status.

Article [11] by Monica Beltran examined changes in functioning following meetings of a yoga-based psychotherapy group (YBPG) for boys with a history of interpersonal trauma exposure. The design of the study made it a prospective, intervention cohort study. The study occurred at an urban-based mental health center focusing on treatment of children exposed to

interpersonal trauma in their communities and families. Participants were 10 boys, aged 8-12 y, who primarily were African-Americans (70%) and who had a history of trauma. The YBPG was a 12-wk, yoga-based, group therapy, integrated with mental health treatment that was trauma informed and evidence-based. Measures of attendance and interpersonal functioning-the Behavioral and Emotional Rating Scale 2 (BERS-2) and patient satisfaction surveys-were collected. The pre- and post-YBPG, paired t test; Wilcoxon's signed rank test; and effect sizes were calculated to assess change in interpersonal functioning following the YBPG, as reported by the parents and children.

The article [13] by Tricia L da Silva, Lakshmi N Ravindran and Arun V Ravindran reviews of the evidence of the benefit of yoga to manage mood and anxiety disorders. The sources utilised for the study were The PubMed, Medline and PsycInfo databases. They were searched for literature published up to July 2008, relating to yoga and depressive and anxiety disorders.

The paper [14] by Jaclyn M. Kamradt purpose provides an overview of the history of yoga, the scientific evidence in support of its use for mental health issues, and an ethical framework to guide psychologists interested in integrating yoga into psychotherapy. It looked through aspects of the current shifts in medical paradigms, significance of yoga to psychotherapists and also looks at the ethical considerations to setting up an integrative practice, looking at clinical vignettes in the process.

The article [15] by Maherra Khambaty, reviews the antecedents, prevalence, phenomenology, and treatment modalities of anxiety disorders in the Indian cultural context. It covers the history of the depiction of anxiety in India and the concept of culture in the classification of anxiety disorders, and examines the cultural factors influencing anxiety disorders in India. It looks at the prevalence and phenomenology of various disorders, such as generalized anxiety disorder, panic disorder, social anxiety, and phobic disorder, as well as culture-specific syndromes such as dhat and koro in India. It also examines the wide range of therapeutic modalities practiced in India, such as faith healing, psychotherapy, ayurveda, psychopharmacology, Unani medicine, homeopathy, yoga, meditation, and mindfulness.

The article [16] by Sy Ateaz Saeed and Diana J. Antonacci summarizes the available evidence on the effectiveness of nonpharmacologic and non-conventional interventions, including exercise, meditation, tai chi, qigong, and yoga approaches for treating clinical anxiety and depression. It provides detailed applications of each of these above mentioned interventions in the background of anxiety as well as depression. It provides explanations on the key recommendations for their actual practice. Extensive literature on a wide range of the above mentioned interventions has been searched for.

The article [17] by Christine Jeuland Ware focuses on how psychotherapy and Yoga facilitate aspects of (1) self-awareness and introspection, (2) behavioral change, (3) cognitive change and self-acceptance, as well as (4) connection. The literature referred for the work include the work 'Yoga and Psychotherapy: The evolution of Consciousness' (1976), by Rama, S., Ballentine, R., & Ajaya, S; 'The theory of the parent-child relationship' from International Journal of Psychoanalysis by Winnicott, D. (1960); 'The Sivananda Companion to Yoga' by the Sivananda Yoga Center (2000); and the work 'Yoga and the Quest for True Self' by Cope, S (1999).

The article [18] by Strøm-Pedersen and Hannah systematically assesses and meta-analyses the effects of yoga interventions in reducing anxiety in patients with GAD. To complete the analysis a comprehensive systematic literature search was completed using search engine databases, including MedLine® ovid and PsycINFO® ovid during a period from September 2019 to April 2020. Risk of bias was assessed using adapted versions of the Cochrane Collaboration tools. A meta-analysis was conducted using the random-effect model to obtain standardised mean differences with 95 % confidence intervals. All studies were assessed at serious risk of bias. Except for one study (Chad-Friedman et al., 2019), all reported significant results favouring the yoga intervention. A meta-analysis revealed evidence for large short-term effects of yoga on anxiety compared with treatment-as-usual and wait-list control.

#### IV. CONCLUSION

Psychotherapy and yoga can prove complimentary to each other in many ways. Both these practices can promote behavioural, emotional as well as cognitive changes. Since both the practices have distinct benefits, an integrated approach, specifically adapted to individual's needs, can be greatly affective. Both these practices may enhance each other's effects, for example yoga may enhance the effects of traditional psychotherapy practices in some cases or psychotherapy may deepen the yoga practice, leading to greater insight, reflection as well as integration [17].

An integrative approach to treatment can provide a more holistic care, and this has led to a surge in the use of complementary and alternative medicine (CAM). This practice is considered more wholesome, with fewer side effects [10]. With the increase in the use of CAM treatment practices, yoga ranks as the most commonly used CAM mind-body intervention [7]. The yoga practice has the capacity to make psychoanalysis reach its fullest potential, according to the psychoanalytic writer, Geraldine Coster.

Yoga is a "self-promoting science that combines psychophysical and emotional development." Muscle relaxation as a result of yoga reduces the effects of chronic stress and trauma. Therapeutic yoga has proven beneficial for children and adolescents with inattention, anxiety, sadness, substance abuse, and eating disorders. Studies have shown yoga to be helpful for women with persistent depression, effective in treating prenatal depression, reduction of anxiety symptoms better than no treatment. Yoga and exercise have been proven to be equally effective as standard depression and anxiety treatments [16].

Yoga practice has the ability to create a form of homeostasis in the body, thus proving to be a greatly appropriate non-pharmacological intervention to treat anxiety and depression [9]. Using yoga as a complementary treatment with psychotherapy may help mental health professionals to individualise their therapeutic treatment by delivering more holistic and collaborative treatment plans [1].

## V. ACKNOWLEDGMENT

We are thankful for all the support and guidance offered from our friends and family for the completion of this work. We are also grateful for all the researches done before which helped us to do the review.

## REFERENCES

- Forfylow, A. L. (2011). Integrating Yoga with Psychotherapy: A Complementary Treatment for Anxiety and Depression. *Canadian Journal of Counselling and Psychotherapy*, Pages 132–150. <https://eric.ed.gov/?id=EJ930795>
- Christine. (2017). yoga and psychotherapy. *International association of yoga therapists*, 27-30. <https://www.liebertpub.com/doi/abs/10.1089/acm.2007.6338>
- Shankar, G. (2009). Yoga Psychotherapy around the World. In R. A. Cummins, *Health Psychology, Subjective well-being and core affect* (pp. 219-228). Allied Publishers Pvt. Ltd. [https://books.google.co.in/books?hl=en&lr=&id=ikvmCQAAQBAJ&oi=fnd&pg=PA219&dq=3.%09Shankar,+G.+\(2009\).+Yoga+Psychotherapy+around+the+World.+In+R.+A.+Cummins,+Health+Psychology,+Subjective+well-being+and+core+affect+\(pp.+219-228\).+Allied+Publishers+Pvt.+Ltd+ots=65wyBrGRYn&sig=6ZE\\_blySk0QhATW0Q3\\_o2WPI3H4&redir\\_esc=y#v=onepage&q&f=false](https://books.google.co.in/books?hl=en&lr=&id=ikvmCQAAQBAJ&oi=fnd&pg=PA219&dq=3.%09Shankar,+G.+(2009).+Yoga+Psychotherapy+around+the+World.+In+R.+A.+Cummins,+Health+Psychology,+Subjective+well-being+and+core+affect+(pp.+219-228).+Allied+Publishers+Pvt.+Ltd+ots=65wyBrGRYn&sig=6ZE_blySk0QhATW0Q3_o2WPI3H4&redir_esc=y#v=onepage&q&f=false)
- Piyanee Klainin-Yobas, W. N. (2015, January 9). Effects of relaxation interventions on depression and anxiety among older adults: a systematic review. *pubmed.gov*. [https://www.tandfonline.com/doi/full/10.1080/13607863.2014.997191?casa\\_token=hlRYe3LPQSoAAAAA%3AIdFmJhFUNzreuWYxCGqu0FsMhENbnnyqryb\\_u8032RecdFexomibeTKQxugzOuaMinlq8zyW1YHO5w](https://www.tandfonline.com/doi/full/10.1080/13607863.2014.997191?casa_token=hlRYe3LPQSoAAAAA%3AIdFmJhFUNzreuWYxCGqu0FsMhENbnnyqryb_u8032RecdFexomibeTKQxugzOuaMinlq8zyW1YHO5w)
- K Meister, S. B. (2018, September). Yoga for mental disorders. *pubmed.gov*. <https://europepmc.org/article/med/29858642>
- Brenes, G. A. (2007). Anxiety, Depression, and Quality of Life in Primary Care Patients. *PubMed*. <https://pubmed.ncbi.nlm.nih.gov/18185823/>
- SCOTT N.COMPTON, J. S. (2004). Cognitive-Behavioral Psychotherapy for Anxiety and Depressive Disorders in Children and Adolescents: An Evidence-Based Medicine Review. *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/15266189/>
- Medicine, A. a. (2010). *Complementary and Alternative Medicine*. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. <https://web.s.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=0190535X&asa=Y&AN=47235320&h=rPM9MiCQy20eyveirTXp623zEHRok8UzBJuPEq6uIxoey%2bb%2bpcMTsPpkI%2flkeErTxyUDidApN%2bWJRyVFaOw2%2fw%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCriNotAuth&crlhashurl=logi.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d0190535X%26asa%3dY%26AN%3d47235320>
- Oliphant, T. (2009). "I am making my decision on the basis of my experience": Constructing Authoritative Knowledge about Treatments for Depression. <http://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=1195096X&AN=47677733&h=s8BVexjRPXfHTgeWVzNYj0Pq%2B6oor5A%2BJLW98iN7sXbmJCW03bqw6V%2B2OHKhhyKM6saBsEfIC5sNCB98z1Vm6Q%3D%3D&crl=c>
- Barnes, P. M., Bloom, B., & Nahin, R. L. (2008). Complementary and alternative medicine use among adults and children: United States, 2007. Retrieved from <http://nccam.nih.gov/news/2008/nhsr12.pdf>. <https://pubmed.ncbi.nlm.nih.gov/19361005/>
- Douglass, L. (2009). Yoga as an intervention in the treatment of eating disorders: Does it help? *Eating Disorders*, 17, 126–139. doi:10.1080/10640260802714555 <https://pubmed.ncbi.nlm.nih.gov/19242842/>
- Javnbakht, M., Kenari, R. H., & Ghasemi, M. (2009). Effects of yoga on depression and anxiety of women. *Complementary Therapies in Clinical Practice*, 15, 102–104. doi:10.1016/j.ctcp.2009.01.003 <https://pubmed.ncbi.nlm.nih.gov/19341989/>
- Beltran, M., Brown-Elhillali, A. N., Held, A. R., Ryce, P., Ofonedu, M. E., Hoover, D., ... & Belcher, H. M. (2016). Yoga-based psychotherapy groups for boys exposed to trauma in urban settings. *Altern Ther Health Med*, 22(1), 39-46. <https://pubmed.ncbi.nlm.nih.gov/26773320/>
- D'Alessio, L., Korman, G. P., Sarudiansky, M., Guelman, L. R., Scévola, L., Pastore, A., ... & Roldán, E. J. (2020). Reducing allostatic load in depression and anxiety disorders: physical activity and yoga practice as add-on therapies. *Frontiers in Psychiatry*, 11, 501. <https://pubmed.ncbi.nlm.nih.gov/32581876/>
- Da Silva, T. L., Ravindran, L. N., & Ravindran, A. V. (2009). Yoga in the treatment of mood and anxiety disorders: A review. *Asian Journal of Psychiatry*, 2(1), 6-16. <https://pubmed.ncbi.nlm.nih.gov/23051013/>
- Kamradt, J. M. (2017). Integrating yoga into psychotherapy: The ethics of moving from the mind to the mat. *Complementary therapies in clinical practice*, 27, 27-30. <https://pubmed.ncbi.nlm.nih.gov/28438276/>
- Khambaty, M., & Parikh, R. M. (2017). Cultural aspects of anxiety disorders in India. *Dialogues in clinical neuroscience*, 19(2), 117. <https://pubmed.ncbi.nlm.nih.gov/28867936/>
- Saeed, S. A., Antonacci, D. J., & Bloch, R. M. (2010). Exercise, yoga, and meditation for depressive and anxiety disorders. *American family physician*, 81(8), 981-986. <https://pubmed.ncbi.nlm.nih.gov/20387774/>
- Saeed, S. A., Cunningham, K., & Bloch, R. M. (2019). Depression and anxiety disorders: benefits of exercise, yoga, and meditation. *American family physician*, 99(10), 620-627. <https://pubmed.ncbi.nlm.nih.gov/31083878/>
- Ware, C. J. (2007). Yoga and psychotherapy. *Yoga Therapy in practice*, 3(2), 15-17. <http://www.bodypsychyoga.com/Downloads/Yoga%20&%20Psychotherapy.pdf>

21. Vollbehr, N. K., Bartels-Velthuis, A. A., Nauta, M. H., Castelein, S., Steenhuis, L. A., Hoenders, H. R., & Ostafin, B. D. (2018). Hatha yoga for acute, chronic and/or treatment-resistant mood and anxiety disorders: A systematic review and meta-analysis. *PLoS One*, 13(10), e0204925. <https://pubmed.ncbi.nlm.nih.gov/30273409/>

