



**Original Article:**

**Profile of Clients Seeking Consultation at Yoga Therapy Department: A Cross Sectional Study**

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**Abstract:**

It is estimated that between 10% and 30% of the general practice population are mentally or emotionally disturbed. Physical complaints, multiple aches and pains are construed as signs and symptoms of stress. Although yoga is considered as beneficial, any hidden psychiatric morbidity may go undetected and thus untreated. Thus the aim of this study was to obtain an estimate of hidden psychiatric morbidity in clients seeking consultation at the Department of Yoga. Fifty respondents were administered Life Satisfaction Scale and General Health Questionnaire-12. Majority were females, younger, graduates, married and also scored above the cut off on GHQ, suggesting minor psychiatric disorder/distress; reasons for consultation were related to being over weight, stress, aches and pains, poor concentration. A significant number of persons reported of some dissatisfaction in life. The perceived benefits were related to reducing symptoms, stress, weight, relaxation and improvement in concentration and memory.

**Key Words:** Yoga; Minor psychiatric disorders; Stress; Tension; Relaxation; GHQ-12

**Introduction:**

India is a country with a population of over 1 billion, and immense diversity in the languages spoken, levels of literacy, and social and cultural practices. Organizing mental health services for this predominantly rural population is indeed a daunting task. Compounding with this problem are low budgetary resources, the presence of competing and conflicting healing systems, scarcity of mental health personnel, and the stigma of seeking help for problems related to the mind.

People with minor mental morbidity form the bulk of patients attending not only psychiatric services but all primary care services. Such morbidity causes significant dysfunction in the sufferer and needs active intervention. The prevalence of these disorders has been found to be comparable in developed and developing countries. People with minor mental health problems commonly present with somatization phenomena. Srinivasan & Suresh (1) found that patients with minor mental disorders could be detected at the primary care level through somatic symptoms alone with a fair degree of validity. The busy primary care physician could use such symptoms to screen probable psychiatric morbidity and deal with it appropriately, avoiding the wasteful use of scant medical resources.

The phenomenon is more common where literacy rates are low and in poorer countries, which has been attributed to low psychologisation of symptoms and the lack of vocabulary to express distress in emotional terms. However, reviewing the literature, most of which derives from research in developed countries, does stress that this phenomenon is universal. Indian patients do experience emotional symptoms as well as somatic symptoms, but prefer to present the latter as the predominant complaint in primary care. The suggestion that patients prefer to present with somatic rather than psychological symptoms because Indian languages lack the vocabulary to express emotional distress comes from workers who may not have had the benefit of living experience with regional languages and dialects, and has little foundation.

Depression or anxiety may manifest as headaches, sleepless nights, constant tension, detachment, irritability, loss of appetite or over eating, dryness of mouth, fear, self-blame, lack of concentration, and lack of interest in any kind of activity. Although chronic headaches may not be psychosomatic, they can be caused by depression or anxiety.

Mental health problems currently are said to constitute about eight per cent of the global burden of disease and more than 15 per cent of adults in developing societies are estimated to suffer from mental illness.(2) According to the new concept of measuring disability called Disability Adjusted Life Years (DALY), mental disorders constitute a significant part of total disability adjusted life years (8.1%), more than the disability caused by several well recognized disorders such as cancer (5.8%) and heart diseases (4.4%).(3)

Yoga is an ancient practice with Eastern roots that involves both physical postures (*asanas*) and breathing techniques (*pranayama*), a practice of putting the body into different postures while maintaining controlled breathing. It is a mind-body practice in complementary and alternative medicine with origins in ancient Indian philosophy. There is also a cognitive component focusing on meditation and concentration, which is supposed to aid in achieving the goal of union between the self and the spiritual. It is considered to be a discipline that challenges and calms the body, the mind, and the spirit. Preliminary studies suggest that yoga may be beneficial in the treatment of some chronic conditions such as asthma, anxiety, and stress among others.

The aim of this study is to evaluate the correlates of clients who seek consultation at the department of yoga therapy for various reasons. It is premised that these clients manifest with various somatic aches and pains, stress, tension and so on which is likely to suggest that they are emotionally distressed which warrants further evaluation.

**Materials and Methods:**

Clients who were seeking consultation at the department of yoga therapy of either sex irrespective of their age, who were either referred from other medical specialties or who attended the department on their own for some reason comprised the sample of this study. Cases referred to the second author (AK) between August-September 2009 were taken. Those who sought consultation at the department of Psychiatry were excluded. Clients who were willing to participate in this study were only taken. There were 12 clients who refused to be included. Confidentiality was assured.

All the participants were briefed about the study and told that participation was voluntary and that non participation would not affect their treatment in any way. The proforma were given and was asked to complete them immediately and hand it back filling all the columns. They were asked to clarify with the investigator if they had any doubts or questions.

The following were the assessments that were used

**1. Socio Demographic Questionnaire of the client:** Proforma devised to gather information of the client-gender, age marital status, education, and occupation. Also information about the client's sources of referral, chief complaints, reasons for consulting yoga department and perceived benefits from the yoga therapy.

**2. General Health Questionnaire (GHQ)-12:** The GHQ is a well-known instrument used extensively as a screening instrument for common mental disorders, in addition to being a more general measure of psychiatric well being. However, it is not a tool for indicating a specific diagnosis. It is a measure of current mental health and since its development by Goldberg in the 1970s (4) it has been extensively used in different settings and different cultures. The questionnaire was originally developed as a 60-item instrument but at present a range of shortened versions of the questionnaire including the GHQ-30, the GHQ-28, the GHQ-20, and the GHQ-12 is available. The scale asks whether the respondent has experienced a particular symptom or behavior recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual); and for example when using the GHQ-12 it gives a total score of 36 or 12 based on the selected scoring methods. GHQ-12 is a brief, simple, easy to complete, and its application in research settings as a screening tool is well documented.(5) Scores vary by study population. Scores about 11-12 are considered typical. Score >15 evidence of distress; Score >20 suggests severe problems and psychological distress

**3. Satisfaction with Life Scale:** The Satisfaction with Life Scale was developed by Ed Diener (6) to assess satisfaction with people's lives as a whole. The SWLS is a short, 5-item instrument designed to measure global cognitive judgments of one's lives. The scale usually requires only about one minute of respondent time. There are five statements that a client may agree or disagree with. Scoring is on a 1 - 7 scale to indicate agreement/disagreement with each item.

The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It takes only a few minutes to complete. The scores range from 5-35 and higher scores indicating higher satisfaction with life.

**Data Analysis:** The data was entered in SPSS and simple statistics were carried out and the results were tabulated.

**Results:**

*Distribution of Sociodemographic Characteristics of the Sample*

**Table 1: Distribution of Socio-demographic Parameters of the Sample**

Parameters	Frequency	Percentage
<b>Source of Referral</b>		
Direct	34	68.00
General Medicine	3	6.00
Orthopedics	7	14.00
OBG	2	4.00
Others	4	8.00
<b>Gender</b>		
Male	8	16.00
Female	42	84.00
<b>Age</b>		
<18 years	4	8.00
19-20 years	4	8.00
21-25 yrs	10	20.00
Up to 30 yrs	6	12.00
31-40 yrs	16	32.00
> 41 yrs	10	20.00
<b>Education</b>		
SSLC	13	26.00
Graduate	30	60.00
PG	4	8.00
Professional	3	6.00
<b>Occupation</b>		
Student	13	26.00
Employed	24	48.00
Unemployed	2	4.00
Housewife	11	22.00
<b>Marital status</b>		
Single	22	44.00
Married	28	56.00
Widowed	-	-

Table 1 shows the demographic details of the sample. As is evident majority i.e. 68% of the clients consulted the Yoga department on their own directly and about 32% were referred from other departments within the same hospital. There were about 7(14%) who were referred from orthopedics mainly for the management of their backache. [Figure 1]

Females outnumbered males in this study. There were forty two females against eight males. Twenty eight (56%) were married as against 22(44%) who were single. There was no widow or widowers in this group of clients.

The age of the clients seeking yoga therapy in this study sample were usually younger about 24(48%) who were below 30 years of age or in their middle age 31-40 years about 32%, persons above 50 years were less.

Other socio-demographic variables revealed that majority were graduates- 60% or completed their high school education-26%. Among the sample 24(48%) were employed, 13(26%) students and 11(22%) were housewives. [Figure 2]

Distribution of Sources of Referral of Clients

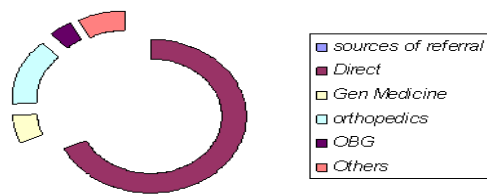


Figure 1

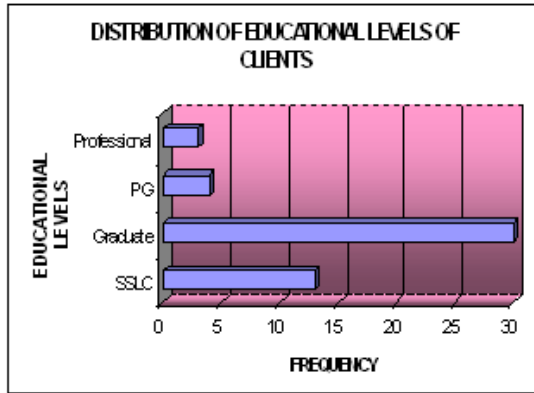


Figure 2

Distribution of GHQ & SLS Scores:

Parameters	Frequency	Percentage
<b>G.H.Q.-12*</b>		
Typical score upto 12	32	64.00
>15(evidence of distress)	9	18.00
>20(evidence of severe distress)	9	18.00
<b>SLS**</b>		
35-31-extremely satisfied	3	6.00
26-30 satisfied	14	28.00
21-25 slightly satisfied	13	26.00
20-neutral	4	8.00
15-19 slightly dissatisfied	8	16.00
10-14 dissatisfied	7	14.00
5-9 extremely dissatisfied	1	2.00
> 41 yrs	1	2.00

\*GHQ-General Health Questionnaire \*\*SLS-Satisfaction with Life Scale

Distribution of GHQ-12 Scores across the sample

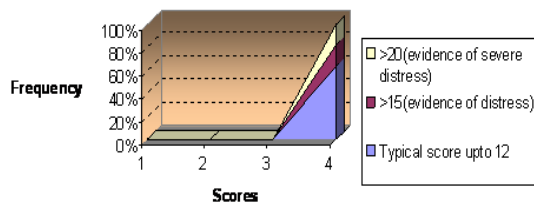


Figure 3: Distribution of GHQ across the sample

The satisfaction with Life Among Clients

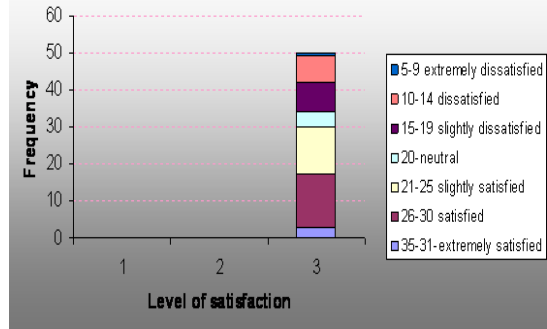


Figure 4: Distribution of Satisfaction with Life among Clients

The General Health Questionnaire was administered to screen for minor psychiatric morbidity in this set of clients seeking consultation in the Yoga Department of this General Hospital which is situated in a catchment area catering to the health needs of 3-4 districts of the state besides getting patients from the neighboring district of Uttara Kannada, Shimoga, Kodagu and the state of Kerala. Thirty two (64%) scored up to 12 which is considered a typical score among the normal population which is not a significant score and having some mild negligible discomfort. Eighteen (36%) clients scored above the stipulated cut off, about nine had evidence of distress and another nine qualifying for severe distress. This finding pointed that probably this subset of clients were suffering from some minor psychiatric morbidity such as anxiety or depression, warranting further assessments to find out the exact nature of the problem. However this issue was not addressed as it was not within the scope of this study. [Figure3]

The Satisfaction with Life was assessed in these clients and results revealed that about 60% reported of some satisfaction in life whereas 32% reported of some degree of dissatisfaction. The dimension of the problem might be different in each person which may be pertaining to their health, health of relatives, finances, interpersonal problems or dissatisfaction with the living situation and so on. However in this study these issues were not evaluated. It is well established that life stress can manifest with anxiety or depressive or somatic (physical) symptoms. [Figure 4]

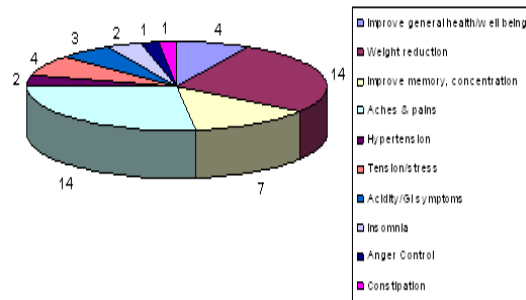
Table 3: Distribution of reasons for consultation and other related problems of the clients

Parameters	Frequency	Percentage
<b>Reasons for consultation Yoga Dept</b>		
Improve general health/well being	4	8.00
Weight reduction	14	28.00
Improve memory, concentration	7	14.00
Aches & pains	14	28.00
Hypertension	2	4.00
Tension/stress	4	8.00
Acidity/GI symptoms	3	6.00
Insomnia	2	4.00
Anger Control	1	2.00
Constipation	1	2.00
<b>Manifestations</b>		
Single	40	80.00
Two	8	16.00
More than 2	2	4.00
<b>Presence of Physical illness</b>		
Present	25	50.00
Absent	25	50.00

Other related problems		
Migraine	4	8.00
Hypertension	4	8.00
Infertility	3	6.00
Job stress	1	2.00
Asthma	2	4.00
Skin allergy	1	2.00
Respiratory allergy	1	2.00

\*Some of them reported more than 1 reason for consultation

**Distribution of the Reasons for Consultation to Yoga Department**



**Figure 5: Distribution of Reasons for consultation**

The reasons for consulting at the department, presence of physical disorders, chief complaints or manifestations and the perceived benefits by clients were assessed. As depicted in the Table 3 & Table 4 the major reasons for consulting were over weight 14(28%); Aches and pains 14(28%); stress and tension 4(8%); poor memory and concentration 7(14%) or to improve general health/physical fitness 4(8%). Other reasons such as acidity, insomnia, hypertension, and anger control were reported but less common. The common pain symptoms reported by many clients were headache, stomach pain, body aches, and pain in the limbs and so on. There were 40 i.e. 80% who reported of just one complaint and 10(20%) reported more than one complaint. There were about 50% who reported of the presence of some physical problem such as migraine-4 ; hypertension -4; asthma-2, skin and respiratory allergies and also infertility-3. Others reported of symptoms of hyperacidity, sinusitis and so on, besides symptoms suggestive of tension headache-5(10%). [Figure 5]

**Table 4: Distribution of chief complaints reported by the clients**

Chief Complaints reported	Frequency	%
Aches & pains	11	22.00
Stress & tension	8	16.00
Overweight	13	26.00
Muscular problem	1	2.00
General health(Fatigue)	6	12.00
Hypertension	4	8.00
Acidity	3	6.00
Problems in memory & concentration	7	14.00
Skin allergy	1	2.00
Migraine	4	8.00
Insomnia	2	4.00
Infertility	3	6.00
Respiratory allergies	2	4.00
Depression	1	2.00
Asthma	2	4.00
Anger control	1	2.00

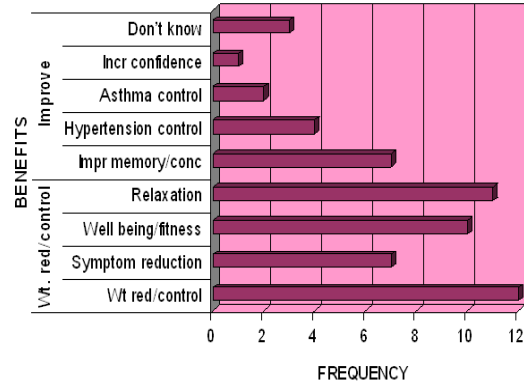
**10 clients reported more than 1 complaint**

**Table 5: Distribution of Clients' Perceived Benefits of Yoga**

Parameters	Frequency	%
Weight reduction/control	12	24.00
Symptom reduction	7	14.00
Well being/fitness	10	20.00
Relaxation	11	22.00
Improvement in memory/concentration	7	14.00
Hypertension control	4	8.00
Asthma control	2	4.00
Increase in confidence	1	2.00
Don't know	3	6.00

**4 clients reported more than 1 benefit**

**PERCEIVED BENEFITS OF YOGA THERAPY BY CLIENTS**



**Figure 6: Distribution of Clients Perceived Benefits of Yoga**

The perceived benefits reported by the clients were physical well being or fitness- 10(20%); relaxation- 11(22%); symptom reduction- 7(14%); improvement in memory and concentration 7(14%); weight reduction- 12(24%); control of hypertension 4(8%); asthma control-4(8%) and other allergies.[Figure 6]

#### Discussion:

Yoga is one of the common methods used as mind-body therapy(7) and being promoted as a complementary and alternative therapy, its clinical application has greatly increased over the past 3 decades.(8) Yoga is much talked about as a health practice and is almost a fad in the modern world, where extravagant claims are made about its ability to resolve almost every illness of the mind and body.

The current study on the characteristics of clients seeking consultation in the yoga therapy department in a tertiary care facility in India has shown that the clients are predominantly females, are young below 30 years of age and are either graduates or secondary school educated. The reason for female predominance in the present study may be due to the fact that the yoga instructor is a female, with the male clients being seen by the male instructors. However it has also been a general observation that the females prefer this mode of alternative treatment than their male counterparts.

Stigma associated with mental illness is more frequently reported in the general community than among professionals. A growing body of data derived from field-surveys indicates that many people with psychiatric disorders seek no professional help in any kind of health facility. Psychic symptoms, unlike somatic symptoms, are construed as socially disadvantageous. Thus, somatization of psychiatric disorders is widespread in Asia. This increases the barriers to seek help and contributes to the stigmatization of the mentally ill. This also might have

been one of the reasons in the present study to consult the yoga therapy department.

High rates of medically unexplained symptoms have been observed in many non-western countries and in ethnic minorities of industrialized countries.(9) It was also observed in our sample that many manifested vague somatic symptoms. Anxiety and depression are the two leading mental health conditions seen in any setting. They are often under diagnosed and under treated in this setting.

Kleinman(10) noted that in non-Western societies feelings of sadness, worthlessness and guilt were less common, while somatic complaints such as feeling tired, stomach-aches and headaches were more common. He also noted that the association of culturally salient somatic language of complaints with depression and anxiety has been recorded for clinical samples in a variety of countries such as Saudi Arabia, Iraq, India and Hong Kong. These somatic symptoms have been reported to include symptoms such as dizziness, tiredness, fatigue, headaches, and abdominal pain.(10-12)

There is considerable evidence (4,5,11,12) to suggest that many patients with significant psychiatric illness attending their general practitioner or other systems of medicine are unrecognized as such. In 1970 Goldberg and Blackwell (4) coined the term 'hidden psychiatric morbidity' and found that these patients were distinguished by their attitude to their illness and by usually presenting a physical symptom to the general practitioner. In this study about a third of the sample scored above the cut off on GHQ, suggesting minor psychiatric morbidity. The general health questionnaire a self-reporting screening questionnaire which identifies individuals who have a high probability of suffering from psychological illness.(15,16) Many clients with vague multiple bodily symptoms may find their way to the practice of yoga.

Scientific evidence has accumulated during the last 15 years establishing that subsyndromal depression (SD). SD symptoms have a high prevalence in the general population and in clinically depressed patient cohorts studied cross-sectionally or followed longitudinally. The clinical relevance and public health importance of SD symptoms are associated with a significant and pervasive impairment of psychosocial function when compared to no depressive symptoms.

Although DSM-IV acknowledged the clinical significance of some subthreshold forms such as minor depression (MinD) and recurrent brief depression (RBD), clinicians continued to struggle with the concept of "subthreshold" depression. A substantial number of patients continued to present with depressive symptoms that still did not satisfy any DSM-IV diagnosis. Generally, these patients failed to complain of anhedonia and depressed mood, a criterion that DSM-IV mandates for any diagnosis of depression. Therefore, researchers reexamined the question of whether this cluster of depressive symptoms, in the absence of anhedonia and depressed mood, was clinically significant. Some researchers labeled this cluster of symptoms, "subsyndromal symptomatic depression" (SSD).

In the current study, the persons who complained of poor concentration were all students and usually in adolescents it is known that due to various distractions and the tensions of growing up and the environmental stresses like peer pressure and parental expectations they are likely to be distracted. These people may seek help in yoga hoping that it helps them focus, improve and sustain their concentration.

Three of the clients attending yoga reported that they were not aware of the benefits and consulted as some of their friends had recommended. There has been much publicity in the lay press, in the print media as well as in the electronic media about the beneficial effects of yoga in various physical as well as psychological conditions and there are channels which tele-

cast the step-to-step practice of yoga. Many institutes as well as hospitals have started regularly to run departments of yoga therapy and there have been satisfactory liaison from other medical specialties. In almost all common medical conditions yoga *asanas*, meditation as well as *pranayama* has been recommended as an adjuvant therapy. In many stress management programmes as well as courses, yoga is advocated as a stress buster.

Yoga is also being promoted as a form of cognitive behavioural therapy, involving many activities, including the exercise of mental control, physical movements and posture, and regulation of breathing.(17) Although the role of yoga and its beneficial effects on short term basis has been reported, it has not been convincingly established. This may be related to the multiplicity of forms of yogic practice in vogue, and the difficulty of standardizing them in terms of dosage. It is a fertile field for research, as this health practice is in tune with the religious and philosophical outlook of much of Indian society. Evidence for their efficacy according to Western scientific requirements is not yet forthcoming, but the growing interest of scientists in these disciplines is encouraging formal research into traditional psychiatric therapies. Motivation and compliance may also be issues that require consideration before recommendation of a programme such as yoga. Grover et al (17) investigated whether the benefits of yoga were related to a person's initial attitude towards yoga. They found that initial attitude to yoga did not predict the extent of benefits from the yoga. They also noted that participants' attitudes towards yoga became more positive the longer they attended classes.

The choice of suitable yoga practices for a particular trainee is dependent on general health, personality, values and motivations, family life, job, time available, living conditions, previous experience, and positive or negative expectations among others. The "prescriptions" of yoga practices for various diseases, even if useful as general information, should be considered with this reservation.

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