

THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

# Yoga Therapy Today

March 2010

Volume 6, Issue 1

# Serve. Reaching out helps to heal.



Ayurveda, Yoga,  
and Pregnancy

Embracing  
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Yoga and  
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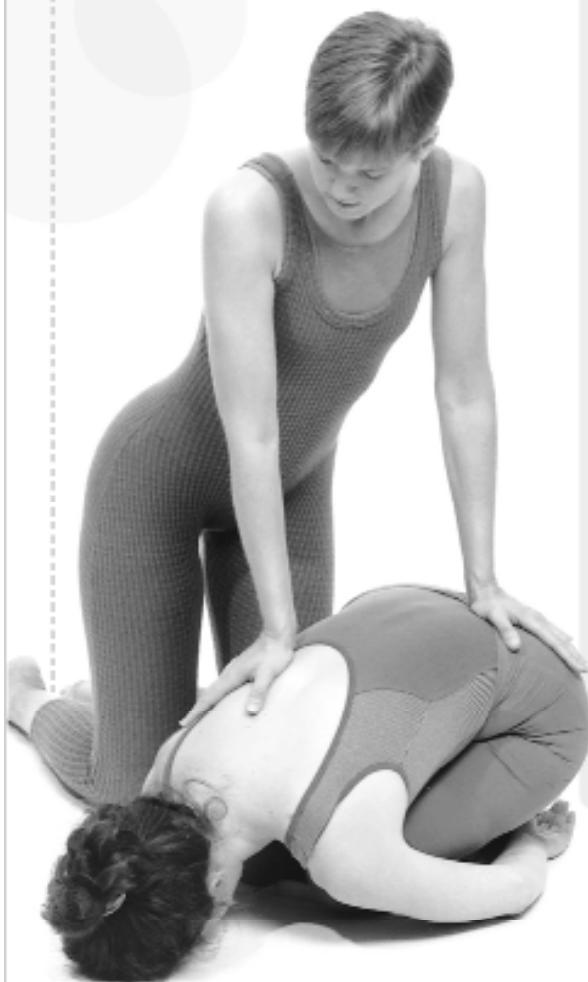
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**ENVIRONMENTAL STATEMENT**

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## Our Nature to Serve



As I write this short message, the people of Haiti have just seen 35 days pass since the earthquake that killed over 230,000 people. Soon after it struck, volunteers from all over the world rushed in as fast as they could while the world watched—literally moment-by-moment—as special-force's teams comprised of medical personnel, search-and-rescue specialists, and peacekeepers arrived. They saved hearts and lives. In times like these,

the world knows that we are all one—otherwise could we be so touched by feelings of pain and loss in others? To the people suffering this tragic event, there are probably few among us who were unable to feel compassion and find ways to offer help.

But it doesn't take mind-numbing events like the 2010 Haitian earthquake (or Hurricane Katrina, or the 2004 Asian tsunami, or 9/11) to instigate empathic responses for our fellow humans. We are wired for empathy and compassion and we know instinctively that helping others comes naturally. Even as we mourn with Haiti, we honor a great gift that we as humans have. As Jeremy Rifkin writes in his new book *The Empathic Civilization*: "It is the empathetic moments in one's life that are the most powerful memories and the experiences that comfort and give a sense of connection, participation, and meaning to one's sojourn." And we in Yoga also have a foundation that embodies empathy in our practice—*seva*, or selfless service.

That is why I selected articles for this issue's feature section from two Yoga therapists that bring home the message of *seva*. "Community Care and how Yoga serves the Chronically Ill" by Cyndi Terry Kershner is rich not only with information that includes the Yoga therapy program she developed and implemented to fulfill her role as part of a volunteer team organized around the needs of a man at the end-stage of Lou Gehrig's disease, but also with the power of a healing web spun by caring people offering whatever services they could. In a smaller way than that of a gigantic relief effort, Cyndi and others served, bringing together an entire healing community. Service is also what Katie Tandon writes about in "Seva as Saving Grace," although hers is a different approach in that she has successfully guided patients, through her work as a clinical psychologist, to adopt *seva* as a therapy in resolving their own serious conditions that require emotional healing. Both of these women help us remember that while healing may sometimes come as a result of using specific techniques appropriate to the individual and his or her conditions, that without empathy and conscious selfless interaction with others the healing for either the giver or receiver would not be complete.

Understanding that to see oneself in others and to experience another's plight or condition is part of the very fabric of the healing paradigm. As Yoga therapy finds its expression in what could be the unfolding of a new era of healing, we are ready to claim our place as Yogis and embrace that which we "know" to be true. Service heals is one truth of our practice and our culture of Yoga is one that can help heal the world.

In Service,  
Julie Deife

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# Letters to The Editor

Readers speak about articles in the December 2009 issue of *Yoga Therapy Today*. The "letters to the editor" section will appear in future issues as your letters are received. Send them directly to [jdeife@iayt.org](mailto:jdeife@iayt.org). Get involved by sharing your thoughts with other members of IAYT! —JD

To the Editor,

I agree with, and applaud, Leslie Kaminoff's "Declaration of Independence for Yoga Educators" in the December issue of *Yoga Therapy Today*. The state (take your pick) will put you in a strait-jacket of rules and requirements and suck all the joy, compassion, and creativity out of whatever gift you are bringing to the world. I speak from personal experience of 15 years "in the system" as a counselor.

In the same issue of *Yoga Therapy Today*, I was inspired to read "Dick's Story" by Robin Rothenberg. It never, ever, could have happened in the world of government regulation. If the recent public debate about the healthcare industry—all state regulated—tells you anything, it is to stay as far away from it as is possible.

I would also like to never hear the words "evidence-based" again. Whether we are teaching a class or working with a client individually, we are client-based. As Robin Rothenberg said, "Rather than concerning myself with the condition, I focused all my attention on being present with Dick and letting him guide and instruct me as to what he needed."

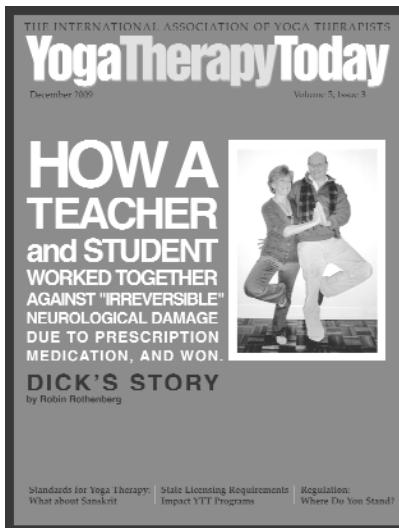
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To the Editor,

Thank you for the important interview with David Riley, MD, about Yoga therapy and standards. Dr. Riley is a valued friend and supporter of our organization, having been an important part of the first SYTAR in 2007. I am writing to correct a misstatement he made about the professional qualifications of physical therapists (PTs) on page 28 of *Yoga Therapy Today*, Vol. 5, Issue 3: "Physical therapy is a post-graduate program with some minimal science requirements—you don't have to be an MD or an RN."

Allow me to state the correction and then the significance to the larger question around standards.

Physical therapists generally have the same science requirements as physicians, with the exception of organic chemistry and microbiology. Most physical therapy schools require biology, chemistry, physics, calculus, anatomy, and so on, taken side by side with premed students. Further, presently 142 of the physical therapy programs are now doctorate-level degrees, and the profession will be fully doctorate level by 2020. Those are the current facts, but more important to our discussion as Yoga therapists, is why are PTs allowed to diagnose and what can they diagnose?



PTs are recognized and respected as the profession that evaluates and diagnoses movement challenges. They have achieved that status through a progressive process of development that includes a scope of practice, standards, and tests of competency. Germane to Yoga therapy and to Dr. Riley's intended point, each profession must determine what it does and how it will be determined that someone qualifies.

PTs go through an arduous preparation process. For instance, in Yoga therapy there is discussion about 500-1000-hour-and-more training programs. It is important to note that this means hours of contact, not semester hours. Consider by contrast that the average candidate for physical therapy (i.e., who hasn't even started school yet) has 8 semester hours of biology (240 contact hours), 120 contact hours of human anatomy and

physiology, 90 hours of human movement, 120 hours of physics (in preparation for biomechanics), and so forth. Those are the prerequisites to start training! School then includes 960-1280 additional clinical internship hours of clinical training and testing, following the classroom instruction. Also included are classes and testing to be able to read, evaluate, and use research as a professional later in ones career.

These are standards by which professions judge other professions. Obviously the system is not perfect, but as we move forward toward our collective mission of becoming a respected and recognized profession, I urge each of us to participate in the larger conversation taking place. It is only through the many voices of our profession that we might find the best way forward. Fortunately, we have this fine publication and our journal that allow us to stay informed and contribute.

Thank you.

Matthew J. Taylor, PT, PhD  
Past president, IAYT Board of Directors, 2008-2009

To the Editor,

I'm sending this letter in praise of the beautiful article written by Nicolai Bachmann. His words ring true for me, especially his comments concerning use of the English word "mind". When training to become a teacher, I often found it confusing when I tried to remember concepts and *asanas* in English. When I remembered and utilized the Sanskrit terms things took on a whole different meaning and the true beauty of all that is Yoga began to open within. I make it a practice to teach in Sanskrit first, transliterating to English when needed.

Thank you for publishing Nicolai's article. It served as a reaffirmation to me of the importance of the practice of using Sanskrit in all that is Yoga.

Most sincerely,  
Deborah Gullo  
YogaCrossroads  
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## Embracing Balanced Regulation

The regulation of Yoga therapy, Yoga schools, and Yoga education is a welcome recognition of our profession's growing influence and status in Western culture. Regulation provides many benefits for people who want to enter the profession and for clients or patients who want or need to avail themselves of this therapy. For the profession itself and for its practitioners, we must ensure that regulation has an appropriate payoff that makes the sacrifice in time, money, and freedom worth the effort.

It is tempting to see regulation and associated issues of commercial and professional certification and licensing as all about the costs and benefits, but we can take actions to ensure that the cost-benefit ratio is acceptable. Of course it is onerous and expensive to earn an education, pay professional fees, and be subject to rules set by others. But outside pressure also serves a noble purpose by placing boundaries on low standards, unregulated power, and complacency—the natural tendency for any established profession to resist change.

To date, Yoga's reach in the West has been more broad than deep. Much of Yoga's growth has been crassly commercial—even frequently based on celebrity or fashion appeal; yet curiously, it also parallels an unprecedented interest in health and wellness by Westerners that reaches far beyond conventional biomedical approaches or interventions. Many traditional Yogis are offended less by the inevitable development of regulation by outsiders than by the proliferation of highly secularized and market-driven Yoga centers or copyrighted books and lectures that are pale reflections of ancient, profound, and freely available practices. If there exists a freedom to create one's own brand or blend of Yoga, then a corresponding obligation to adhere to other requirements of the social marketplace, including regulation, logically exists.

Yoga has both core and advanced elements that are at odds with fundamental operations, values, and goals of the current medico-industrial complex. So far, our progress has been relatively easy in spite of this, and we have succeeded in avoiding

conflicts by accepting the shallowness of the way Yoga has been presented to the public, going our own way as Yoga therapists, and not interfering with "the system." But once we begin to compete for the therapeutic dollar, the rubber, as it were, begins to meet the road.

We in Yoga therapy are at a crossroads in the development of an infant professional arm of Yoga. Proposed changes in the U.S. healthcare system support a shift toward rewarding preventative care or, "wellness," and provide an opportunity for Yoga therapy, with its attendant underlying philosophies, to achieve greater influence within the integrative healthcare model. By adopting the term "therapy," which carries with it cultural, ethical, and business implications related to healing, we embrace the world of the professional. And professions are regulated—as are the schools that train those professionals. By claiming not only to heal the measurable external but also the ineffable and private internal, we invite—nearly demand—third-party oversight.

To gain influence, regulation will play an important and supportive role in this change. Without a focused partnership with regulatory agencies at all levels, the essential values and methods of Yoga therapy stand in danger of being co-opted and diluted by existing dominant models such as standard medical practices, chiropractic, physical therapy, massage, exercise science, and mental health counseling.

Yoga embodies the standard of essential union of body, mind, and spirit. For example, Yogic therapies treat the "mental" through somatic approaches; we are therefore the bridge between the medical and psychological sciences. But what this also does is imply acceptance of a higher degree of professionalism, including more, rather than less, comprehensive training and supervision than practiced by other professions.

Yoga therapy alone can integrate and synthesize existing healthcare alternatives by extending its essentially innovative and flexible approach to change to how our profession is registered, certified, licensed,

and regulated by external and internal controls. "IAYT's mission is: to establish Yoga as a recognized and respected therapy." Having established the goal of making Yoga therapy a profession, now is not the time to retreat under the fear of regulatory dominance or control. By embracing regulation, we can be a positive force for influencing the dynamic tension between the regulators and the profession.

### The Value of Regulation

The most valued of professions are the most heavily regulated, and their schools are subject to the most rigorous of oversight and accreditation. They are the most heavily regulated because their potential for harm reflects the underlying power and persuasion of their stature, the power of their methods and the depth of their alliance with the fundamental values and practices of the culture. Members of these professions are generally well paid, carry influence, and are respected. All professions fight control and regulation, but they are also supported and validated by it. As long as regulated institutions and practitioners act within the guidelines set, there are relatively few restrictions on what they can actually do. If a profession focuses on good outcomes, it is relatively free from restrictions on process and content. But beware: if the medical doctor or hospital causes physical harm, if the lawyer perverts the law, or if the financial institution causes others to lose money and jobs, then the regulatory agencies will respond with more control over the way that profession does business. Sometimes regulations overreach, are irrational, or are driven by political or economic aims; that is the price a profession pays for ignoring its own internal standards and values.

For Yoga therapy, there are two fundamental defenses against overregulation. If the profession fears overregulation, our proactive position is to attain a high degree of internal oversight based on ethical actions. Secondly, we must focus on establishing good comparative outcomes, based

on solid anecdotal and, especially, empirical, evidence from the consumer. The fundamental tenets of Yoga are so inherently bound to ethical and moral behavior that if we set up good internal standards and controls, regulatory agencies will focus on collecting fees and handling state-level certifications through existing boards. The tendency for regulators to interfere with course content or with individual practices would be lessened.

## Who Wants Regulation, and Who Benefits?

Pressure for regulation and licensing comes often from competitors such as other schools and professions that are regulated and are subject to fees and oversight; they want a level playing field. Do Yoga schools or therapists expect competitive owners and operators to forever tolerate unlicensed Yoga schools and teachers, who are often much more intimate with their clients and who claim greater benefits, including life-altering changes?

## Having established the goal of making Yoga therapy a profession, now is not the time to retreat under the fear of regulatory dominance or control.

The greater pressure comes from consumers—certainly from those who were cheated or hurt by an unregulated school or teacher; those seeking third-party reimbursement for healthcare expenses; and from aspiring therapists who wish that their chosen profession were regulated and recognized so that they may derive a living from it. Many wary consumers will accept therapies only if they are regulated and demonstrate adherence to high professional standards, or if they can get reimbursed for the services provided.

If I embrace freedom from regulation, I must embrace the choice of professionalism and licensing as well. Yoga education (as opposed to Yoga therapy) might escape regulation if it provides only directions, descriptions, and information directly to consumers. But, once it teaches others how to directly influence or manipulate the physical body, once it aims to treat common mental or emotional problems such as depression and anxiety—especially for pay—it will

be regulated as a therapy. Its graduated teachers will eventually strive for individual certification or licensing in order to earn enough to pay for the instruction and continuing education credits required and to charge for services that reflect the true benefits they provide.

Grants and loans are available for the study of cosmetology and mechanics, but one generally must self-pay to be a Yoga instructor. Failure to embrace regulation denies Yoga therapy and professional Yoga education to many in need. Not everyone has the money or freedom to take paid classes without loans or scholarships, or to pay for training that provides no diploma or license. Is this good for Yoga?

Is fear of regulation not just about loss of freedom, but also a fear that the availability of Yoga to an expanded group of teachers threatens our special status and our income? Sacrifice can be freeing, too, and not just in teaching but in action. Being a citizen has rights—and we love to talk about our granted rights to freedom in all forms—but this corresponds to duties and responsibilities as well.

## Opening the Doors

A few years ago, I co-facilitated the health and wellness program in a private addiction and co-occurring disorder treatment center. We taught and led eight classes a day on Yoga, mindfulness, and other allied activities to over 120 patients. They loved it. We collected their written feedback and routinely they told us our classes and activities were the best part of their treatment. The program disbanded after one year because what we did was not approved as treatment or therapy by insurance carriers and there were no state guidelines for documentation. Therefore the institution carried us as an expense but could not get reimbursed for what we did. We existed as recreation and relief from the “real treatment.” If the patient saw a psychiatrist and received a prescription, that was reimbursable even if the patient did not ask for that treatment, even when the patient showed more progress with the more inte-

grative approach.

For many of us, it is a valid goal to get government and third-party payers to reimburse for Yoga and Yoga therapy. But that cannot possibly happen if we do not agree to regulatory oversight and if our teachers and healers are not recognized as licensed or certified providers of healthcare services.

If Yoga instructors and therapists do not guide regulation, then others will fill that void and Yoga itself will suffer.

Without licensed schools, without professional recognition of Yoga therapy, and without the status that comes from being a qualified Yoga teacher, thousands of patients and clients are denied access to the transformational possibilities of Yoga. If this requires putting up with regulation, then I am all for it. **YTT**



*Scott Laurence, MEd, PhD, RYT-500, is a private practitioner and staff member at a local, private addiction and co-occurring disorder clinic where he uses Yoga to treat chronic pain. He received his PhD in Physiological Psychology with a focus on recovery of function. He is a licensed mental health counselor (LMHC) in the state of Florida. He has practiced Yoga since 1968. prajnainc@gmail.com*

## Mary Cardinal, Yoga Therapy Program Coordinator

*Mary Cardinal is the coordinator of the Yoga therapy program at the Total Health Center at the Himalayan Institute (HI) Headquarters near Honesdale, Pennsylvania. She has a "dream job" as a Yoga therapist, practicing within an integrative health center, with her colleagues in medicine, chiropractic, massage, and biofeedback just down the hall from her. Her teaching space used to be a small nun's chapel, and the room still radiates some of that subtle energy. In this interview, I especially wanted to bring out what it is like to work in such an integrated environment and how that might benefit both her and her students.*

**JK: Tell us how you came to be a Yoga therapist at the Total Health Center here at HI.**

Mary Cardinal: I came to the Himalayan Institute in 1993 as a schoolteacher and I taught in our children's school for a number of years. During that time I took my Yoga teacher training and then began teaching Yoga and working with a nurse who was working with our medical doctor, Carrie Demers. The nurse had been drawn to my style of teaching and felt it would be a good fit for our therapeutic clients, who have one-on-one sessions and small group classes. She asked me to work with Dr. Carrie so that Dr. Carrie could experience my style of Yoga in one-on-one sessions. That was the beginning of our relationship as doctor and Yoga therapist.

**JK: What was it about your style that interested her?**

Mary Cardinal: I think it was that I related to beginners very well and I was drawn to adapting poses so that anyone who was struggling could experience the benefits of a pose in an adaptive version using props such as blankets, cushions, etc.; but, sometimes it was with changing the pose altogether. It was important to me that each student be able to have an experience in a pose, rather than feeling as if a pose was beyond them.

**JK: Please tell us more about this environment and the integrative approach offered at HI.**

Mary Cardinal: Let me answer that by first sharing a bit about Ayurveda and how we incorporate it into our program. Our entire staff was trained in Ayurveda by Pandit Raj-



mani Tigunait. He closed us up in a classroom and spent a week with us so that he could train us specifically as to how he wanted us to approach Ayurveda with our clients—not just in the Yoga therapy setting but also in the massage and physician setting, so that we would be approaching our clients in an integrated manner, sharing the same types of information, and giving our own experiences of Ayurveda. The latter is important because we all had different constitutions.

**JK: Common training is very beneficial.**

Mary Cardinal: Right; and we often refer to that particular training even though it was years ago, about 1999.

Here's a general example of our integrative approach to care, using our experiences with rejuvenation clients. It's quite common. Rejuvenation clients spend between three and ten days here having treatments of biofeedback, massage therapy, and Yoga therapy, along with their doctor visits. We have staff meetings where we discuss different aspects of what is going on with the client and share how we intend to approach treatment or how we experienced things in our sessions. There is breathing that happens in massage, in biofeedback, in Yoga therapy, and a doctor gets in there and educates the patient as well. We want to be aware of overlapping and we also want to complement what others are doing. These meetings are quite formal. Then in between these meetings, different therapists talk to one another. For instance, I might see a client at 2:00 that the biofeedback specialist saw at 9:00, so I will make sure to get in

early to pick up the voicemail from the biofeedback specialist as well as read the notes on what they did. That is essential, because our biofeedback specialist is very skilled in giving short practices that the client can do two to three times per day, and the Yoga therapist really wants to incorporate those practices that the biofeedback specialist worked out and found to be useful for that client. So, that is important information to me.

The other thing that comes up is the various ailments that clients have. One example of how it works is, say, if we have a client with a specific type of muscular dystrophy that we are unfamiliar with, the doctor spends time getting the staff up-to-date and provides at least a summary of what that particular type of muscular dystrophy means for the client. That takes additional time, but she makes sure to do it even if it may mean a private conversation that happens on a short walk together, a visit in the office, or right before the session. For instance, you saw me this afternoon where I saw the doctor on my way in, and she said, "Don't go to your two o'clock without seeing me," and we slipped into her office for a brief meeting that gave me crucial information about how to approach the client that I had scheduled for the next hour.

**JK: What are some of the most common issues that you work with here?**

Mary Cardinal: We see a lot of low-back issues. We see a lot of hip issues. There are people doing lengthy meditations here. We see a lot of sitting posture challenges, folks that have been sitting in their meditation posture for a number of years and need some assistance because something new has come up for them, such as an ankle or a knee problem. There are a lot of knee issues because people are not just practicing meditation but Yoga as well, so structural issues are common.

Or, there are often structural issues along with a major ailment. For instance, someone is struggling with a hip or uncomfortable sacroiliac joint, but they are also in the process of figuring out their path in allopathic medicine for treating their cancer. We don't ignore one and work with the other; rather, we address both simultaneously. If we are dealing with someone who has gastrointestinal cancer for instance, a lot of the things

that we are going to do for their low back and hip will create space and relaxation for the abdominal and the pelvic cavity.

**JK: What are some of your most common issues in physiological systems?**

Mary Cardinal: GI and digestion is a common one. Respiratory ailments come up, not as commonly, but they come up frequently. Autoimmune comes up. Also multiple sclerosis and fibromyalgia.

**JK: What about the mental and emotional realms, such as depression or anxiety. Do you ever work with people in those areas?**

Mary Cardinal: Absolutely; depression and anxiety are two sides of the same coin. They come up quite frequently and they come along with ailments and they also come along with structural issues.

**JK: One of the concerns in our field that we hear from psychologists is about Yoga therapists who may not be very well-trained in psychotherapy and who are working with people who have mental health problems. What would you say about that?**

Mary Cardinal: Stick to the science of Yoga. The science of Yoga is to come back to your classical practices that ground and soothe the nervous system. So, alternate nostril breathing is a practice you will see used frequently here at the Himalayan Institute and taught classically. Likewise, diaphragmatic breathing is a foundation for our work here.

**JK: Have you worked with people in situations where they are actively undergoing chemotherapy and they don't know what is going to happen?**

Mary Cardinal: Absolutely. One of the most important things that I believe I have to offer the client in the midst of treatment is support, and that support may come in my manner and tone. But what really comes through is the support that they gain from feeling grounded and enabled in calming their own nervous systems. That may mean a deep hip stretch, working with crocodile and diaphragmatic breathing, or coming to an upright position and sitting—just witnessing their own breath or perhaps using the practice of *ujjayi* to slow their breath and address their nervous system. Those are some of the ways that I would support someone who needs to really relax deeply. I have sort of

focused on breathing practices in response to your question here, but I use *asana* as well in practice.

**JK: What about prayer and *mantra* meditation?**

Mary Cardinal: Absolutely. One of the best referrals I can offer is to make a client aware that a personal *mantra* is available to them through the Himalayan tradition and the lineage.

**JK: Referral, how so?**

Mary Cardinal: I refer them to Dr. Rolf Sovik or Pandit Rajmani Tigunait, and that is available here on campus for a seeking person. We do use the practice of *so ham* and that is our methodology of teaching meditation, so I offer that *mantra*. But I also encourage clients to continue with what has grounded them thus far. I support any use of prayer and meditation that they have experienced, and I also try and take it to, not so much the next level, but bringing them towards a little bit more traditional use of meditation. I often find folks practicing relaxation in the corpse pose and thinking that what they are doing is meditation, who have (continued on page 11)

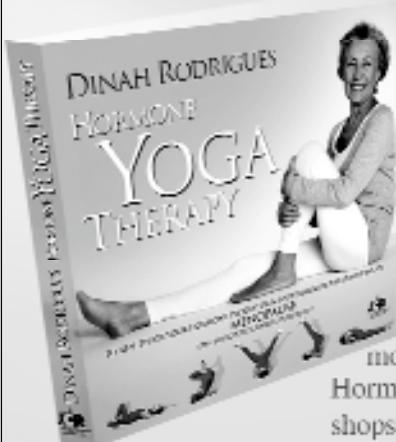
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## Interview *continued*

a whole new experience when I bring them up to a supported or a lifted seated position and they are then able to practice meditation with their head, neck, and trunk in alignment. It is taking someone from where he or she currently is at and supporting him or her to go further.

**JK: Are you also training other Yoga therapists?**

Mary Cardinal: I have offered formal training in Yoga therapy with a sequence that is primarily focused on structural issues but is also an extension of the program where I work with teachers to increase their confidence in understanding of the science of Yoga. So the training is in increasing their awareness of how they understand classes of poses and what those poses have to offer the body as well as their understanding of postural alignment and alignment in general so that they can support a body in a restorative pose, for example.

I have worked with teachers in a rather formal way; this pose is good for this, that type of thing. I have also worked with them so that they have a chance to do private sessions with one another and that has been really interesting work for me. We are in the process of restructuring that program.

**JK: There is so much here that is a good example of what IAYT is trying to support, that is, bridging Yoga and other healing practices within the broad spectrum of healthcare.**

Mary Cardinal: I spoke about my connection with the biofeedback specialist and I spoke about my connection with the doctor. The other connection that is extremely important to me is with the massage therapist. I want to know that my massage therapist knows how to work with releasing particular muscles, working with the piriformis and working with the psoas, because when I see these issues come up so strongly in *asanas*, then some manual work to relax the body as a whole and also to release those particular areas is essential. Clients will feel a tremendous amount of improvement because of both. A common statement from our clients as they go through our program is, "I'm not sure if it is the Yoga or if it's the massage." When we have a good integration between our services, then that is a very positive statement.

**JK: What about the chiropractor?**

Mary Cardinal: That is one of our newer additions and I have found that working with the chiropractor has been really helpful. She is able to tell me, because her specialty is applied kinesiology, that, say, the gluteus maximus needs strengthening on the right side, and I am able to apply that to the poses that I am doing. I am able to very quickly look at how a person is stabilizing him- or herself in various poses and hone right in on that area when I have that information from her.

The nice thing about a team approach is we can share a hunch and work to either prove or disprove that hunch and see what is really going on. More gross physical information is just extremely helpful in keeping things efficient and giving clients more of what they need in that one-hour session and in their sequence of sessions.

**JK: Is there anything else you would like to share with us?**

Mary Cardinal: I think of my IAYT publications as some of the best reference materials I could have. What I enjoy most about them is the exposure that I get to the other schools of Yoga. I am steeped in this tradition here, and I enjoy that very much, and as you said, this is an ideal scenario. However, the full breadth of Yoga that is shared when a teacher from another tradition comes and shares time with us has been very useful in my practice of Yoga therapy.

The other thing that I want to say a little bit more about is the doctor experience. My relationship with the doctor has been probably the single most powerful force in my practice as a Yoga therapist. Our doctor, who practices Yoga and supports what happens in the Yoga therapy room, has been able to give me information about all different types of ailments and challenges that is much more subtle and accessible for me as a Yoga therapist because she is coming in with her own practice and her own ideas about what might be helpful and that is the arrow that points me in a direction. **YTT**

*John Kepner is the executive director of the International Association of Yoga Therapists. Reach him at [JKepner@iayt.org](mailto:JKepner@iayt.org).*

## Insights on Pregnancy from Yoga and Ayurveda

**D**uring pregnancy the expectant mother is fulfilling an inherent *dharma* that exists for females of all species. Throughout the globe, pregnancy is seen as a rite of passage that will forever change a woman's existence. While pregnancy has the potential to be a wondrous experience, many women are laden with ailments and feel uncomfortable in their bodies for nine months. Yoga and Ayurveda provide a wealth of knowledge about how to care for women during this extraordinary time to alleviate many common discomforts and create a joyful, healthy pregnancy.

As a Yoga practitioner for over 20 years, I am steeped in the teachings of T.K.V. Desikachar, which align with the science of Ayurveda. Both Yoga and Ayurveda have an overarching view that everything is specific to the individual—from the foods we eat to the *asana* we practice. Pregnancy is a time that calls for an even greater “tailor-made” approach to health. In addition to her unique constitution, each woman may have specific health challenges, varying states of mind, and family or relational issues. These are colored by her stage of pregnancy and how she is adjusting to it. The foundation for this premise lies in my background of study in Yoga and Ayurveda, my experience working with women in pregnancy, and my own pregnancy.

When Yogic practices that include *asana*, *pranayama*, meditation, and chanting are incorporated with diet and lifestyle practices specific to pregnancy and each woman, our work as Yoga therapists becomes more comprehensive and effective. Then we find that Yoga therapy more truly expresses the intentions set forth in the classical texts: integration of the general principles of Ayurveda, Yoga's sister science, with Yoga.

Combining the principles of Ayurveda and Yoga, I continually observe and assess my clients. I notice how they walk when they come in the door, the feeling in their voice, and the look in their eyes. I evaluate their physical appearance and utilize the traditional assessment tools of face, pulse, and tongue diagnosis. Having an understanding



of a woman's *prakruti* (psychosomatic biological constitution determined at birth) and *vikruti* (current imbalanced state of health) provides a crucial framework for designing practices and treatment plans that are appropriate for each individual. In each session I educate women about the basics of the *doshas* as they relate to each client individually. As T.K.V. Desikachar says, “The object of meditation for the teacher is the student in front of them.” Creating appropriate practices is like putting together a big puzzle, as each session unfolds and a relationship evolves.

### First Trimester

During the first three months of pregnancy, all the major organs and the central nervous system are forming within the fetus. Brain cells are growing rapidly, and the face, eyes, ears, and mouth begin to develop. This time is a big adjustment for many women; some feel overjoyed to be pregnant while others may be ambivalent. The first trimester, when the pregnancy is establishing itself, can be a delicate time, especially if there is a history of miscarriage or other obstetrical complications. It is also a time of surging hormones, which can create additional changes in the physical body, digestion, and emotions. Women may need to adjust their diet to include essential nutrients for pregnancy and lifestyle to honor the new journey of pregnancy.

According to my orientation to Yoga, the general rule for the first trimester is that if someone has not practiced Yoga, then it is prudent to wait three months before beginning a traditional *asana* practice. Women who have been practicing Yoga can usually continue their pre-pregnancy practice, but should avoid extreme forward bends and twists, jumping *vinyasas*, extreme back arches, and very strenuous or heating sequences.<sup>1</sup>

Simple *asanas* in the first trimester might include *tadasana* (mountain pose), *chakravakasana* (ruddy goose pose), *dvipadapitham* (two-leg posture), and *urdhva prasarita padasana* (supine staff pose). Now is an excellent time to introduce the concept of *bhavana*: an attitude, idea, or intention one would like to cultivate. This can be very personal and is a good starting place for designing a practice.

### Case Study, First Trimester

Sara is a 37-year-old *pitta*-predominant woman who had a strong *asana* practice before she became pregnant. However, she had extreme nausea and every forward movement, standing, sitting, or kneeling exacerbated her nausea. She discovered that brisk walking gave her considerable relief. Sara also recently had a miscarriage and was concerned about having another one.

Nausea and vomiting of pregnancy (NVP) occurs in 50-90% of all pregnancies.<sup>2</sup> While this condition can happen in all *doshic* types (*vata*, *pitta*, or *kapha*), it is more common among *pitta* individuals. This may be possibly due to the rise in hormones during pregnancy that circulate in the blood and trigger *pitta* in the stomach, resulting in increased acid secretions.<sup>3</sup>

I created a protocol that would not aggravate her *pitta* in body, breath, or mind from an understanding of her *prakruti* and *vikruti*.

The *bhavana* for Sara was to feel protected and strengthened in the first trimester while feeling physically comfortable. I suggested she stop *asana* for now but continue the brisk walks and (continued on page 13)

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### onPractice, *continued*

follow them with *shitali pranayama* (known for its cooling effects on the body and mind) and a short meditation visualizing her body and energetic field sealed and protected.

### Creating appropriate practices is like putting together a big puzzle, as each session unfolds and a relationship evolves.

She was instructed to follow a *pitta*-reducing diet. I advised her to eat small meals throughout the day, especially first thing in the morning and before bedtime, to prevent acidic secretions from irritating the stomach, and to use fresh ginger root (*Zingiber officinalis*), which has been clinically proven effective and safe for NVP.<sup>4</sup> I chose fresh ginger root over dried because fresh does not aggravate *pitta*, whereas dried does. Finally, I recommended the herb shatavari (*Asparagus racemosus*) to settle her stomach due to its demulcent qualities. It has been used historically to nourish the mother and fetus and exhibits anti-oxytocin activity to protect against threatened miscarriage.<sup>5</sup>

After two weeks had passed Sara felt better overall, even though the nausea had not completely disappeared. She was also able to function much better in her work, home, and social life.

### Second Trimester

Most women begin to feel better overall in the second trimester. The pregnancy is more established; NVP typically goes away by the fourth month, and energy increases. However, it is still important to begin each session assessing the *doshas* along with current mental and emotional states through observation, questioning, and feeling the pulse so that practices and recommendations can be adjusted to ensure their appropriateness.

In the second trimester and beyond, women should avoid all *asanas* that put pressure on the abdomen. The most benefit will come from *asanas* that focus on opening the pelvis and hips, such as *baddhakonasana* (bound angle posture) and *upavishtakonasana* (seated angle posture). If women regularly practiced inversions they can continue until

20 weeks, but by end the fifth month, *shirshasana* (headstand) and *sarvangasana* (shoulderstand) should be avoided according to Sri Nathamuni's *Yogarahasya*, a widely utilized Yogic text.<sup>6</sup> *Pranayama* can be practiced without holding any *bandhas*, but *kapalabhati* and *bhastrika* should be avoided completely.<sup>7</sup> It is very important that women don't contract the abdomen upon exhale. General *bhavanas* in the second trimester can include whatever visions the pregnant woman wishes for herself, her growing baby, and evolving family.

### Case Study, Second Trimester

Rebecca is a 29-year-old woman who came to see me in the fifth month of her first pregnancy. She was in much discomfort from constipation, fatigue/low energy, pain in the lower back and hips, and insomnia. She is a *pitta-kapha* type. These are all very common complaints in pregnancy that respond well to diet and lifestyle changes along with Yoga practices.

Rebecca had the underlying strength and stamina typical of *pitta-kapha* types but was depleted from her stressful job and lifestyle. Through understanding her *prakruti* I knew that her *ojas* (deep energy reserve of the body) would increase through simple changes and she would benefit tremendously from increasing circulation, which can tend to become stagnant when *kapha* is involved.

I suggested gentle *asanas* to increase circulation and alleviate pressure on the lower back and open the hips such as *chakravakasana*, *adhomukha shvanasana* (downward facing dog), *upavishtakonasana* (seated angle posture), and *dwipadapitham*, all modified for pregnancy by making the legs wider than the hips.

She was instructed to incorporate certain foods into her diet known to increase *ojas*, such as almonds and dates, and to increase fresh vegetables and fruits (which were lacking in her diet). I advised her to drink one cup of warm spiced milk before bed with 1 teaspoon of ghee added to relieve constipation, and to take a warm evening bath with Epsom salts and a few drops of lavender oil to relieve her low back pain and induce a sound sleep.

After two weeks she felt like a different woman. She was sleeping much better, had

more energy during the day, and had regular bowel movements. She was bothered by her back only at the very end of the day, when she then did her Yoga practice, which gave her relief.

### Third Trimester

The third trimester can be an exciting and anxious time as pregnancy is coming to an end. While *asana* practices generally should be mild, we also want to ensure that women are maintaining their strength, which they will need when they go into labor. Standing poses are excellent to increase energy. *Asanas* that bring strength and flexibility to the spine are invaluable to support the extra weight of the baby and help prepare for labor. Modified versions of *utkatasana* (fierce posture) and *janu shirshasana* (head-to-knee pose) may be appropriate. Supported *asanas* such as *suptabaddhakonasana*, (supine bound angle pose) are also very helpful now and add an element of conscious relaxation.

Chanting is another wonderful practice to incorporate throughout pregnancy and especially to help prepare for labor when women need to work with the strength of their breath and keep the mind keenly focused on the process. It can add another dimension to one's practice and encourage the breath to lengthen naturally and increase its capacity while the mind focuses on the sounds.

### Case Study, Third Trimester

When I was pregnant with my daughter, in the eighth month I began to feel anxious about becoming a new mother and the unknown of giving birth. This nervousness and anxiety is characteristic of *vata dosha*. My teacher taught me a chant to honor different gods and goddesses to invoke the qualities of each one in my growing baby. Through chanting slowly and calmly I began to feel very relaxed in my body and mind. I followed a basic *vata*-reducing program of warming, well-cooked and spiced foods; I received plenty of rest and spent time several days a week swimming and massaging warm sesame oil all over my very pregnant body. I practiced *suptabaddhakonasana*, (supine

bound angle posture) daily, extending the exhalation to relax the nervous system while my body softened and I visualized a smooth labor. Within a few weeks my anxiety diminished significantly, as I felt more grounded and prepared for what lay ahead.

Yoga and Ayurveda provide the insight and wisdom through their tailor-made approach to health. We can begin by creating appropriate Yoga practices that honor each trimester and the various mental and emotional states of each woman. When we add the tools for continuous balance and monitoring of the *doshas*, encourage our students and clients to make simple changes, and incorporate nourishing practices into their lives, they are more likely to feel the benefits of a healthy, joyful pregnancy. **YTT**

#### Endnotes

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## Yoga as the Missing Link in Eating Disorder Recovery

For someone with an eating disorder, the benefits of Yoga can be a powerful tool to uncover underlying causes and move individuals toward awareness and recovery.

The South Carolina Department of Mental Health estimated in 2006 that eight million Americans exhibited eating disorders—seven million women and one million men,<sup>1</sup> but that number may be even higher now. Given the high prevalence of eating disorders in this country, undoubtedly many individuals affected will ultimately reveal themselves as students in the classes of Yoga teachers. Yoga therapy is an opportunity for Yoga teachers to bring their skills into the lives of individuals who struggle with eating disorders, sometimes to see them progress toward recovery and sometimes only to realize that they are not yet ready for the help a Yoga recovery program can offer.

The case studies that follow are based on my clinical training as a registered dietitian, exercise physiologist, and experienced Yoga teacher specializing in eating disorders for over 25 years. I have worked with individuals who have eating disorders and related addictions both in my private practice and in a Yoga-based eating disorder treatment program. Prior to completing my Yoga teacher training, I felt that there was a missing link in eating disorder recovery. Subsequent Yoga training enhanced the way I practice as a clinician. These case studies illustrate the continuum of eating disorders, how a student might present in the classroom, and ways in which a Yoga teacher can identify and guide his or her students who have eating disorders.

### Defining Eating Disorders

Eating disorders are considered a spectrum disorder ranging from anorexia nervosa, to bulimia nervosa, to binge eating disorder. Eating disorders are symptoms of depression and anxiety, along with a host of other psychological issues, including mental health conditions resulting from trauma. Depression and anxiety, along with personality dis-



orders, are consistently found in individuals with eating disorders and Obsessive-Compulsive Disorder (OCD). Further information on the diagnoses and classifications of eating disorders, along with co-occurring disorders, may be found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR*.<sup>2</sup>

### Brittany's Story

Brittany was 34 years old, 5'7", and approximately 80 pounds when she was referred to my Reconnect with Food® Yoga-based day treatment program. This program offers Yoga along with group and individual psychotherapy, mindful eating, and creative arts therapy led by licensed mental health providers, a psychiatrist, an internist, registered Yoga teachers, creative arts therapists, and a registered dietitian. Some of the mental health practitioners are also Yoga teachers. American Psychological Association guidelines<sup>3</sup> recommend that in order to participate in an outpatient program, such as a partial hospitalization (day treatment) program or intensive outpatient program such as Reconnect with Food, individuals should be at 80% of their ideal body weight and medically stable.

Brittany had struggled with an eating disorder since high school. She had sought treatment previously on an outpatient basis through individual therapy and sporadically,

but she had never adhered to treatment recommendations for any length of time. She qualified as a candidate for inpatient residential treatment, but refused this type of intensive treatment whenever it was recommended. Brittany also suffered from depression, anxiety, and OCD. In addition, Brittany had compromised lung function due to a history of a collapsed lung associated with her starvation. She also had severe osteoporosis.

Although we were reluctant to accept Brittany into our program, her referring psychiatrist and psychologist encouraged us to work with her. Our licensed therapists focused on addressing her anxiety, depression, and OCD by integrating individual and group psychotherapy with Yoga and creative arts therapy.

Our team worked with Brittany on modifying poses and taking care of herself as she tended to overdo and push herself, which was part of her disease. We were concerned about Brittany injuring herself, specifically breaking bones due to her fragile state, along with compromising her heart muscle from the extra effort needed because of her diminished lung function. While Brittany was stronger than her skin and bones appearance might lead one to believe, she was also preoccupied with attaining perfection in the poses.

The philosophy of my Yoga teacher training was to provide increased access to Yoga while looking inward as well as to move away from intellectualization of postures that in this case, would perpetuate the perfectionism which fuels this disease. We gave Brittany permission to simply sit on her mat and meditate. We also took her through Yin Yoga practices, designed to take one deeply inside through the use of long holds and deep stretches that reach deep in the connective tissues and the joints. These are the deep yin tissues of the body, relative to the more superficial yang tissues of muscles and skin. Yin Yoga opens up these deep, dense, rarely touched areas. This type of *asana* practice is beneficial to cultivate stillness of the mind, which can be more mentally than physically challenging to an individual with

an eating disorder-including Brittany, who became very rigid in these postures and could not remain still.

After two weeks in our program, participating in Yoga, group psychotherapy, individual psychotherapy, nutritional therapy, and creative arts therapy, Brittany was referred to a higher level of care since her malnourished state, along with underlying severe psychiatric and medical issues, warranted inpatient/residential treatment. Her distorted thinking made it impossible to do effective psychotherapy, while her edematous ankles were potentially indicative of kidney or heart failure.

**Lesson:** Yoga does not cure everything and not all students with severe malnutrition and/or psychiatric issues are able to tap into their innate wisdom to know what is best for them. It is important that individuals like Brittany have the support of a qualified treatment team with experience in eating disorders, if working in conjunction with Yoga as a tool. A Yoga teacher who finds a student like Brittany in class should inform the studio owner if he or she is not comfortable with

this student practicing at the respective studio. A student with severe medical issues presents a serious liability to the Yoga teacher and/or studio owner. Teachers and studios can address their concerns with a student like Brittany, but should keep in mind this student may be in denial and never return to the studio once confronted.

### Heather's Story

Heather traveled from the other end of the country to access our day treatment program in the Midwest, as she was specifically looking for a Yoga-based program to help in addressing her bulimia and related impulsive disorder.

Heather is a tall, beautiful, and outgoing young woman in her 20s. Most individuals would judge her as having a beautiful and toned body and would not think anything was wrong or unusual about her. But what most people would not understand is what is really going on in Heather's head: Heather loathed her body, herself, and her life. Her bulimia consisted of bingeing on

large quantities of food, followed by purging or restricting her food intake. She had a history of drug and alcohol abuse prior to developing her food-related issues. Heather also tended to be sexually promiscuous.

Heather resonated with our program. She was particularly attracted to our Hatha Yoga sessions that offered long holds and challenging poses, while weaving in the eight-fold path along with the *chakra* instruction and practices in relation to what she was experiencing physically, emotionally, and spiritually in her addictive process. She enjoyed the *vinyasa* "free flows" we added to our mix of postures because she loved to work out and loved "the burn." In the studio where I trained, students are given a series of poses to experience in the beginning of the class session, and then left to "flow on their own." Students can add or delete poses of their choosing. They move at their own pace, generally to music, to tap into their breath and feel the movement of their bodies on a much deeper level. This type of free flow can also be very empowering. In addition, we were trained to continuously develop and implement new or

(continued on page 17)

## YOGA OF AWARENESS FOR CANCER

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updated flows from class to class and as time progressed, allowing students to continually open new areas of the body. This style of Yoga helps individuals with eating disorders begin to break free from the rigidity that is normally an inhibitive trait they manifest.

The treatment goal for Heather was to focus on her Borderline Personality Disorder and impulsive behavior, which is common in pure bulimics. Binge eating is usually included in the impulsive behavior criterion for Borderline Personality Disorder, along with sexual promiscuity and substance abuse. Individuals with personality disorders exhibit feelings of ineffectiveness; a strong need to control one's environment; inflexible thinking; limited social spontaneity; perfectionism; and overly restrained initiative and emotional expression.

Individuals with bulimia also tend to abuse alcohol and other drugs more frequently than the general population. In a study of students by Stewart et al. (2000), 30-35% of individuals diagnosed with eating disorders also abused alcohol and other illicit drugs compared with 9% of the general population.<sup>4</sup>

A research study by Boudette (2006)<sup>5</sup> elucidated some of the characteristics Heather exhibited and was helpful in our work with her. Boudette taught Yoga in a class designed specifically for eating disorders and discovered that bulimics and compulsive eaters find a deep sense of peace and freedom, integrate positive coping strategies, and connect with their physical bodies through the practice of Yoga. She concluded that Yoga offers a non-verbal, experiential adjunct to talking therapy and also discussed the importance of goal setting in a Yoga practice designed for eating disorder recovery.

The same treatment team and goal-setting strategy was implemented with Heather as had been done with Brittany. Over the course of treatment in our program, Heather reported that her bulimic behavior diminished as she learned to use Yoga to help delay her impulses. She learned to explore more deeply when she found herself in postures that were difficult or awkward. Learning to stay present with the poses and to work through challenging postures helped Heather delay acting on urges to binge and purge, while listening carefully for what her body/mind was conveying versus running

from these difficult emotions. She was also able to notice when she was crossing boundaries with others and to observe this behavior. Heather began to appreciate her body for what it "could do" versus how she currently defined it.

**Lesson:** Yoga can help delay impulses in people with bulimia. Through a regular Yoga practice, individuals may find themselves in postures that are difficult or awkward. Learning to stay within the poses and work through them can help an individual who feels an urge to binge or practice unhealthy food behaviors delay acting on this urge. In our society there is a tendency to want to escape anything that causes psychological or physical discomfort. People frequently tend to escape by overeating, working too much, getting caught up in unhealthy relationships, or by drug and alcohol use. In Yoga, individuals are encouraged to observe rather than react to their discomfort by breathing and listening carefully for what their body/minds are conveying.

Yoga teachers can be helpful by emphasizing breath and movement, along with taking care of one's self. An effective teacher communicates a healing theme in his or her class dialogue that empowers students rather than using extensive and complicated dialogue about getting into a pose or by fostering competition by using another as a role model for an ideal as to what "one should look like in a pose."

### Larissa's Story

Larissa was 45 years old, 5'4", and over 250 pounds when she began to see me privately for nutrition counseling. She had undergone bariatric surgery a number of years previous to our meeting and lost close to 100 pounds; however, over time she began to consume small amounts of calorically dense foods, resulting in her gaining all of her weight back, and then some. At the time she came to us, she was bingeing for several days straight, followed by restricting food for a given amount of time. She was also quite sedentary. Larissa had a history of purging, but had not been active in this behavior for over 10 years.

Larissa was diagnosed with post-traumatic stress disorder (PTSD) as a result of

being sexually abused (raped) as a teenager by her uncle. In a study by Brewerton et al. (2000),<sup>6</sup> it was reported that compared with the general population, individuals with PTSD had a 50% higher history of rape than the general population. Bulimic women with PTSD were five times more likely to have a history of rape compared with women in the general population who did not have bulimia.

### **It is often the Yoga teacher in whom the student will confide—based on the relationship—before returning to other qualified, professional help.**

When Larissa entered our day treatment program, she had a hard time moving and getting into many poses that required compressing her knees into her chest such as pigeon, shoulder stand, and seated forward folds. She had difficulty sitting on the floor for periods of time longer than five to ten minutes. In talking with her, she continually put up barriers as to why she could not move forward in her life. These barriers included her weight, being the mother of a special needs child, and an emotionally unavailable husband. By way of emotional soothing she turned to food. Larissa also did not like to be touched or adjusted in postures and was fearful and anxious about lying in *savasana* (corpse pose).

Larissa was able to work toward achieving her weight goals over the course of our program with a slow-moving Hatha Yoga flow incorporating long holds and many challenging poses. Like Heather, Larissa learned how to use various Yoga poses as metaphors for tolerating uncomfortable emotional states without running toward food for comfort. While in various Yoga poses, she was taught to hold postures for a certain length of time while maintaining the breath. Larissa learned the discipline of holding these postures as a metaphor for feeling and accepting uncomfortable emotions instead of resorting to compulsive eating and other impulsive behaviors.

Larissa was also able to tune in to her body's signals of hunger and satiety and to trust her body. Often, standard nutritional treatment of eating disorders implements yet another food plan, which solidifies the rigidity of eating disorders that we are trying to

move away from rather than moving instead toward intuitive eating found in progressive treatment centers. The Reconnect with Food program incorporates various concepts of mindful and conscious eating in daily eating and is tied into the Yoga practice, which helps individuals with eating disorders break free from "diets" and become empowered to make food choices for their highest good. Larissa also learned to enjoy new foods offered through mindful eating by experiencing the taste, texture, and other sensual qualities of food along with paying attention to how much she was eating.

**Lesson:** Yoga teachers often suggest *vinyasa* or more cardio-intensive Yoga for weight loss. Someone who struggles with an excessive amount of weight may find similar benefits in a challenging, slow-flow Hatha Yoga class. Yoga is a practice that helps individuals to actually experience what it is like to be mindful rather than merely talking about being mindful in progressive, traditional therapy. Experiencing mindfulness can help individuals transfer skills such as learning how to eat when hungry and how to stop when full, into daily life.

Teachers should also be aware of whether students want to be touched or adjusted in Yoga class, especially if they have a history of sexual abuse, as touching or adjustments may trigger a trauma response. Some studios have a "no touch" policy, which should be honored for the sake of the student's emotional well-being and for the eventual successful outcome of the treatment program.

It is helpful to work closely with the treatment team (which may include the medical doctor, psychiatrist, psychotherapist, registered dietitian, and the Yoga teacher) in order to discuss what type of Yoga practice would be most suitable for the individual with an eating disorder. This means keeping an open line of communication and consent by the patient/student. The protocols discussed here may present an opportunity for the Yoga teacher to become involved as a significant member of the eating disorder treatment team in an outpatient setting or open doors to involvement in a residential treatment program. It is often the Yoga teacher in

whom the student will confide—based on the relationship—before turning to other qualified, professional help. Yoga teachers and studio owners need to cultivate their intuition to determine when it is clearly a liability to have a severely medically and emotionally compromised student in their classes.

YTT

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# Community Care

## And How Yoga Serves the Chronically Ill

By Cyndi Terry Kershner

**C**ommunity care is a concept that had its introduction with the book *Share the Care*, by Cappy Capossela and Sheila Warnock.<sup>1</sup> In it, the authors advocate an approach for caring for seriously and chronically ill individuals by setting up teams of volunteer professionals and laypeople who can provide many of the services needed to protect and maintain quality of life. This "community care" approach, as it has come to be called, also aims to take pressure off the primary caregiver and reduce isolation of both the patient and caregiver.

Community care is rich with possibilities. Community care groups, based on the Share the Care model proposed in Capossela and Warnock's book, perform a wide variety of tasks, depending on what the particular groups' talents are. In my client Fred's case, a number of professionals volunteered for the group who brought skill sets such as Yoga therapy, counseling, nursing, and massage. Fred also has volunteers who take him to and from appointments, do laundry, and assist him twice daily in transferring from bed to wheelchair. Other volunteers troubleshoot issues with his motorized chair and help him develop new adaptive approaches in his home when needed. Other community care groups will have different skill bases to draw from depending on who is able to volunteer time and expertise, and those who are able to do so are the heart of community care services for each patient.

As part of the community care group I joined, I donated Yoga therapy services to Fred, who is at the end-stage with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. ALS is a progressive disease of the nerve cells in the brain and spinal cord, which control voluntary muscle movements. ALS patients experience a gradual loss of muscle strength and coordination in their muscular systems, with breathing and swallowing often affected first. Because ALS typically progresses quickly, patients with ALS lose the ability to care for themselves fairly rapidly and require extensive help with the tasks of daily living. The average life expectancy after being diagnosed with ALS is 3-5 years.

### **Yoga Therapy Program**

Fred was seeking help in maximizing his remaining functionality. He asked for assistance with the pain he experienced in his joints and muscles as a result of confinement to a wheelchair and the inability to stretch his own limbs. He was also looking for help in dealing with the generalized anxiety he

experienced as his ability to breathe comfortably decreased. I committed to working with him a minimum of once a week, and often twice a week, which I have done for one and a half years. Our sessions always take place on the bed and are generally an hour and a half long, including transfers to and from bed.

As Yoga therapists we advocate for a holistic and client-centered approach to health care that addresses a client's needs across the spectrum of all the *koshas*—five layers, or sheaths, that range from the dense physical body to the more subtle levels of emotions, mind, and spirit. According to the *kosha* system in Yogic philosophy, the nature of being human encompasses physical and psychological aspects that function as one holistic system. The *kosha* system refers to these different aspects as layers of subjective experience. As part of Fred's comprehensive health care plan, I designed his Yoga therapy program with the intention of addressing all five *koshas*—his whole being.

#### *Annamaya kosha*, the food-apparent sheath

The *kosha* system works from the level of gross to subtle, beginning with the *annamaya kosha*. I began Fred's Yoga therapy program addressing the *annamaya kosha*. To relieve pain in his hips and buttocks from sitting in a wheelchair throughout the day, I used Thai massage techniques to provide deep pressure through compression. To help release and stretch his spine, I helped him perform passive twists, both in his chair and in bed, by applying traction to his legs and neck. In working with his upper body, passive range-of-motion activities designed to stretch his shoulders, arms, and hands, along with basic massage on his shoulders to relieve the musculature pain associated with slouching forward in his chair, were employed.

#### *Pranamaya kosha*, the air-apparent sheath

Fred was not able to do any breathing practices due to the deterioration of his breathing. In sessions, he would lie in bed while using a Bi-level Positive Airway Pressure (BIPAP) machine, a breathing apparatus that helps push air into his lungs. I found other ways to assist his energy in moving such as Thai techniques, range of motion exercises, and massage. He told me that the energy in his body felt much better after we worked together with these techniques; he reported feel-



ing more clear-headed, and with the pain and tension in his body reduced, he felt more vigorous and energetic. His face color usually looked healthier as well after we finished this segment of his therapy.

#### *Manomaya kosha, mind-stuff-apparent sheath*

With serious chronic illness, and in this case terminal illness, co-morbid depression is frequent. Caregivers also typically experience burnout, and the effect of the illness on the dynamics of the family system and its functioning is profound. In considering *manomaya kosha* I noted that Fred had not experienced the onset of depression, and his primary caregiver had not experienced a significant period of burnout. I believe this is due to his caregiver designing and implementing an effective community care team very early in his illness.

Still, emotional well-being resides in the *manomaya kosha*. During each session, I offered him emotional support by creating a space where feelings about the progression of his illness could be discussed. I wanted to make it clear to him that our sessions were a time where he could express his feelings if he wanted to. We would talk for a short time at the beginning of each session about how things were going that week and if he had lost any functioning. Whatever came up, I would ask about his feelings toward it; sometimes he would want to talk about his feelings, and at other times he did not.

As a way to connect more deeply with Fred on the level of *manomaya kosha*, I used therapeutic touch, an energy medicine technique whereby the therapist uses her hands to direct the flow of chi or *prana* to induce healing in the patient. In Fred's case this simply involved the laying on of hands with very gentle pressure to his forehead while I sent healing thoughts and prayers to him. I noticed his face and body visibly relax when I did this.

Fred was expressing a lot of anxiety, however, especially over the decreased ability to breathe, and this became a therapeutic focus. With each session we worked with a meditation on the breath from Stephen Levine's book, *Healing into Life and Death*. The meditation focused on letting the breath be just as it is and accepting exactly what's there. We worked

with this meditation for about four months, and according to Fred it helped decrease his anxiety level over time.

#### *Vijnanamaya kosha, the wisdom-apparent sheath*

This same meditation on the breath also assisted Fred's ability to cultivate *vijnanamaya kosha* by helping him step outside his usual reaction pattern of anxiety and cultivate some detachment during the act of breathing. Through the course of Fred's therapy I have seen his ability to engage with this *kosha* grow exponentially; he has deepened his meditation practice through starting a meditation group, and his level of overall anxiety has decreased markedly as he is able to go deeply inside and connect with his wisdom body.

It is also important for the therapist to connect strongly with *vijnanamaya kosha* while engaged in a session. Many times throughout our sessions Fred would experience anxiety over various things: sometimes he would start coughing and not be able to stop; sometimes the wheelchair would malfunction; at other times we might have difficulty getting his BIPAP device to work properly. These occasions were stressful for both of us, and sometimes it felt like I was working in a hospital ward with all the different high-tech gadgets that he used. Whenever we ran into one of these difficulties, I remembered to engage my witness consciousness so that I would not be emotionally reactive to the situation. I could not have acted as Fred's Yoga therapist if I had not been able to do this.

#### *Anandamaya kosha, bliss-apparent-sheath*

At the time of his diagnosis, Fred already had a long-standing meditation practice, which was obvious to me in watching the way he accepted his illness and adapted his life around it. Fred is my neighbor and I have had the opportunity to see him almost daily in the two years since he has been diagnosed with ALS. During this time he has only become more loving, more compassionate, and more peaceful. It is clear that his spiritual practice helped him immensely in coming to terms with his ALS and that *anandamaya kosha* was flowering in Fred.

*(continued on page 21)*

## Community Care continued

As the Yoga therapist on his community care team, it has been a joy to be one among a large group of folks who are each taking on different roles to help Fred while also making his primary caregiver's life much easier. A leadership group meets monthly to assess his changing needs, troubleshoot challenges, and schedule his sessions with us, though I have not been a part of that group. The larger group of the community care team does not meet because there are so many of us, but when we do run into each other there is the sense that we share a common purpose and are part of a team. This is encouraging to us in our work with Fred and his caregiver.

Over the past two years I have been touched watching Fred's community care program unfold and in seeing the effect it has had on his quality of life and that of his family. Because his wife Nancy, who is his primary care provider, invited just about everyone they knew into their journey through ALS together, Fred has had a near constant stream of regular visitors to keep him connected to the world and mentally stimulated.

The result of the constant support and involvement is that his illness has unfolded within the support of a strong community. Instead of the segregation and fearfulness that typically surround a terminally ill person, Fred's illness has been normalized and viewed as simply another stage in life that needs to be responded to with compassion, sensitivity, and care. Both his primary caregiver and immediate family have been released from the crushing burden of trying to care for him by

themselves, and his larger community has gotten the opportunity to get to know Fred in a deep and meaningful context.

As a Yoga therapist I have been impressed with the contribution that community care can make in encouraging a truly holistic and life-affirming path for the seriously or terminally ill patient and their caregivers. I encourage any Yoga therapist who works with this population to learn more about it so they can assist their clients' care providers in setting up an effective community care program.

Yoga therapists often have a unique opportunity to observe at a deeper level what is going on with our clients, their families, and caregivers. This ability to look deeper, on the levels of all the *koshas*, is a strength of Yoga as a healing art. It lends itself to facilitating the type of community care which, as in Fred's case, normalized first the experience of serious illness and now the transition from life to death. Community care created meaningful experiences for Fred, his family, and his caregivers. **YTT**

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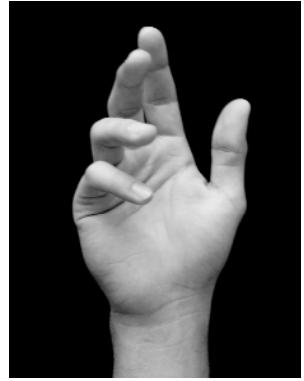
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# **Seva as Saving Grace**

By Katie Tandon



**S**eva is the ancient practice of Karma Yoga in its most outward expression. It means to be with the self that we define as God, human nature, and consciousness. Seva has been called “the Holy Spirit in work clothes.” It is the natural manifestation of creative, harmonious, and positive energy through compassionate action.

Through the practice of seva to self and others, suffering can be lessened. One eventually reaches the experience of unity, wherein the heart begins to open and blossom and our connectedness to life as a whole is felt rather than merely intellectualized. Then the personality takes on more of the characteristic of selflessness and a predisposition develops towards altruistic action. This feeling begins to define our sense of meaning and purpose, and as we engage in seva we work to heal self and society from the inside out.

We can create a formidable therapeutic tool around seva that, through example and instruction, can inspire others to embrace service. Seva then proves to be both a personal and a social saving grace.

In my counseling practice with those who are depressed or marked by ennui, dysthymia, disconnectedness, or a sense of meaninglessness in life, the recommendation to pursue giving has proved greatly healing. Sometimes it begins simply with loved ones. Many married couples have benefited by being reminded that love is more about tolerance and surrender and sacrifice than it is about getting one's own needs met. It is gratifying when these clients agree to look outside of themselves and join the community or church in assisting those less fortunate, and then see them come away with a new sense of meaning to their lives and improved self-esteem.

Through the exercise of *seva*, we learn that singular self-interest is a trap that keeps us isolated. But in making connections and in giving, we learn to identify goodness as our essence.

I have treated many clients plagued by addiction who have found meaning by helping others through programs based on the Twelve Steps of Recovery. These programs were conceived to foster emotional healing by connecting to one's capacity for compassion, first toward oneself and therefore toward others, and by guiding those less far along on the path. One client finally turned a corner with alcohol addiction and stopped relapsing after he agreed to become a peer counselor to my other clients in need. Another client, a young child with an intractable phobia, really only started making progress

After she began teaching her friends relaxation and emotional freedom techniques that she had learned in our therapy sessions. Her action was self-inspired, and I was delighted.

What I have found that so many of my clients have in common is a positive response to therapy that inspires them to learn to love themselves by giving to others. They have taken up compassionate actions that have included teaching or coaching, volunteering their help at the YMCA, giving to the poor, cooking for the Salvation Army, bringing soup to an ailing neighbor, even working for human rights or environmental healing. In doing so, they have come ineluctably to several realities: that there are many untapped resources within awaiting exposure; that through the practice of seva, we come to know the underlying truth of humanity's interconnectedness and are therefore never alone; and finally that we are innately valuable.

Rollo May in *The Discovery of Being* wrote that society was becoming increasingly schizoid in type—tending toward symptoms of isolation and alienation like a person whose sense of relatedness had become broken; that we were increasingly marked by a detachment from one another, a sense of unrelatedness, lack of affect, and depersonalization that we tended to cover up through a startling propensity for intellectualization and technical formulations.

Whether we see the bestowing of kindness, the giving of love, or the formation of empathy as spiritual, psychological, or just what mother would approve of is immaterial. The *seva* that we perform, whatever the context, benefits everyone. Not just via whatever acts we perform to the benefit of others, but also via the enormous benefit to ourselves in actively countering the loneliness, listlessness, and isolation that threatens to engulf our age.

I seek to share personal learning of the immense joy of giving through such actions as offering free classes or extra time to clients, feeling heart connection to others in Sufi healing circles, knowing the deep joy of bestowing peace and a sense of connectedness to students of meditation, or assisting a child's healing through empathy.

In my clinical practice I have often experienced the sudden insight that marks intuitive knowing, and suddenly the real problem is clear. Then the healing routes blazed by the Humanist schools open naturally: empathy as the path to self-acceptance and the drive toward self-actualization.

These approaches have much in common with Yoga psychology, something that has been ~~proposed~~ (in pages 28)

## Seva as Saving Grace continued

yogic scriptures for pursuit of equipoise—mental ease and balance. Part of the pursuit of equipoise exists in the practice of *seva*. Yogic philosophy teaches that through *seva*, we begin to wipe away a lifetime or lifetimes of accumulated *samskaras*—the unconscious mental images, fears, and old wounds that hold us back from evolving easily.

Thus to help our clients evolve, we have the choice to teach the use of *seva* in our therapeutic practices. Perhaps as our clients grow, and through them and their children, society begins to right itself from the inside out. It is a graceful tool we create when we teach both the personal and social benefits of tolerance, kindness, and peacefulness to the harbingers of our future societies. This would indeed constitute grace, and a saving one. **YTT**



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## Magic Carpet or Life Raft

*A Yoga teacher's journey through dark territory to personal transformation through the practice of Yoga.*

**W**hen I found out I was pregnant, I was angry. I had just got my life working exactly how I wanted it. A baby meant massive change ahead. Immersed in an exciting career in entertainment, I was 34 and practicing Yoga for all its physical benefits—extreme flexibility, tight abs—and the really hot male instructor I hoped would adjust me in triangle pose. Those seemed like the benefits to Yoga. But with a basketball in my belly this would all change—and I didn't want change.

For several months, I raged at God and made no modifications in my practice. Then one day, feeling the exhaustion of pregnancy, I opened my Yoga mat at home, curled up in a simple *balasana*, and sobbed. When the tears subsided, I sank into a slow *nadi sodhana*. Soon a stillness unlike anything I had felt in the steamy, energetically charged Yoga studio where I normally practiced descended like a warm blanket around my shoulders.

With a marriage already on the rocks, a career in acting and modeling soon to be sidelined, a body that was no longer totally mine, and no idea how I would be as a parent, I just knew—somewhere in the quiet of my being—that everything would be okay. Where had this deep peace come from? Surely it was grace. My Yoga mat suddenly felt like a magic carpet.

### Fast forward two years...

I left Los Angeles, with all its glamour and opportunity—said goodbye to friends, family, career, convertible, and hot Yoga teacher. Trying to preserve the marriage, I came to live at a New England boarding school where my husband had taken a job. Nothing and no one was familiar. I was trying to be a good mom to our baby and, now pregnant with another, struggling with depression and a severe sense of isolation. Only my Yoga mat felt safe and familiar, and I went to it each morning, teaching myself new *asanas* from David Swenson's



**My physical strength returned and with each intentional breath I became more engaged with daily experience.**

*Ashtanga Yoga Practice Manual*, since there were no classes in the area.

Then at the fifth month, we learned the baby was significantly underdeveloped and probably would not live to be born. Lost between grief and denial, I returned from the ultrasound, rolled out my mat, and collapsed into an ocean of tears. My Yoga mat now just felt like a life raft.

In the remaining months of the pregnancy, I clung to my life raft for sanity and hope, for faith and strength. Month after month, the baby inside of me grew and so did something deeper from the Yogic teachings that I hadn't realized was there—something more lasting than the thrill of holding a perfect *virabhadrasana* or a spectacular *vrksasana*. A sense of peace and clarity had come through years of practice that even during this most trying time imaginable did not falter.

### Until...

At nine-and-a-half months, only ten days before the due date, our baby died in the

womb. I left the hospital with empty arms and a shattered heart. Going home to a baby's room with no baby left me with nothing but stillness. But not the peaceful kind. I stepped off my mat and into a meditation in the cave of human pain. I sat for hours in a rocking chair in her room, holding the tiny little urn of ashes, wondering what practice might make the longing go away. Nothing did for two long months, until one night, in the quiet of sitting and praying, a moment of grace entered on a deep breath. Whether it was her as an angel, or God talking, I don't know. But what I heard changed everything. "It is time to rebuild the spiritual warrior within. Get up and get present with your son. Trust the practice."

I began to move—basic *asana*, an *ujayi* breath or two, a few moments of meditation. Feeling challenged just to get through each day, I decided to show up and practice something, anything. Thinking was overwhelming and sad. But I could practice—simply, unattached, and aware.

I felt totally disconnected from my body. After all, this was the vehicle that failed to deliver the baby girl I had carried and loved. But with gentle *asana* practice, eventually I stopped hating my physical self, recognizing that I couldn't be peaceful with others if I couldn't begin within. My physical strength returned and with each intentional breath I became more engaged with daily experience. Although I still missed the child we did not have, I was no longer wracked with the debilitating emotional pain of loss and grief.

### Yoga had become my Therapy

Depending on the emotional wave of the day, each morning my mat would become either magic carpet or life raft. Move, breathe, focus, turn inward, be still, bliss. Bliss? How could I be feeling bliss after losing a baby? Bliss or misery. The choice was mine, and I knew it.

I poured myself into the study of Patanjali's Eight Limbs. Through the *yamas* and *niyamas*, I felt (continued on page 25)

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**onPractice, *continued***

**Yoga is not about a destination or accomplishment, but rather the unfolding of experience and the ability to realize oneself as more than that experience.**

lovingly directed on how to reenter life. *Asana* and *pranayama* kept me connected to my body. Practicing *pratyahara*, *dharana*, and *dhyana* directed my vision toward the oneness where we all share both pain and hope. I started to treasure the simple moments of parenting my son and realized that I wasn't angry anymore. I was simply grateful.

But just a year later, too strained by the loss of our second baby, my marriage ended. And yet again I found myself challenged to reach even deeper into Yoga for a lifeline, something to get me through another massive change.

Then the biggest realization of all hit. There was nothing to "get through." It was extraordinarily clear. Every tear, every peal of laughter—it is all Yoga.

I knew I needed to share this with others who were suffering. I opened a studio and began working with people in a process that echoes my personal experience and one that I call Transformative Yoga Therapy.

Eight years later, I am awed by how this practice has met me every step of the way. No matter what waters of emotional circumstance surround me, I know I am safe inside the practice. No matter how I get to my mat, with laughter or tears, energy or exhaustion, once there, I rest knowing that like a gently rocking raft, my practice holds me as I flow through the river of life.

Some days I chant with abandon or luxuriate in feeling my limbs expand in *adho mukha svanasana*. Other days I pray not to fall off my raft into the swirling currents of emotional reactivity. Standing tall in *tadasana*, I ask Spirit to give me something of value to say to those who come to me for inspiration.

People say their practice evolves over the years, but over time it is *my practice that has evolved me*. In my 20s, driven and determined, the practice awakened my physical being into all of its intricate sensations and earthly pleasures.

In my 30s I learned to understand my emotional energies. Allowing myself to fully feel but also to let go of feelings, I learned that I am more than the ebbing and flowing tides.

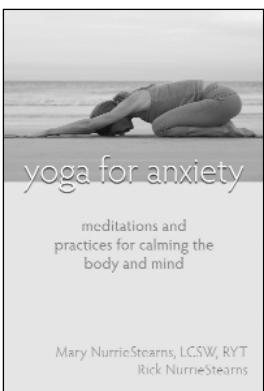
Now in my 40s, my practice has evolved me into someone who can be present with whatever is occurring, without having to do anything other than love and be. I share this with my students so they will know that Yoga is not about a destination or accomplishment, but rather the unfolding of experience and the ability to realize oneself as more than that experience.

Over the past 15 years, I have survived some of life's most tumultuous waters—loss of a child, a marriage, a home, a career; severe depression, anxiety, stress, and grief. My practice has found me wherever I am, asked more from me than I thought I could give, and rewarded me tenfold with strength, energy, and renewed hope.

I never could have imagined this journey way back in my "hot" Yoga class in Los Angeles. To say that I feel gratitude for Yoga doesn't even come close to describing the debt I owe to this tradition. *I would not be here now without it.* For this I bow my head and whisper *om*. **YTT**



*Jennie Lee is the founder of Stillness in Motion Yoga & Wellness in Newburyport, MA. She specializes in Transformative Yoga Therapy. With over 20 years' experience, Jennie is committed to sharing truth and love through Yoga as a writer and a retreat and workshop leader internationally.* [www.stillnessinmotion.info](http://www.stillnessinmotion.info)



## **Yoga for Anxiety**

By Mary NurrieStearns and Rick NurrieStearns  
New Harbinger Publications  
2010

In the beginning pages of *Yoga for Anxiety*, authors Mary NurrieStearns and Rick NurrieStearns state, "This book isn't just about anxiety; it's fundamentally about learning to be calm and contented." This statement underlines the central message of the book and the primary takeaway message for its readers. As the authors say, knowing anxiety helps to dispel it. They back up their promise by taking us through a series of personal inquiry exercises that help us make sense of our anxiety, unplug from the stimulation of the outer world, and get to know ourselves better.

The book begins, in its introduction, with a disarming, empathic personal narrative about the authors' experiences of anxiety that immediately put the reader at ease by showing that the authors know anxiety inside and out. Mary is a psychotherapist and a Yoga teacher, and Rick is a meditation teacher. Their combined professional background, along with their personal and professional experiences with anxiety, offer a wealth of wisdom and give context to the book's exercises, many of which are culled from the parallel fields of mindfulness meditation, psychotherapy, and personal growth.

The strong influence of the authors' personal practices in Yoga and meditation readily transmits through the pages of this book; they both have clearly committed to the practices in the book and found them to be helpful. They demonstrate a clear sense of the inner experience of the practices as well as potential stumbling blocks (this last is rare in the genre of self-help books). Furthermore, the intricacy of their instructions testi-

fies to their inner experience and understanding. In addition, their compassion for their own processes of healing, as well as that of their clients and the book's readers, is one of this book's best features. This self-compassion is one of the hallmarks of the text, and it models the self-compassion that is essential—but typically so hard to convey—in the process of healing from anxiety.

The authors offer several thoughtful and well-designed techniques for developing self-awareness. Some of the highlights include: a compassionate witnessing of one's inner experience, the generation of self-compassion, the development of a relationship with silence, linking silence with anxiety, and how to direct awareness. They begin these reflection exercises, especially the more complex ones, with basic exercises, returning again to the same exercises but adding more complex elements that deepen the experience. This user-friendly approach allows the reader to develop skills sequentially, which is encouraging to people suffering from anxiety.

In my opinion, one of the more transformative passages of the book is the section entitled "Allowing What Is," in which they state:

Mindfulness involves accepting what is, and it's through this acceptance that anxiety is reduced. This acceptance includes thoughts, emotions, and physical sensations. It's impossible to accept what you don't allow yourself to be aware of. Let's apply this to anxiety. "Allow" signifies consenting to, letting it be, and giving yourself permission to feel anxious. We recognize that you don't want to feel anxious and that you're probably whispering, "Why would I want to feel anxious?" The answer is that doing so empowers you to breathe through your anxiety so that your resistance doesn't intensify it or cause you to be paralyzed by it.

The authors then follow up this valuable insight with exercises that help the reader sit with, get to know, and accept his or her anxiety. This is, clinically speaking, one of the hardest tasks for people dealing with anxiety. The authors address this central issue empathically, eloquently, and in a way that is reader-centered.

Yoga is an integral part of the book's promise, as seen in its title, *Yoga for Anxiety*. The authors offer an effective, eloquent, and

easy-to-read breakdown of Yoga philosophy (the *yamas* and *niyamas*, the *koshas*, the *kleshas*, and practices such as *pratipaksa*) that is easy to read and understand. Yet as a clinical psychologist, Yoga teacher, and Yoga therapist, my perception is that the majority of the most helpful exercises in this book could perhaps best be described as cognitive and behavioral. These exercises, such as the well-described replacing of negative thoughts with positive ones, and the myriad of ways they offer readers for compassionate self-touch, which is a building block to self-compassion, speak to the authors' strengths. Therefore, the book might be better represented by a title such as *Holistic Practices for Anxiety Relief*.

Although the Yoga poses offered in the book are accompanied by simple, well-photographed images, the authors could also offer modifications for readers with injuries, or for tighter bodies. Since the model used in the photos is quite flexible, alternative versions of postures would help ensure that readers are not discouraged or confused by instructions.

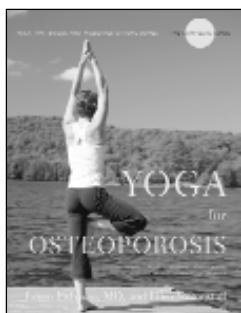
Despite this, the cognitive and awareness exercises in this book make it a valuable and recommended resource in working with anxiety. Yoga teachers-in-training, as well as Yoga therapists, will find a wealth of accessible techniques for developing self-awareness and sitting with anxiety that can be adapted for group classes and private work (with the caveat, of course, that working with people with debilitating anxiety may require additional training).

Yoga practitioners who have experienced the healing impact of Yoga, and would like to augment this with growing self-awareness, will also find it empowering and useful. I would also highly recommend it for people with anxiety who are undergoing psychotherapy as a means of embodying the insights gained in their therapy, and also for psychotherapists who wish to incorporate some of the simpler exercises into their therapy practices. **YTT**

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Bo Forbes, PsyD, is a clinical psychologist, Yoga teacher, and Yoga therapist in the Boston area. She is the founder of Elemental Yoga, director of the Elemental Yoga Mind-Body Teacher Training Program, and director of the Center for Integrative Yoga Therapeutics in Boston.

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## **Yoga for Osteoporosis: The Complete Guide**

By Loren Fishman, MD and Ellen Saltonstall  
W.W. Norton & Company  
2009

**C**omprehensive and supremely relevant to the profession of Yoga therapy, Loren Fishman, MD, and Ellen Saltonstall's book, *Yoga for Osteoporosis*, delivers powerful information that will impact the care of the millions of people worldwide with low bone mass. This book is based on the successful initial outcomes of ongoing research into Yoga's effect on bone mineral density and is written for Yoga teachers and therapists, healthcare providers, and anyone of any age who wishes to increase their bone mass.

The first several chapters of this book dive into the alarming statistics about osteoporosis and related fractures, the physiology of bone building and bone breakdown, the

medications used to treat osteoporosis, and the role of exercise in the prevention and treatment of bone loss. Evidence is provided to dispel the notion that osteoporosis is a woman's disease, and the authors refute another long-held belief that simple weight-bearing exercise is an effective way to increase bone mineral density. They ask the reader to ponder why nonweight-bearing arm bones are far less likely to fracture than weight-bearing bones such as the hip, pelvis, and vertebrae. Here they present the crux of their work: it is not just weight bearing that strengthens bone, but the unconventional pulling of opposing muscles on that bone. Yoga—more so than any other form of exercise—provides just that: the unconventional pull of opposing muscles on bones.

The reader, armed with all this knowledge from the first seven chapters, is ready to examine the Yoga programs created by the authors. Integrating Iyengar and Anusara methods, three sequences are given in three separate chapters: poses for bone strength, poses for muscle strength, and poses for balance. Every pose is presented three ways: with modifications for persons with osteo-

porosis, modifications for persons with osteopenia, and the classic version of each pose for prevention. Each pose has bullet points detailing the purpose of the pose, including which bones/sections of bones are being strengthened, contraindications of the pose, props needed, and ways to avoid pitfalls of the pose. Photos and straightforward instructions accompany each pose.

The book's Afterword provides information for readers who would like to participate in the ongoing research on Yoga and bone mass. Research like this is invaluable to the integration of Yoga into Western healthcare. As a physical therapist, I found *Yoga for Osteoporosis* to be an extremely valuable resource. I have already begun using this information and the Yoga sequences with patients and clients. Given the high rates of osteopenia and osteoporosis worldwide, this book is a must-have for any healthcare professional, Yoga teacher, or Yoga therapist. **YTT**

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ilivewell@sunflower.com*

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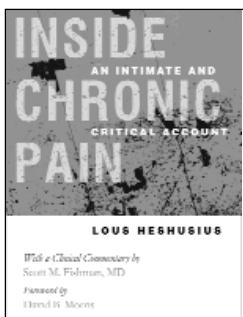
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## Inside Chronic Pain: An Intimate and Critical Account

By Lous Heshusius  
Cornell Press  
2009

**I**nside Chronic Pain is a rare and powerful book. It is a must-read for anyone who considers him- or herself a Yoga therapist. This engaging patient narrative takes us into the world of a person with unrelenting pain, forcing us to look deeply into the human aspects of chronic pain. It also opens our eyes to the fact that the words and actions of people in pain may not fully reflect either their pain or suffering. Chronic pain is a silent epidemic.

Heshusius makes no mention of *asana* practice or of using Yoga as part of her pain management. However, don't let this deter you from reading and learning from such a well-researched book. The experiences she describes are common among many with chronic pain, and she includes information from many other authors in related therapeutic fields.

Heshusius opens the book's introduction with "How do you put hell on paper?" This fully sets the tone of this critical, yet not purely negative, experience of injury and pain medicine within Western healthcare systems. It is striking how well Heshusius describes what most cannot put into words; her isolation, loneliness, and despair will be shocking to many readers. She provides views of how well-meaning yet misguided attitudes and beliefs about pain and people in pain can actually worsen suffering rather than alleviate it. She also explains in detail aspects of the unfortunately few positive interactions she had with healthcare professionals in dealing with her chronic pain.

Had you asked me before I read this book if I believed I had a good understanding of the experiences of people in pain, I would have said yes. Had you asked me whether I thought I needed to change the way I listen to and talk with people in pain, I would have said something like, "Of course, we can always learn to be better," though I would have wondered how much better I could get at this. I know that sounds

arrogant, but I work exclusively with people with chronic pain. I should be good at these things already, or so I thought.

After reading the book, I am listening to my students and patients in a new, more circumspect, and even more compassionate way. I also find myself choosing different words now when explaining pain. These new words relate to both the pain and the person.

The changes I've experienced also extend into how I am teaching Yoga and teaching healthcare professionals. After a recent course for medical doctors, one participant told me that he had always been proud of treating the pain well, and now he knew he needed to treat the person in pain just as much. I would not have been as successful in helping create this new view without the wisdom I gained through reading Heshusius's narrative.

I highly recommend this book to all Yoga teachers, regardless of whether you focus on people in pain. The style of *asana* you teach has little to do with the amount of pain your students may be feeling. As Heshusius points out, people in pain get tired of talking about it. We shouldn't assume that what we see on the outside tells us about internal experience.

*Inside Chronic Pain* will help open our hearts as much as it will help us question our beliefs and attitudes toward people in pain.

YTT

*Neil Pearson, RYT-500, is certified in Phoenix Rising Yoga Therapy. He is a physical therapist working exclusively with people in chronic pain, a clinical assistant professor at UBC in Vancouver, and founding chair of the Canadian Physiotherapy Pain Science Division. Based in Penticton, Canada, Neil travels extensively teaching pain science, pain management, and therapeutic Yoga for people with chronic pain.*

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## How a Business is Like a Yoga Practice

I've met a number of Yoga teachers who struggle with building their Yoga businesses. They express fears that business and Yoga are like oil and water and that making a living teaching Yoga is just not possible. I'd like to offer a different view, one which illustrates that Yoga and business are indeed energetic matches, both requiring an authentic attunement with our deepest self. And, when that doesn't exist, either an "on the mat" Yoga injury or an "off the mat" business burnout results.

My Yoga business began in 1999 with one Yoga class at a well-known local studio. From that one class and through the next 11 years, I would hone my skills in therapeutic Yoga, meditation, and anatomy, while simultaneously developing a successful and well-respected therapeutic Yoga practice called Functional Synergy. I'd publish nine books, including one translated into Japanese and Chinese, two DVDs, two CDs, and a series of podcasts. I'd create and continue to nurture a well-received therapeutic Yoga teacher-training program, as well as create and train teachers in the Yoga Thrive: Yoga for Cancer Survivors research program that occurred at the University of Calgary.

It may seem like quite a bit to have created since 1999, but I have always believed that people tend to overestimate what can happen in a year and underestimate what can happen in a decade. Looking back, I remember how each step felt so organic, so natural, and in a sense, quite in line with the organic and natural rhythm of my own Yoga practice. Still, it didn't happen without obstacles. I went through times where I chose poor business partners, hired Yoga teachers who didn't work out, and times where I worked far too much, and suffered—what I see as common in our profession—burnout. Twice.

The first burnout was because I was handling a full load of teaching in addition to heading up marketing, overseeing staff, and keeping the books for my studio. I quickly learned that in order to grow, I needed to focus on what I was good at. So, I hired a bookkeeper, an administrative assistant, and a graphic designer. The delegation

worked and I had more freedom and more flexibility to teach and build my business. Apparently, though, there was still more for me to learn.

My next lesson would come in a more personal way. My twin sister suddenly passed away, and the earth was pulled from under my feet. I was in a fog for about a year, doing what I could to stay sane, but barely holding on. So I stopped and let go of everything that didn't fully resonate with me. I fine-tuned. It's said that we eventually become grateful for the rough patches and I'd have to agree. Much like a Yoga practice that becomes smoother after overcoming an obstacle or facing a challenging *asana*, my life and business became much more satisfying and successful from those two lessons: focusing and letting go, two things we would do well to practice every time we step on the mat.

### Whatever it is, identify your priority and give time to it every day.

Let's take a closer look at those two abilities; focusing and letting go. It helps to be able to identify what is most important in your life and connect with it, focus on it, spend time with it every day. It could be family, friends, faith, finances, or fitness. Whatever it is, identify your priority and give time to it every day. When you do, you'll find the other parts of your life tend to work out on their own.

Letting go. It comes naturally to some people. When they get sick they take to their bed, ingest their elixirs, and rest-up to wellness. There are others, however, who don't know when to stop; they keep going even when they are tired or run down. The more wired or tired they get, the harder they push. Anyone who has ever overstretched on the mat knows that this will lead to suffering in the long run.

Distractions of all kinds on or off the mat can keep you from both focusing and letting go: obsessive email checking, an inability to turn off the cell phone, or the tendency to act immediately on a call from a

student. The result is the feeling of being pulled in different directions and unable to find your own center. I hear teachers justifying their exhaustion with stories like this: "When you become a teacher your Yoga practice suffers," and "When you become a Yoga studio owner your Yoga practice becomes nonexistent." I don't agree that it has to be this way. Remember the airplane oxygen mask lesson: put the mask on your face first before helping another.

I understand that there are inherent distractions in life that particularly impact a Yoga teacher. We teach quietness and stillness, yet information pours into our lives and the management of registrations, class plans, bookkeeping, accounting, and building a business can be overwhelming. What I am offering is another way. You don't have to be run by your business when you find the Yoga within your business. Then you can experience a sense of quiet amid the ups, downs, and curveballs that come with building and running your business. The key is to get clear on what is important and to recognize that obstacles in business are much like your challenges on the mat.

### Obstacles, Challenges, and Turning Them into Opportunities

When I think about those challenges on my mat, they typically come from not having enough of one or more of the following: strength, mobility, stability, stamina, patience, or knowledge. It is similar in business. When faced with an obstacle it is often because the old way is no longer working and one of these qualities is missing. If it is because our knowledge is limited—we may not know Quickbooks or be very technologically savvy—these skills need to be learned or delegated. Patience becomes a factor when we have the skills and we are doing what needs to be done, but it's feeling like a slog and we aren't seeing the gains. Much like the elusive pose that may simply need time to emerge, if we give ourselves time, if we let go enough, the challenge will soon turn into an opportunity.

In 2005, I had a bustling Yoga studio with five teachers and an office manager, and during the year prior, I had launched my first book, *Anatomy and Asana: Preventing Yoga Injuries*. I had about 200 books left in stock and I needed to do another print run (I had self-published my book). But I faced an obstacle. I had other books I wanted to write and publish, yet I also had a studio to oversee. I was in a quandary.

## I understand that there are inherent distractions in life that particularly impact a Yoga teacher.

So I went on vacation—I had learned well from my first burnout lesson. It was a warm August, and as I sat by the ocean chatting with my nephews, I had one of those spontaneous insights: why not sell the first book to a publisher? Brilliant idea! When I got back from vacation I got to work and emailed a publisher I had contacted earlier. My timing was perfect. Within six weeks they had reviewed my book and sent me a

contract. They accepted the book as it was, which is virtually unheard of in the publishing world. Soon after, they secured foreign rights for the book in Japan and China, and I've just found out they are looking into Korea. An obstacle turned into an opportunity, which, since 2005, has continued to pay me great dividends every six months. It wasn't just good fortune. I had learned my lesson; I had let go and had gone on vacation. When I returned, I focused and got to work.

Building a business can be fun. Like a Yoga practice, some days it feels really good and other days not so good, but as we practice we continue to improve and progress. We learn more about ourselves, and about what we are doing both on and off the mat. We get quieter, and feel how the energy between the practice of Yoga and practice of business is just a mat away. 



Susi Hately trains Yoga teachers in therapeutic Yoga and runs a business school for Yogis twice yearly in Toronto and Calgary. To reach Susi visit [www.functionalsynergy.com](http://www.functionalsynergy.com).

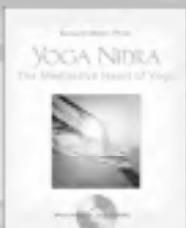
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## Annual Report to Members

**2**009 was a challenging year financially for IAYT, as well as for many of our members and, of course, most of the world. We ended up in the red for the first time since our renewal in 2004. Yet we accomplished a great deal and we also added important new services. The way I see it, IAYT is striving to be a full-service professional association with a small membership base, so we have to provide extraordinary service to members and be exceptional financial stewards of our nonprofit organization—even entrepreneurial with respect to financing our services.

“Full service” means the full set of professional association programs needed to serve our members, our mission, and the public. In the case of IAYT, our core services are professional publications, a professional conference, and most recently the development of educational standards for the training of Yoga therapists. All of these are anchored by membership services. We also represent our field in integrative, complementary, and alternative medicine forums.

Let me highlight the accomplishments from last year in each of these areas and at least modestly recognize the people making it happen. Where possible, I will provide a special focus on how we are financing the different parts.

### Membership

Your association continues to grow, but more slowly. As of year-end, we had 2,626 current members, an 8% increase from 2008, but slightly down from our membership peak of 2,700 in October 2009. With reluctance, we raised our base membership fee from \$75 per year to \$90 per year last October, which is still quite low by association standards. We also provided a new option, however: a worldwide digital-only membership at \$75 per year that provides all services except hard-copy delivery of publications.

IAYT's Member Schools Program, established in 2008 with 48 charter members, recognizes the pioneering schools in our field and helps students find the right program for them. School membership fees financed the 2008 Survey of Yoga Therapist Training Programs and the 2009 Meeting with Schools held along with SYTAR 2009. Now those fees are financing the work of the

Educational Standards Committee. The program was closed in early 2009 in order to focus our work with a fixed set of school program directors—what might eventually develop into a Council of Schools. This program reopened at year-end 2009, with seven new members already, and it remains open at this time. Schools are a key pillar of the future of our field, and IAYT is doing all we can to support schools. A full list of current IAYT Member Schools as of January 2010 appears on page 34 of this issue of *Yoga Therapy Today*. All schools can now be found on the new Find a Member School function on our website, in large part due to the dedicated work of our long-time webmaster, Jean Stojkov. The new look on the home page is the creative work of our long-time graphic designer, Linda Getz.

Membership Services is led by Jesse Gonzales, our intrepid Membership Manager, and now also supported by Ron Barron, who was recently named membership and operations consultant for technical and quality improvement.

### Publications

The 2009 *International Journal of Yoga Therapy (IJYT)* was by far our largest issue ever; at 152 pages, this issue was 32 pages longer than the previous year's. The growth in quality and size of this publication is substantial evidence of the leadership of Kelly McGonigal, PhD, the journal's peer reviewers, and especially the authors. 2010 will be Kelly's fifth year as editor-in-chief, and 2010 is the twentieth anniversary of the *IJYT*.

All legacy issues of *IJYT* were posted to IAYT's professional journal hosting site, MetaPress, in 2009, due to some truly intrepid service by Jesse Gonzales. This allows members to search all back issues of the journal. (Our service with MetaPress also allows IAYT to provide libraries with professional subscription resources that include both *IJYT* and *Yoga Therapy Today*).

*Yoga Therapy Today (YTT)* was launched in March of 2009 as a beautiful and expanded evolution of *Yoga Therapy in Practice*, and you are now viewing the first issue of 2010 (YTT is published three times per year: March, June, and December). In addition to facilitating communication within our membership, YTT is an important way to introduce IAYT and

our profession to others in Yoga as well as complementary fields. Julie Deife, as editor-in-chief of YTT, has over ten years of editorial leadership experience with Yoga publications, including the past year with IAYT.

Madeline Groves is our advertising manager for both publications. Many of you know her from her cheerful service, and I am hoping many more of you will get to know her too. We have a uniquely focused and experienced audience, so advertising with IAYT is an economical and efficient way to reach them while supporting your organization at the same time.

### Conferences

IAYT presented our third Symposium on Yoga Therapy and Research (SYTAR) in March 2009, with over 600 attendees, slightly more than 2008. We owe a tremendous thanks to Veronica and Ivan Zador of Yoga Developments for their innovative and hard work in producing this conference three years running. New to SYTAR in 2009 were IAYT's Common Interest Community (CIC) sessions, which allowed more of our members to share their work with peers. Accepted abstracts from all of the CIC sessions are posted on IAYT's MetaPress site as a special supplement to the *IJYT*. Many of the presentations are also posted on IAYT's Digital Resources Library (DRL).

On October 1-3, 2010, IAYT will present our first Symposium on Yoga Research (SYR) at the Himalayan Institute, Honesdale, Pennsylvania (see announcement page 38). SYR will be much smaller than SYTARs of the past, but it will also be the first comprehensive academic meeting on Yoga therapy research in North America. Of high importance is that our initial work on SYR was financed by charter sponsors Healing Pathways Medical Clinic and the Yoga Research and Educational Foundation as Gold sponsors; and the Institute for Medical Yoga, the Integrative Restoration Institute, and Yoga Therapy Rx as Silver Sponsors, to all of whom we extend a special thanks. Sat Bir Khalsa, PhD, is chairing the scientific committee, along with Eleanor Criswell, EdD, Kim (Karen) E. Innes, MSPH, PhD, Robert Saper, MD, MSPH, and Lynn Waelde, PhD. I am chairing the administrative side, with

Ms. Traci Childress as conference manager. Thanks also go to those involved at the Himalayan Institute for their enthusiastic support of SYR, especially their visionary executive director, Matthew Douzart.

## Standards

The IAYT Educational Standards Committee began holding monthly teleconference meetings in October 2009 and an initial face-to-face meeting is scheduled for March in Albuquerque, NM. I am quite pleased with the progress so far. We are greatly helped by the exceptional service of Daniel Seitz, JD, EdD, our consultant. Dan provided an excellent overview of the issues at our Meeting with Schools in March 2009, so IAYT, along with the National Ayurvedic Medical Association and the Yoga Alliance, supported the research and writing of a formal paper by Dan entitled "Regulatory Issues for Yoga, Yoga Therapy, and Ayurveda." The purpose of this paper is to help all of our members better understand the complex issues involved in the self-regulatory efforts all of us are involved in. This paper will be published in the 2010 *IJYT*, but it was posted on the IAYT website in December as a public

service. The names of all members of the Educational Standards Committee are also posted on the IAYT website. They are leaders in our field who donate considerable time and talent. We are committed to an open process on this work, and the minutes from the meetings are posted in IAYT's DRL in the group entitled "Member Schools and the Educational Standards Committee."

## Of Note

At the North American Research Conference on Complementary and Integrative Medicine in 2009, Sat Bir Khalsa, PhD, chaired the symposium "Research on Yoga as a Therapeutic Intervention," which attracted 100 attendees. IAYT supported Sat Bir's work through the help of Goran Boll of the Institute for Medical Yoga in Sweden.

IAYT made our first appearance at a *Yoga Journal* conference (Estes Park) to support the conference theme, *Healing with Yoga*, where we were represented by IAYT board members Betsy Murphy, Matra Raj, and Molly Lannon Kenny. Molly also led a panel discussion with Chase Bossart, Bo Forbes, and Gary Kraftsow on standards for Yoga therapists.

IAYT is a member of the Academic Consortium on Complementary and Alternative Medicine (ACCAHC), which published a landmark book for complementary and alternative medicine late last year, entitled *Clinicians' and Educators' Desk Reference for the Licensed Complementary and Alternative Health-care Professions*. Appendices were provided for a few of the unlicensed disciplines, including a section on Yoga therapy written by yours truly. This is an excellent book for you and your colleagues who may be involved in integrative, alternative, and/or complementary medicine programs. All profits go to support ACCAHC (see ad in this issue on page 13).

## Finances

IAYT appeared to be heading for financial trouble in July. But due to the quick, innovative thinking of our then president, Matthew Taylor, we issued a special appeal to our membership that received a heartwarming response. All donors as of press time were gratefully acknowledged in the 2009 *IJYT*. All subsequent donors, as well as our 2009 Patron and Supporting Members and new Sponsors, are thanked in this issue of *YTT* (see page 36). *(continued on page 33)*

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## onMembers, *continued*

In brief, the financial challenges were due to a combination of the general economic recession, the scheduled ending of a significant grant, and the continued expansion of services that just needed to be done, such as putting our journals online and moving ahead with the standards work. Subsequently, we tightened our belts even more, including donating our extensive library to the new Loyola Marymount University library in Los Angeles and reducing our office requirements. We also developed a new sponsorship program (see below).

### Future Plans

We have two wonderful publications, each with extraordinary editors. One of my personal priorities is enhanced support for these publications. Now that we have all issues hosted at MetaPress, we would like to place more subscriptions with academic libraries. You can help by contacting your local university library on behalf of IAYT. Please direct questions about this process to me, at JKepner@iayt.org.

You can follow the rollout of SYR on our conference website, [www.sytar.org](http://www.sytar.org). Look for registration to open in late spring.

There will also be a preconference workshop: Yoga Research 101-The Basics of Yoga Research for Therapists, Instructors, and New Investigators.

Information on SYTAR 2011, our full association conference, should be forthcoming by fall, 2010.

Much of our work in 2010 will continue to be on the development of educational standards for the training of Yoga therapists.

IAYT president Matthew J. Taylor, PT, PhD, left the board at the end of his term in February, 2010. All of us owe him a debt of gratitude for his hard work and leadership over the past three years. Watch for a call for nominations from the membership to fill board positions.

IAYT provides many services for our emerging field, all primarily supported by membership fees. This is difficult, however, for emerging fields with a small membership base, so we have introduced a new, annual sponsorship program. This is a way to provide direct support to the IAYT programs most important to you, or to those you believe are most beneficial to our field as a whole. Sponsors are recognized on IAYT's home page, with additional information on our

"sponsor an IAYT program page" entitled "Helping IAYT Thrive is Worth the Effort."

Our priorities for 2010 are

- the Symposium on Yoga Research (SYR)
- enhanced support for our publications
- supporting the standards effort
- and, as always, supporting our members who do so much for so many.

If IAYT were a private company, I would issue stock. We have a track record and all the key pillars are now in place to provide the professional services required to support our members, our field, and the public. Of course, we are not a private company; rather we are a nonprofit public charity. Your continued support will continue to help us thrive. 

In service,  
John



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## NAMA Annual Conference Set for April

The National Ayurvedic Medical Association (NAMA), a non-profit professional membership organization of practitioners, students, Yoga enthusiasts, and people who want to learn more about the science of Ayurveda, is hosting its seventh annual conference, Ayurveda: Complementary and Global Medicine, in San Mateo, California, April 15-18, 2010.

Ayurveda, which means "science of life," is often described as the sister science of Yoga. Complex yet profound, its teachings offer ways for all of us to find balance, health, and well-being in a constantly shifting and changing world.

Twenty educational sessions scheduled include lectures, practicums, panel discussions, and in-depth opportunities to study with a wide range of Ayurvedic experts. Morning practice sessions (including meditation and asana) allow for integration, and throughout the day there are ample opportunities for networking, community-building, and fellowship.

IAYT is a partner organization and will be represented through special programs and sessions.

To find out more visit [www.ayurveda-nama.org](http://www.ayurveda-nama.org).

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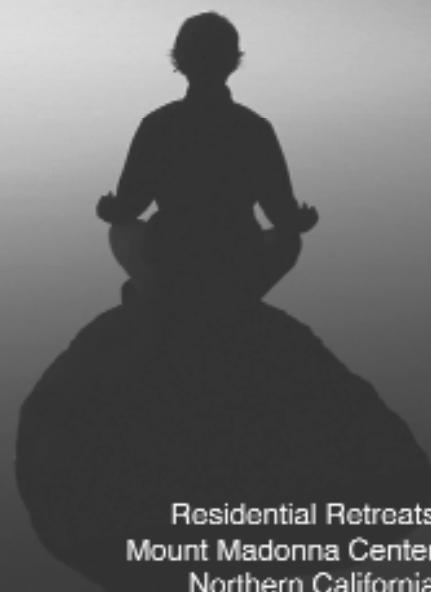
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