

THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

YogaTherapyToday

Spring 2011

Volume 7, Issue 1

\$5



CHANGE LIVES...

including your own!

PHOENIX RISING YOGA THERAPY combines classical yoga postures and breathing techniques with elements of contemporary psychology. A hands-on healing modality, Phoenix Rising work focuses on the body as the gateway to physical, mental and spiritual transformation for both the client and the practitioner.

I have reached a level of deepness within myself and come in touch with a wholeness of my being that I have never known. I have been reborn, rejuvenated and am ready for the new journey ahead of me.

Kris Slugg, Seattle, WA

With the first taste of a Phoenix Rising Yoga Class, I knew I'd touched the heart of yoga and my own heart.

— Kara Gerhart, Greensburg, PA



For information on professional training
call 800.288.9642 (outside USA 802.453.6444)
or visit www.PRYT.COM


PHOENIX RISING
yoga therapy training



SYMPOSIUM ON YOGA THERAPY AND RESEARCH

September 1–4, 2011

**Asilomar Conference Grounds
Monterey Peninsula, CA**

go to www.sytar.org
for more information

WATCH FOR THE **CALL FOR CIC PRESENTERS**
IN MARCH



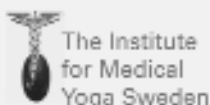
The Symposium on Yoga Therapy and Research (SYTAR) is IAYT's annual membership conference. The focus is on continuing education, sharing our work with our peers, sharing Yoga research with practitioners, and general discussions about how our field is, or should be, developing.

presented by



INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

GOLD SPONSORS



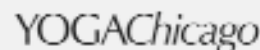
SILVER SPONSORS



ASSOCIATION PARTNERS



MEDIA PARTNERS



WATCH FOR THE CALL FOR SPONSORS IN MARCH



PUBLISHER

International Association of
Yoga Therapists

**EDITOR IN CHIEF
GRAPHIC DESIGNER
COPYEDITORS**

Kelly Birch, RYT-500, PYT
Ken Wilson
Denise Hodges, Corleigh Stixrud

Yoga Therapy Today is published in the Spring, Summer, and Winter.

IAYT BOARD & MANAGEMENT

Eleanor Criswell, EdD, *President*
Matra Raj, OTR, TYC, *Treasurer*
Molly Lannon Kenny, *Vice President*
Clare Collins, RN, PhD
Betsy Murphy, BSN, RN, RYT, HN-BC
Executive Director John Kepner, MA, MBA
Membership Manager Jesse Gonzales
Advertising Manager Abby Geyer

MISSION

IAYT supports research and education in Yoga, and serves as a professional organization for Yoga teachers and Yoga therapists worldwide. Our mission is to establish Yoga as a recognized and respected therapy.

MEMBERSHIP

IAYT membership is open to Yoga practitioners, Yoga teachers, Yoga therapists, Yoga researchers, and healthcare professionals who utilize Yoga in their practice.

MEMBER BENEFITS

- Subscription to the *International Journal of Yoga Therapy*
- Subscription to *Yoga Therapy Today*
- Access to IAYT's research resources and digital library
- Professional recognition through IAYT's online listings and an IAYT membership certificate
- Discounted registration at IAYT events

CONTACT

P. O. Box 12890, Prescott, AZ 86304
Phone: 928-541-0004 (M-F, 9AM – 3PM MST)
Fax: 928-541-0182
www.iayt.org • mail@iayt.org

HOW TO SUBMIT TO YOGA THERAPY TODAY**Writers**

Email a query or completed article to: YTTeditor@iayt.org. *Yoga Therapy Today* relies on submissions from the membership. Please submit reports and articles on training, views and insights relating to the field and profession of Yoga therapy, as well as on integrative practices and business practices. Request writer guidelines from editor. Articles are reviewed and accepted on a rolling basis and may be submitted at any time.

Advertisers

Call 928-541-0004 or email advertising@iayt.org for advertising rates and deadlines. Editorial decisions are made independently of advertising arrangements.

REPRINT POLICY

IAYT's reprint policy applies to all articles in the *International Journal of Yoga Therapy* and *Yoga Therapy Today*. Fee: \$5 per copy per article. The policy works on the honor system, e.g., if two articles are copied for 25 students, please send IAYT a check for \$50 and note "for reprints" on the check. Requests for reprints of articles should be emailed or phoned to Jesse Gonzales, Member Services Manager, at jesse@iayt.org or 928-541-0004.

ENVIRONMENTAL STATEMENT

This publication is printed using soy-based inks. The paper contains 30% recycled fiber. It is bleached without using chlorine and the wood pulp is harvested from sustainable forests.

Reflections on How We Got Here



Take a moment to ponder why you are holding this magazine in your hands. What path brought you to this point in time? Was it a sudden realization, the culmination of years of work, a calling?

I recall many moments in my life that led to my writing this note to you. I remember as a young girl wondering why people were going to the moon when there was so much to discover on earth; as an adolescent, becoming aware of the suffering of people

around me and yearning to help them; and as a young woman, standing at the frontline of an antiwar demonstration amid protesters full of aggression and divisiveness, experiencing the profound realization that I had to be the change that I wanted to see in the world. And over the years, the experience of joy and beauty and love that came through Yoga was the most exquisite and influential force in my life; in many ways it has become my life.

If I were a betting woman, I'd wager that most of you reading this magazine have had similar experiences—noticing the suffering within ourselves and others, seeking solutions, finding them in Yoga, and becoming passionate about sharing this open secret with others.

IAYT is an expression of our collective heartfelt desire to make Yoga an integral, living part of our culture. In this issue, you will read about some of the ways in which this is coming to fruition worldwide.

We begin with Members News to bring you up to date on IAYT's events, meetings on standards, and the annual report from our executive director, John Kepner. We are also proud to bring you news of B.K. Bose's Jefferson award for outstanding service.

Our three featured articles bring news and views on efforts to advance Yoga as a respected therapy: IAYT's president, Eleanor Criswell, presents an interesting and comprehensive report on The First International Conference on Yoga for Health and Social Transformation conference in Haridwar, India, and Angela Wilson and Nina Moliver offer two complementary, well-argued articles on how research helps to transform our society by effectively communicating Yoga's unique contribution. A report by Nancy O'Brien on Steffany Haaz's "Yoga for Arthritis" Teacher-Training Intensive provides an example of how a tested research protocol is being used to tailor Yoga to a specific population. Jnani Chapman critiques a Yoga and breast cancer book that is based on a successful pilot study by its authors.

In a new section, Insights, Yoga practitioners and therapists share Yogic wisdom from their own lives. J. Brown's thought-provoking article examines how a shift in perspective can change one's understanding of pain and health. Bobbie Brooks reflects on the responsibilities of becoming a Yoga therapist, and Traci Housman tells the story of how Yoga transformed her during the most chaotic episode of her life.

Also in this issue, we introduce a new column from IAYT's Bob Butera, who shares skillful, practical advice on how to help our clients integrate Yoga more fully into their lives.

As you reflect on what brought you to this magazine, consider too what more this magazine can bring into your life. Upcoming issues will explore the therapeutic relationship, how to keep the heart of Yoga in Yoga therapy, and how people are bringing Yoga to the streets, the schools, the workplace—in short, anywhere that there's people, there can be Yoga!

Yours,
Kelly

From the Editor

- 3 Reflections on How We Got Here

Members News

- 5 2011 Annual Report to Members by John Kepner, MA, MBA
7 Conference Abstract by John Kepner, MA, MBA
7 Update on Standards
8 Events: *Update on SYR, Update on SYTAR*
8 Niroga in the News
39 IAYT Member Schools
40 IAYT Donors & Sponsors

Yoga Therapy for Daily Living

- 9 How Do We Guide Clients Toward a
Deeper Level of Intention? by Robert Butera, PhD

Insights

- 11 Evolution of a Yoga Therapist by Bobbie Brooks
15 Thinking About Pain and Health by J. Brown
19 Surprised by Peace by Traci Housman

Featured Articles

- 21 The First International Conference on Yoga for Health and
Social Transformation: A Report from IAYT's president
by Eleanor Criswell, EdD
24 The Transformative Potential of Science: How Research
Can Bring Yoga into the World by Angela M. Wilson, MA
27 Yoga Research: Yes, No, or How?—
A Contribution to the Dialogue by Nina Moliver, PhD, RYT

Interview

- 30 Richard Panico, MD, Founder and Director of The Athens
Regional Mind Body Institute, with Manjula Spears, e-RYT
500, Chief Yoga Therapist. *Integrative Medicine and Yoga
Therapy in a Community-Based University Hospital Setting*
by Amadea Morningstar, MA, RPP, RYT-200

Training Report

- 34 Yoga for Arthritis Teacher-Training Intensive
with Steffany Haaz by Nancy O'Brien

Reviews

- 36 Research Review: Effects of Yoga Versus Walking on Mood,
Anxiety, and Brain GABA Levels: A Randomized Controlled
MRS Study Reviewed by Dilip Sarkar, MD, FACS, DAcyur

Book Review: *Yoga and Breast Cancer:
A Journey to Health and Healing*
By Ingrid Kollak, PhD, RN, and Isabell Utz-Billing, MD
Reviewed by Jnani Chapman, RN, CYT



2011 Annual Report to Members

2010 was a pivotal and rewarding year for IAYT. Several highlights stand out, including the 20th anniversary of the *International Journal of Yoga Therapy (IJYT)* and the landmark First Annual Symposium on Yoga Research. At the beginning of this year, IAYT had a strong presence and several members made presentations at the First International Conference on Yoga for Health and Social Transformation in Haridwar, India. This was wonderful recognition of the work of IAYT as well as the work of so many of our members. Last, but not least, I am pleased to report that IAYT swung from the red to the black, a most important metric for any organization.

Membership

The one downside is that individual membership growth leveled off last year. At year-end we had 2,665 members, just a 1 percent increase from the year before. In part, this was due to the lack of a general membership conference and the excitement that would bring. Another probable reason is that IAYT is simply not very focused on "marketing." We are busy publishing, putting on conferences, and working on standards. Finally, we think that many Yoga teachers simply do not know about IAYT, or they think that they have to be a Yoga therapist to join. IAYT is open to anyone professionally interested in Yoga therapy. We believe our publications, conferences, and other resources are especially helpful to Yoga teachers considering additional study and training to do more therapeutic work. So, you can help by telling a friend who might benefit from membership in IAYT.

School membership increased 38 percent, from 48 to 66 schools at year end. Schools are a key pillar of the future of our field, and IAYT is supporting professional training programs by listing them on our website and, of course, by the effort to develop standards for the training of Yoga therapists. Watch for a new survey of schools in 2011. A list of current 2011 Member Schools is published in this issue and all schools can be found via our "Find a Member School" function on the IAYT website.

Membership services continues to be led by Jesse Gonzales, our longstanding intrepid membership manager, who is well known for her dedicated personal service to members.

Publications

Kelly McGonigal, PhD, IJYT's editor in chief, brought forth a special perspectives section in the anniversary issue consisting of several articles by veteran members "looking backward, looking forward." Linda Getz, IAYT's long-term graphics artist, designed a brilliant new cover, consisting of hundreds of pictures of individuals from IAYT conferences, all overlaid with a picture of Patanjali.

Julie Deife delivered three wonderful new issues of *Yoga Therapy Today*, firmly establishing it as the leading magazine in our field. Alas, she is moving on. Fortunately, Kelly Birch, IAYT's longstanding copy editor, an experienced Yoga therapist with a background in scientific research, is well-qualified to take the reins. You are holding her first issue in your hands. Abby Geyer became IAYT's new advertising manager in mid-year, bringing many years of professional experience to our advertising sales. She is a Yoga teacher and student of Ayurveda, as well as the advertising manager of the *Light on Ayurveda Journal*.

Conferences

As mentioned earlier, the First Annual Symposium on Yoga Research (SYR) was a landmark event for our field. SYR 2010 sold out two months early at almost 200, about three times our expectations. Much thanks to the Himalayan Institute, who were such wonderful hosts.

Because of the success of that conference, we are holding a second SYR, September 23-25 at the Kripalu Center for Yoga and Health in Stockbridge, MA, in part to honor the Kripalu Institute of Extraordinary Living (IEL), the only major Yoga research institute in North America and the subject of an article in this issue, "The Transformative Potential of Science: How Research can Bring Yoga into the World," by IEL's assistant director, Angela Wilson.

After a one-year hiatus, we are bringing back IAYT's annual membership conference, the Symposium on Yoga Therapy and Research (SYTAR), September 1-4, 2011, at an exceptional site, the rustic and charming Asilomar Conference Grounds on the Monterey Peninsula in California.

We are holding both conferences in September due to unique opportunities for each conference. Yes, it is a bit crazy to host two

conferences in one month. Check the December 2011 YTT to see if we survived. Fortunately, Debra Krajewski has joined us and has rapidly become indispensable as our onsite conference manager. Our conference management partner is R. Cassidy and Associates.

Standards

The IAYT Educational Standards committee continued to work hard on developing standards for the training of Yoga therapists, including meeting in Chicago the week before Christmas. This sort of effort appears to also be of interest to many Indian Yoga therapy organizations. Indeed, we had a brief meeting on this in India, at the Patanjali Yogpeeth, just after their conference. As far as we can tell at this time, we all seem to be in the same ballpark with respect to the need and the length of training. We look forward to future collaboration in this area. For more details, see "Update on Standards" in this issue.

Looking Forward

Much of our work in 2011 will simply be focused on execution: our two publications, our two conferences, and the standards work. That is plenty. However, there will be an accomplished set of new board members elected in February, so I expect some careful attention will be paid to long-term planning as well as our operational infrastructure. IAYT has incredible opportunities for service to our field, our members, and the public, but we have to make sure our capacities meet our aspirations. If you would like to help this work by sponsoring one of the key programs, such as a conference, the standards work, or one of our publications, please contact me at jkepner@iayt.org.

See you at SYTAR and SYR! **YTT**

In Service,
John



(Member News continued on page 7)

SYR 2011 SYMPOSIUM ON YOGA RESEARCH

September 23–25, 2011

Kripalu Center for Yoga & Health | Stockbridge, MA

FEATURING THESE KEYNOTE SPEAKERS



Luciano Bernardi, MD

Professor of
Internal Medicine
University of Pavia, Italy



BN Gangadhar, MD

Professor of Psychiatry at the
National Institute of Mental
Health and Neurosciences
Bangalore, India



Lonnie Zeltzer, MD

Professor of Pediatrics,
Anesthesiology & Psychiatry
David Geffen School of
Medicine, UCLA

PRESENTERS

James W. Carson, PhD
Debbie Cohen Stein, MD
Gail Greendale, MD
Kim Innes, PhD
Sara Lazar PhD
Robert Saper, MD
Karen Sherman, PhD

PRE-CONFERENCE WORKSHOP SPEAKERS

Lisa Conboy, ScD
Clare Collins, RN, PhD
Susan Gould-Fogerite, PhD
Sat Bir Khalsa, PhD

Visit www.sytar.org for more information

PRESENTED BY



**INTERNATIONAL ASSOCIATION
OF YOGA THERAPISTS**

Kripalu

Institute for Extraordinary Living

GOLD SPONSORS



Institute for
Medical Yoga



Healing Pathways
MEDICAL MIND



SAMUELI INSTITUTE
1000 KALANIANAʻOLAH DR. SUITE 1000
HONOLULU, HI 96813-2099

SILVER SPONSORS



Yoga Therapy R

ASSOCIATION PARTNERS



ACADEMIC SPONSORS



MEDIA PARTNERS



BECOME A SYTAR SPONSOR. GO TO THE WEB SITE FOR DETAILS.

Conference Abstract

Credibility and Community: The Role of a Professional Association in Supporting Yoga Therapy as an Emerging Profession in the United States



Swami Ramdev hands a presenter's plaque to John Kepner at the First International Conference on Yoga for Health and Social Transformation in Haridwar, India.

John Kepner, MA, MBA. Executive Director, International Association of Yoga Therapists

The conference organizers had a special interest in the role of professional associations for developing Yoga therapy as a profession within India. I was privileged to speak on this from the perspective of IAYT and the United States. In a complementary way, Leigh Blashki, secretary to the Australian Association of Yoga Therapists (AAYT), spoke on the history of Yoga in Australia and the development of the AAYT, including their pioneering standards for Yoga therapists. Leigh is also a member of the IAYT Advisory Council and a member of the IAYT Educational Standards Committee. I am most pleased to report that there is strong support for mutual collaboration in this area in the future. Here is the abstract of my presentation.

IAYT is a professional association serving Yoga teachers and Yoga therapists worldwide. Our mission is to establish Yoga as a recognized and respected therapy. This mission statement is short and sweet but loaded

with many strong implicit challenges in the West, with our heavily regulated healthcare systems, and for the tradition itself, which, of course, is classically a spiritual practice. This presentation will lay out IAYT's strategy, rationale, and challenges in our efforts to cultivate Yoga therapy as an emerging profession in the United States, and how we support this movement worldwide. There will be particular emphasis on professional publications, professional conferences (including research conferences), working with sister professional associations (such as those for Ayurveda), and professional standards, as well the role of a sustainable business model. We are quite cognizant of the fact that the words "professional," "business," "therapy," and "Yoga" sit together uneasily, and my favorite challenge to the term "Yoga therapy" itself is: "Now, what part of Yoga is not therapeutic?" My personal, but unofficial, slogan for our work at IAYT is "Keep the Yoga in Yoga therapy." **YTT**

Update on Standards

John Kepner, IAYT Executive Director

Every single member of the IAYT Educational Standards Committee met in Evanston, Illinois, the weekend before Christmas. It was a remarkably harmonious and productive meeting. The main focus was on continuing to refine a profile of core competencies for Yoga therapists that should be taught in entry-level Yoga therapist training programs. As previously mentioned, the committee has been using the standards developed by the Australian Association of Yoga Therapists as a template, or framework, to start from.

Inherent to this issue are many questions of balance, including:

- What is the right balance between current educational practices and "ideal" programs?
- What is the right balance between "academic freedom" and required content (or between allowing unique approaches and creating a shared professional identity)?

All of this is guided by several general goals, including:

- Standards should be set at a level that is challenging but attainable and should achieve an appropriate balance of competing interests.
- The school-approval process should be affordable and manageable.
- The timeframe for implementation of standards should be reasonable.

Two other key components addressed over the weekend were

- an in-depth definition of Yoga therapy grounded in the Yoga tradition.
- broad guidelines for global hours for training programs, including clinical training and prerequisites.

Nothing has been finalized, and hence there is nothing specific that can be published yet. The working plan is for a *draft* set of standards to be published on or around August 1, 2011, to allow everyone, especially IAYT member schools, to preview it before review and discussion at the Meeting of Schools on September 1, just before SYTAR. Written comments will be accepted before and after this meeting, *(continued on page 8)*

with a goal for a final initial set of standards to be published in the fall of 2011.

Many fundamental questions, such as how, when, and by whom this will be administered, are yet to be addressed...and that's okay. The focus is not on forcing a set of standards to be imposed immediately, but on working for a reasonable consensus on what it really means to be a Yoga therapist—as defined by a broad set of core competencies, not curriculum hours. Not everything will be addressed. Some important issues, such as faculty qualifications and specialty programs, are unlikely to be addressed in this initial effort.

Thoughts to keep in mind:

- Creating any set of standards where none existed previously usually has the effect of raising overall quality.
- We are creating a working document to serve as a basis for a broader conversation with the school community; there will inevitably be a need for changes.
- We are creating a process that will be refined again and again over the course of time.

Another key question is, "What are the short-term and the long-term roles of IAYT in all of this?" Associations are not the best long-term place to house the institutions that maintain standards, but they are often the place to start. I personally do not want to turn IAYT into a bureaucracy! **YTI**

IAYT's Reprint Policy

We are delighted when members use IAYT articles for their teacher and therapist training programs and workshops. Well-written and well-edited articles are our stock in trade, so we have a simple and economical reprint policy. Fee: \$1 per copy per article. For example, if two articles are copied for 25 students, please send IAYT a check for \$50 and note "reprints" on the check. Alternatively, you can make a \$50 donation via IAYT's "Make a donation" link on IAYT's home page, again noting "reprints" in the comment section. This policy works on the honor system.

Events

Update on SYR

Planning for IAYT's Symposium on Yoga Research, September 23–25, 2011, at the Kripalu Center for Yoga and Health, continues to go well. Our partner, Kripalu's Institute for Extraordinary Living, is providing extraordinary support. IAYT applied for an R-13 grant from the National Center for Complementary and Alternative Medicine (NCCAM) to support this scientific meeting. We received a good score, but competition is very strong and we will not hear until February, or even March, 2011. Such a grant would allow us to provide international travel support and more support for graduate students, but otherwise the conference is not dependent on government funding. Special interest group meetings at the symposium are already being organized. The first is for those interested in research for Yoga for the Military and Veterans, in cooperation with the Samueli Institute. If you are interested in organizing another, please contact John Kepner at jkepner@iayt.org.

Update on SYTAR

We had a positive, almost overwhelming response to IAYT's first "Call for Presentations" for our forthcoming membership conference, the Symposium on Yoga Therapy and Research (SYTAR), September 1-4 at the Asilomar Conference Grounds on the Monterey Peninsula in California. We received over 160 proposals for sixteen sessions. Most were strong, professional, and attractive. The Psychological track received the most proposals (35%); the Spiritual track, the least (11%). The selection process is going to be very difficult.

Now, watch for the "Call for CIC Presentations" coming in March. These are shorter, 15- to 20-minute presentations that will allow you to share your work and connect with your peers in the Common Interest Community sessions.

Also watch for the "Call for Sponsors." Conference sponsorship provides one year's recognition on IAYT's website, over and above exhibition space at the conference. **YTI**

Niroga In The News

Niroga Institute Founder Bidyut Bose Receives Jefferson Award
OAKLAND, CA

By Kelly Birch



IAYT member Bidyut Bose has been awarded a Bay Area Regional Jefferson Award for his outstanding work as Executive Director of the Niroga Institute, an Oakland-based non-

profit that teaches Transformative Life Skills (TLS), a multi-modality intervention including Yoga, breathing techniques, and meditation to at-risk youth and other vulnerable populations, including seniors, cancer survivors, and recovering addicts.

The Jefferson Awards for Public Service were cofounded in 1972 by Jacqueline Kennedy Onassis and others to honor volunteerism and community outreach throughout the United States and are presented on two levels: national and regional. Bose's receipt of a regional Jefferson Award was the subject of a segment on CBS's *Eye-witness News* on December 1, 2010.¹

Bose responded to the announcement by saying, "This honor is not only a tribute to the tremendous commitment and dedication of all Niroga staff and teachers, it is also an acknowledgment that the management of chronic stress and the development of emotional self-regulation are powerful catalysts that can transform our communities."

Bose left a successful career as a scientist and technology executive in Silicon Valley to launch the Niroga Institute in 2005 as a vehicle to bring TLS to at-risk youth and other underserved populations. Currently, Niroga's Yoga Corps teachers are reaching more than 2,000 students a week in local public and alternative schools, juvenile court placements, drug and alcohol rehab programs, and other settings where these skills are needed most and have the greatest impact.

Independent researchers have shown that youth who practiced TLS experienced less stress and displayed better self-control than their peers who did not practice them. The implications of these results are quite significant. Niroga's programs are increasingly being viewed as a cost-effective, powerful catalyst for positive child and youth development impacting education and mental health and as a frontline prevention and intervention strategy for violence reduction. **YTI**

1. CBS San Francisco. (2010, December 1). *Jefferson Awards: Teaching yoga's healing virtues to ease Bay Area's pain*. Retrieved from <http://sanfrancisco.cbslocal.com/2010/12/01/jefferson-awards-teaching-yogas-healing-virtues-to-ease-bay-areas-pain>.

How Do We Guide Clients Toward a Deeper Level of Intention?

As Yoga therapists, we are often charged with guiding our clients toward finding a meaningful and individualized path of health and healing. At times, clients come to us with a superficial reason for their goals, mostly because they haven't been encouraged to uncover the deeper levels of motivation for practice. If the therapist is able to guide clients to transform their original reason for coming to Yoga therapy sessions into a spiritual intention, clients may have a greater chance of meeting their goals. The insights that they gain in their therapy sessions are imbued with a sense of deeper purpose and a level of understanding that can be applied to tasks outside of the therapy session.

Understanding intention is fundamental to life, not just Yoga. As clients learn to cultivate pure intention in Yoga practice, they may start to do the same in their daily actions. Many people live disconnected from their intention for doing things, whether in work, relationships, or some other area of life. How can students embody their most inspired self if they aren't clear on the reasons behind their actions?

A commitment to spiritual healing means renewing deep-seated intentions every day. Connecting clients to something larger than themselves while doing Yoga poses will impact their entire lives, including their physical health. When performing Yoga poses, a married person might think, "Today is another day to consider how to better love my spouse." Or an individual might say, "Today is another day for me to renew my commitment to a healthy lifestyle"; "Today I'm going to think of my job in terms of its larger purpose in life and I'm going to feel inspired at work, even if I feel my job is somewhat mundane"; or, most importantly, "I'm going to renew my commitment to spiritual growth."



To better understand intention, we can consider the three basic qualities of nature, the *gunas*, from Yoga philosophy. The *gunas* originate from Samkhya, one of the six schools of classical Indian philosophy. In Samkhya philosophy, the *gunas* are three "tendencies": *rajas*, *tamas*, and *sattva*. In simple terms, we can think of *rajas* as activity, *tamas* as inactivity, and *sattva* as purity or equilibrium. Clients can probably identify with all three states of being, whether they are feeling energetic and obsessive (*rajasic*), dull and depressed (*tamasic*) or calm, clear, and focused (*sattvic*). The Yoga therapist seeks to offer practices that will magnify the client's pure *sattvic* state of being because it best facilitates the path of self-realization. In practice, this means cultivating an intention that matches the lucidity and luminosity of consciousness itself.

There is intention behind every action that we take in life, and it can either be beneficial or damaging to our wellbeing. This is certainly true in Yoga. Think for a moment about what might happen to a student whose intention in doing a Yoga pose is to look good and impress others. The student is inclined to push beyond his physical limitations and potentially injure himself. In contrast, a student whose intention is to appreciate the body will likely be finely attuned to her capabilities and will have a deeper physical, emotional, and spiritual experience in her Yoga practice.

Types of Intention

Let's explore the three types of intention to get a sense of how they affect daily life:

1. Active intentions (rajasic): active, excited, obsessive, hyper, competitive, fast-paced, clinging, attached, infatuated, ego-boosting. These are intentions that serve to boost the ego: how can I work harder to look better, be more fit, and improve my external self so that other people like or respect me more? This intention is mirrored by many of the cultural values that society reflects from childhood to adulthood—study more; compete in work/school; make more money; be stronger, faster, more physically attractive; and stay busy at all times! A capitalist society promotes speed, profit, power, progress, stress, and materialism. The idea of continually seeking out "more and better" is like an animal chasing its tail, never finding the happiness that gets put off to "someday." This type of attitude in a Yoga practice continues the fast pace, with no chance to rest or feel, and prohibits the slow-paced awareness required for self-understanding and healing. *Rajasic*

intentions can have short-term positive outcomes but if they are not connected to something deeper, they often lead an individual to a level of attachment that can further his or her suffering.

2. Inactive intentions (tamasic): inactive, dull, depressed, fearful, confused, lethargic, helpless, self-doubting, disorganized, lazy. These are intentions that stem from fear and confusion and may cause a person to practice Yoga simply because a doctor or friend said to. Laziness leads to an intention of wanting instant results without putting forth the effort required to really change habits and perceptions. Many people start Yoga and quit early in the process because they are not ready for the big changes and challenges associated with personal growth.

3. Pure intentions (sattvic): balanced, clear, pure, calm, peaceful, content, illuminating. Freedom from suffering (physical, psychological, and spiritual) happens with the cultivation of pure intention—bright, calm, clear, immaculate, illuminating, and balanced—and learning how to practice these states of mind, body, and spirit. The intention for Yoga poses becomes a virtue, such as “compassion” or “courage,” changing with each day, depending on what is relevant for living well. A new perspective helps us to deal with stress and transform attitudes toward daily interactions. We discover the true source of pain, learn how to take responsibility, and become who we want to be. In this space, a Yoga practice offers a fuller sense of self-awareness and facilitates the greatest healing.

Steps for Guiding Clients Toward Deeper Levels of Intention

Advise clients to outline two or three personal goals. Let’s say they’d like to improve their health, relationships, and spirituality. Investigate the deeper purpose for the intention in these particular areas. For health, perhaps they think happiness equals losing a little weight, a very common health concern. Be very careful to recognize that such a specific physical goal is not the most effective intention. Self-inquiry becomes really help-

ful here—see if the client can ask why—“Why do I want to lose a few pounds?” The first answer might be an inactive response based on fear: “I want to lose weight because people will like me more.” Or “I’m afraid of having a heart attack.” In their essence, the desires are not bad; they just need to be connected to a deeper intention. There’s nothing wrong with wanting to look good or be healthy. The problem is when the desire becomes the intention.

The next level of inquiry might be “Why do I want to look good?” Let’s suppose that the deeper desire is to improve the client’s love life. The spiritual aspect of this desire is love. Encourage clients to follow the intention of love and their Yoga practice becomes centered on the giving and receiving of love. With the example of wanting to lose weight in order to be healthier, again ask “Why?” Perhaps they want to live longer and be there when their children grow older. The reason for losing weight is now a virtue: to help others. The intention of their Yoga practice is to become a strong and healthy person in order to serve other people.

All that is required to be successful in setting a deep intention is a little time for the client, along with some patient guidance on the Yoga therapist’s part. Keep on asking them “why” until a virtue is reached. Some common examples of virtues would be love, compassion, peace, joy, service, balance, faith, trust, hope, acceptance, forgiveness, patience, and devotion. Intentions are not limited to these virtues, but these are good examples.

As clients progress, everything they learn should help them integrate the essence of the newly uncovered intention into practice as well as daily tasks. The intention may evolve or change as they continue to study Yoga.

Applying Intention to Yoga Pose Practice

Many students arrive at their intention with great precision, but wonder how to apply this intention to Yoga poses. To help students apply intention in practice, offer them the image of a chalice, a holy cup, and ask them to name this chalice with their intention. Let the lessons and experiences of the Yoga therapy session fill the cup. Allow insights related to the intention to fill the cup; the deep feeling of peace fill the cup;

the inexplicable mystery of spiritual connection to fill the cup. Encourage them to think of the intention as a focus for receiving and enriching their perception of the experience. This visualization exercise can help the practitioner internalize in a highly personal manner the potential of the lessons learned from the practice of intention.

Although I suggest that students arrive at one intention and use it for a period of time, know that they can always change intentions. If they’re feeling weak one day, they might adjust the intention to having courage to practice Yoga. Or if they’re filled with a deep sense of gratitude, they might hold the intention of offering gratitude to the world through each Yoga pose. The most important thing to keep in mind in using intention is that it is heartfelt and sincere. If the intention doesn’t fit their mood, there’s no point in setting that intention because it’s not going to serve them in practice.

The guidelines for cultivating positive intention also apply to how students live their lives. Whether they recognize them or not, the underlying intention in all activities and thoughts determines the result. Seen in this way, daily life is like a Yoga pose. And, vice versa, Yoga poses embody life in that moment. Rather than avoiding the deepest and perhaps most difficult parts of life, we can guide clients to tune in and listen to their inner guidance. The spirit’s healing potential is allowed to come through and change what needs to be changed. Practicing Yoga means continually working toward a pure approach of awareness and acceptance. There is no perfection, just the ever-evolving journey. **YTI**



Robert Butera, M.Div., PhD is the founder and director of The YogaLife Institute in Devon, PA, where he leads the Comprehensive Yoga Therapy Program; publisher of Yoga Living Magazine; and author of The Pure Heart of Yoga (Llewellyn, September, 2009). Bob has been teaching Yoga and meditation for over twenty years. Bob was originally trained by pioneers in the field of Yoga therapy at The Yoga Institute of Mumbai, India, and has a PhD in the field of Yoga Therapy from The California Institute of Integral Studies. Learn more at Yogalifeinstitute.com.

Evolution of a Yoga Therapist

What does it take to be a Yoga therapist? One practitioner describes her journey of discovery.

My introduction to IAYT came through its website as I sought literature on how to teach a Yoga student who was a senior with osteoporosis. I was teaching Yoga at a fitness center then and wanted to keep my student safe by providing appropriate modifications, teach with integrity, and educate myself further on the specific pathology. At the time, the IAYT website was the only resource that I could find documenting any Yoga research, and it led me to previously published research articles on osteoporosis from the *International Journal of Yoga Therapy*. These were invaluable and allowed me to approach my student in an informed way, which greatly aided in building the trust between us. She knew that I had taken the time to conduct the research, digest the information, and develop an understanding that would help us to have an intelligent dialogue about her unique needs. Together we were able to create *asana* modifications that worked for her in the context of a group class and that fell within the guidelines presented by her physician and physical therapist. At this point, I had 300 hours in Yoga training from the Nosara Yoga Institute, whose curriculum stresses the therapeutic aspects of Yoga (through Self-Awakening Yoga and one-on-one Pranassage® training). The experience with my client showed me the benefit of deepening my education in Yoga therapy.

I joined IAYT shortly after this experience to continue my education and be part of a community of professionals willing to dive deeper into the therapeutic aspects of Yoga. This was something that integrity-wise I knew I had to do, since people were beginning to seek me out for referral for “hard cases,” such as a client with diabetes who had phantom pain from an amputation, a physician who was recovering from a brain tumor operation, and a client with

I joined IAYT . . . to continue my education and be part of a community of professionals willing to dive deeper into the therapeutic aspects of Yoga. This was something that integrity-wise I knew I had to do, since people were beginning to seek me out for referral for “hard cases,” . . .

seizures that began after he “pulled the plug” on his brother's life support. For me, the case of the latter client was the tipping point at which I decided further education in Yoga therapy was needed. After extensive rounds of testing, the best neurologists in the Southeast told him that his issue was psychosomatic and not neurological. I intuitively knew that his seizures were linked to the functioning of his nervous system, and I suspected that he would seize when we moved into *savasana* or any form of deep relaxation (which indeed was the case). But I really didn't know where to go from there. I wanted to understand more regarding the neurobiology of what was occurring so that I would have more options on how to proceed. As it was, I had limited success in helping him to relieve the symptoms that were functionally debilitating. Some of the areas where I needed further knowledge included (1) how to help him work his developmental edge without retraumatizing him, (2) understanding what might be contraindicated given the medicines he was taking (antidepressants and a host of others), and (3) how the psyche was connected to the soma physiologically, the interdependencies between psyche and soma, and what methods I could use to access the psyche through the soma.

I attended the 2008 SYTAR conference, where I soaked up additional knowledge and began to see where my 25 years in engineering research and development could transfer over to the Yoga world. I brought some of the conference discussions back to the Directors of the Nosara Yoga Institute and convinced them that it was important to participate in IAYT as a Member School. In 2009, I once again attended SYTAR and this time I also sat on the IAYT Council of Schools as my Yoga school's representative. IAYT has been a great catalyst for me to “up my game,” and since joining, I've increased my personal studies in anatomy and physiology as well as psychology and neuroscience and have taken additional Yoga therapeutic trainings with former IAYT board members. Discussions with other members on the IAYT Council of Schools and side conversations at the 2009 SYTAR conference were a catalyst to increasing my education. On the one hand, I found out that I knew more than I thought, but on the other, that I had a lot to learn, and this deepened my hunger for further knowledge. Little did they know, but my decision to pursue an advanced degree was greatly shaped by a lunch conversation with Bo Forbes regarding the lymphatic and nervous system; a brief exchange with Eleanor Criswell, who encouraged me by affirming some of the points I was raising in the Council of Schools meeting; and a lengthy conversation with J. Brown at one of the keynotes, where he and I discussed the need to keep the inquiry alive in lieu of relying solely on a protocol in a therapeutic session. I wanted to have more therapeutic tools to help my clients and also strengthen the voice within IAYT for those who believe that we can still hold on to the systemic benefits that Yoga yields without mimicking the Western medical model.

(continued on page 13)

Yoga Therapy TM Rx

Yoga Meets Modern Medicine



Certification through Loyola Marymount University
New level III Clinic RYT500 Welcome

LMU **LA**
Extension

Train to be a Yoga therapist with 25 of America's foremost health professionals including: David Allen, M.D., Robert Birnberg, CYT, Chase Bossart, CYT, Sherry Brouman, P.T., RYT, Art Brownstein, M.D., D.Y.Ed., Jnani Chapman R.N., CYT, Arun Deva, CYT, Terra Gold, L.Ac., RYT 500, Eden Goldman, DC, RYT 500, Vikram Kamdar, M.D., Leslie Kaminoff, Linda Lack, Ph.D., Lorne S. Label, M.D., Rick Morris, D.C., CYT, Shri Mishra M.D., Arsen Nalbandyan, D.O., Larry Payne, Ph.D., E-RYT 500, Lori Rubenstein P.T., CYT, Steven Sampson M.D., Jamie Shaw M.P.T., CYT, Michael Sinel, M.D., Matthew J. Taylor, PT, PhD, Richard Usatine, M.D., Amy Wheeler, Ph.D., CYT, Veronica Zador, E-RYT 500

All three courses meet one weekend per month.

See full syllabus, bios, photos and testimonials at

<http://www.lmu.edu/Page13264.aspx>

or **Samata.com**

e-mail yoga@lmu.edu

or call **310-338-2358**

RYT-500 available from The Yoga Alliance

Tools for Yoga Professionals

7 DVD's now available at **Samata.com**. View video clips.



"Larry Payne is one of the foremost Yoga teachers anywhere."

Dean Ornish M.D., founder & president
Preventative Medicine Research Institute

"Larry Payne is a longtime innovator in the field of Yoga. His contributions as a teacher, Yoga therapist, author and public speaker have touched many lives around the world."

Lilias Folan, author and host of the PBS Yoga series "Lilias"

Since then, I began a PhD program in clinical psychology with a somatic specialty at the Santa Barbara Graduate Institute (SBGI). SBGI is the only place in the world currently offering a PhD in Somatic Psychology. This acceleration of my evolution as a Yoga therapist has occurred over a relatively short time span, and I attribute much of it to the high caliber of IAYT members that I have met both at SYTAR and through the honor of working with the Council of Schools. I am so grateful for the interaction with IAYT members, and I am thankful for my growing relationship with IAYT. As Yoga therapists/educators in a growing and maturing industry, I believe there is a call for us to increase our education, either by taking small, measured steps or great leaps.

Holding the Opposites

I have been in a unique position to watch the tug-of-war between the various Yoga therapy “camps” without necessarily being polarized to either. My Yoga and Yoga therapy training through the Nosara Yoga Institute is experiential with an inquiry-based methodology, so I very much believe in the exploration of the multidimensional self and finding your own inner guidance. But my years of involvement with scientific exploration in programs that are nearly as complex as the human body also allow me to see the need for higher standards of education in Yoga therapeutics. There is a place for specialty knowledge, especially within the construct of an inquiry-based application. So in my personal experience as a Yoga therapist, I am pulling from both schools of thought. Last year, I found a quote in a *Yoga Therapy in Practice* editorial by Kelly McGonigal, PhD, that I taped on my bathroom mirror. In the mornings as I arise, I am reminded that “accountability and soul is not about finding a single narrow path that excludes many, but about finding a practical way to ‘hold the opposites.’”¹ I have been looking for this practical way to “hold the opposites” as I evolve as a Yoga therapist and as I participate in and observe the IAYT discussions. I resonated with Robin Rothenberg’s statement in a recent issue of *International Journal of Yoga Therapy* that she had discovered that her Yoga therapy “protocol is an amalgam of various therapeutic techniques.”² I also clearly understood J. Brown’s thoughtful distinction

between what he called the Preventative Care Yoga Professional (PCYP) and the Clinical Application Yoga Professional (CAYP).³ Personally, I blend various techniques from Yoga, Somatics, Pilates, somatic psychotherapy, even exercise physiology when practical—but they are all lovingly wrapped and supported within the construct of an inquiry-based model. As I facilitate and we co-create together, my clients are empowered to find their own healing, instead of them relying on me as their source of empowerment. I am not a Yoga purist in the classical Yoga tradition; I believe that Yoga is continually evolving. A modern example of this evolution includes Iyengar’s introduction of props that he used to enable his own healing.

In general, people respond to what works for them. This is what I am interested in, and the more I increase and educate myself in various modalities, the more tools I have to address a client’s needs. How wonderful is that? I believe that the pull between different theories and camps that is occur-

ring within our own Yoga therapy community is a healthy, normal process of a life cycle. I am encouraged by our dialogue as we stretch, pull, and make Yoga therapeutic “taffy.” There is a place for all of us to reside in this process. I am grateful for you all. **YTT**

References

1. McGonigal, K. (2007). From the editor. *IAYT Yoga Therapy in Practice*, 3(2), 2.
2. Rothenberg, R. (2009). A case for collaboration. *International Journal of Yoga Therapy*, 19, 9.
3. Brown, J. (2009). Therapy is not Yoga. *International Journal of Yoga Therapy*, 19, 25-26.



Bobbie Brooks’s Yoga therapy certifications include Pranassage® and Yoga of the Heart®. She lives split-based between Huntsville, Alabama, and Nosara, Costa Rica, where she consults for the Nosara Yoga Institute.

2011 YOGA PROFESSIONAL TRAINING


YOGA OF AWARENESS FOR CANCER

April 25—May 1: Earn a Certificate of Completion

Join Duke Integrative Medicine and the developers of Yoga of Awareness, Dr. Jim Carson, health psychologist, and Kimberly Carson, MPH, E-RYT, for a powerful and transformative seven-day experience. This professional training is offered to registered yoga instructors and will introduce the skills and knowledge needed to teach yoga to those healing from cancer. This training will also introduce participants to the Yoga of Awareness program, developed at Duke. This program elegantly and systematically incorporates the deep essence of yoga with an emphasis on a disciplined meditation practice, the principles of yoga philosophy, asana, and pranayama. Yoga of Awareness is a true integrative medicine program which adapts the ancient wisdom of yoga to meet contemporary Western needs. Research studies at Duke University Medical Center has shown the program helps patients in both early and advanced states of cancer.

A team of experienced yoga therapists partnering with leading Duke oncologists and health psychologists will guide you through evidence-based modules for cancer-related symptoms; safe and effective tailoring of asana and pranayama practices; effective ways to present models of stress; appropriate guidance for working with the mind; and essential skills for partnering with the medical community when adding a yoga practice to their cancer treatment.

REGISTER NOW! Call 866-313-0959
Early registration discount available through
February 28, 2011

 **Duke Integrative Medicine**

Join us for our Teaching Yoga to
Seniors training April 5–12, 2011.

For more information about our
programs, visit
dukeintegrativemedicine.org



Integrate Ayurveda into Your Practice

Unfold a deeper understanding in your heart
and express it in your practice. Attend our
seminars, workshops and online webinars.

For more information,
call us at (505) 291-9698 or
visit Ayurveda.com/seminars



The
**Ayurvedic
Institute**

Albuquerque, NM



Thinking About Pain and Health

Many people are coming to Yoga because they have pain and want relief. What they don't always bargain for is that addressing pain through Yoga practice entails more than just stretching their bodies.

At the workshop on the Fundamentals of Therapeutic Yoga that I taught at Kripalu this past summer, I worked with a diverse group of nine participants from across the United States. They had spinal fusions, rheumatoid arthritis, Crohn's disease, sciatica, and the usual aches and pains that come in the course of life.

Most of them had been to plenty of doctors, followed the course of recommended treatments, and were still left wanting. They were resorting to Yoga because they had reached the limitations of Western science. Yet, conventional notions of health are deeply ingrained and linked to an allopathic ideology that is difficult to escape, especially without a model or an alternative frame of reference.

All of the participants assumed that "therapeutic Yoga" meant they would tell me their symptoms and I would prescribe them poses. While therapeutic Yoga is helpful in easing pain and facilitating health, in my experience, poses do not work like pills.

A therapeutic orientation in Yoga practice does not necessarily mean viewing healing through a scientific lens. One participant challenged me by citing a research study she read that showed how doing twists aids digestion; she suggested that knowledge of anatomy and physiology is the key to making Yoga therapeutic.

I pointed out that Yoga practice has been helping people since long before there were any scientific studies on the subject. The poses have no inherent curative power of their own; they are vehicles for a source of healing that comes from within and is inherent to life.

The group was skeptical. They came for some empirical answers and I was not offering any. I explained that there are, essentially, four actions we engage with our bodies in Yoga practice: forward bending, back bending, side bending, and twisting. If your practice contains these actions and they are engaged appropriately then you will potentially receive all the benefits of practice, including better digestion. Whether we analyze it through a scientific lens or not, the outcome is the same.



J. Brown and his daughter, Roslyn Brown.

That a certain amount of pain is required for humans to grow teeth so we can eat and be nourished is evidence of how integral pain is to our existence.

The alluring suggestion that some special, more intricate variation of twist would somehow be more potent than a simpler, more enjoyable one or that a teacher with more extensive knowledge of anatomy and physiology would have the power to cure people with poses are examples of an entrenched mindset. If it were just a matter of assessing anatomical or physiological occurrences and applying a corresponding corrective manipulation then, surely, science-based medicine would have already established effective protocols.

We continued our practice and discussion over several days and began to identify ways in which breathing and moving exercises can be utilized to establish useful patterns of thought and behavior. The focus shifted from the technicalities of poses to the experience of practice and an awareness of how we felt. Emphasis was placed on a regulation of breath (*ujjayi pranayama*) and finding a measured amount of effort that could be supported and enjoyed. Individual modifications were employed where necessary.

I shared with the group that I was able to make my body strong and flexible, learn precise *asana* alignment and knowledge of anatomy and physiology, and still have lots of pain and be miserable in life all the same. More than anything else, the key to making my practice genuinely therapeutic hinged on a shift in my perspective.

In reconciling within myself the death of my mother and in cultivating a sense of life's inherent worth, my reason for practicing Yoga changed. I discovered that the how and why of my practice is what influences the effectiveness of the techniques.

Offering the details of my personal inquiry into Yoga emboldened the participants to do the same and, as our time together came to a close, tears were shed and new outlooks forged.

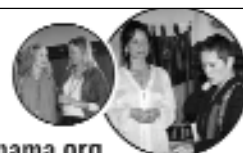
When I returned home from my time in Massachusetts, I discovered that my six-month-old daughter had begun exhibiting signs of teething. Witnessing her in such discomfort without any way to help her was, to say the least, difficult. *(continued on page 17)*



April 14-17, 2011

Crowne Plaza Hotel, Cherry Hill, NJ
Just minutes from historic downtown Philadelphia.

Register by February 26 for the Advanced Registration Discount: www.ayurveda-nama.org



NATIONAL AYURVEDIC MEDICAL ASSOCIATION'S 8TH ANNUAL CONFERENCE

FEATURED SPEAKERS:

Molher Maya (Maya Tiwari)
Pandit Rajmani Tigunait
Dr. Christine Horner
Dr. Vasant Lad

Swami Chandrasekharanand
Saraswati
Vaidya Rama Kant Mishra
Dr. John Douillard
Dr. Sunil Joshi
Mukunda Stiles
Chinnamasta Stiles
Dr. Haria Jayagopal
Marty Wuttke
Dr. Joanna Carmichael
Dr. Marty Cottler
Dr. Nita Desai
Dr. Jovin Shivaripita Harrigan
Dr. Rohini Kanniganti
Sascha Kriese
Dr. Diana Lurie
Michael K. Mastro
Dr. Hammohan Rao
Dr. Dilip Sarkar
Dr. Virender Sodhi



HEALTHY BODY, HEALTHY BRAIN, HIGHER CONSCIOUSNESS THROUGH AYURVEDA

Sponsors

BANYAN
BOTANICALS
AYURVEDIC HERBS

Kripalu

Tathaastu
YOGA

LAYOGA
LIVING YOGA

Yoga living
CHANDIKA
Five Ayurvedic Formulations

HIMALAYAN
INSTITUTE

Ayurvedic
Institute

AKASHA... "A Space to Heal"
Mount Madonna Institute
R U Ved
Vedika Global

In every moment we begin again.
We accept and surrender.
As we deepen our understanding
and let our truth unfold, we pave the way
for healing and transformation.

WELCOME HOME

Retreats, workshops and
iRest yoga nidra trainings nationwide

CL available for YA, RN, RSY, M I, LCCW

Integrative Restoration Institute

Ancient Practices for Modern Times

Please visit www.irest.us or call 415.456.3909 for more information



INTERNATIONAL ASSOCIATION OF
YOGA THERAPISTS

Library Subscriptions to IAYT Journals are Available!

Help support our
profession by encouraging
your institution's library
to subscribe to the
*International Journal of
Yoga Therapy* and
Yoga Therapy Today.

Library subscriptions are
available through normal library
subscription channels such
as EBSCO and Swets.

For more information go to
<http://iayt.metapress.com>

or contact John Kepner,
IAYT Executive Director, at
jkepner@iayt.org

Insights *continued*

More than anything else, the key to making my practice genuinely therapeutic hinged on a shift in my perspective.

It got me thinking about pain and how I utilize my practice to address it in my own body. Specifically, I was thinking about my right hip.

My early years of practice, filled with youthful overexuberance and misguided instruction, have rendered me hypermobile and prone to inflammation. Sometimes it seems to originate at my sacroiliac joint; sometimes I think it may be due to worn connective tissue in my hip socket. When it flares up, the pain can extend all the way down my leg and into my foot and be quite debilitating.

I have considered talking to a doctor about this pain but never have. At the time of my last physical, it had not been bothering me much and the doctor seemed so impressed with me as an example of good health that I didn't bother to mention it.

I already have a good sense of what tests he would likely have run and am fairly confident they would have provided no definitive answers. MRIs cannot undo the prolonged mistreatment of my body in the name of achieving alignment and becoming self-realized; nor can they do anything to address the unrelenting demands of being the sole proprietor of a Yoga center and a newly anointed dad.

I can't help but think that were I to have enough time and resources to tend to myself in an ideal way, my hip would heal and the pain could be minimized if not done away with entirely. But unless a magical suitcase of money falls from the sky, there is no way to tell.

What I do know is that when I am fatigued and the pain is persistent, I begin to question whether my body can heal on its own and wonder if I need an outside intervention to "fix" me. The emotional impact of chronic pain will cause doubts in even the strongest of constitutions. What a terrible irony that one of the by-products of pain is a tearing down of the mentality so vital to healing.

My only recourse in these instances is to make an honest assessment of the circumstances surrounding my discomfort, take any seeable actions to ease the situation and, above all else, meet the difficulty with a nur-

turing sentiment. Too easily, pain makes an enemy of our bodies.

One of my teachers suggests that pain is healing. If we accept this premise then persistent pain might indicate that healing is taking place even under continued adverse conditions. By this logic, healing comes to fruition and pain diminishes when conditions are favorable. Thus, the sentiments expressed by Dr. Dean Ornish in his key address at SYR 2010 when he spoke of how small lifestyle changes make a huge impact on our health.

There is a commonly held misconception that health amounts to having no pain. Not true. Certainly, it is possible to be in a terrible situation, filled with pain, and still be dealing with the circumstances in a healthy way. My daughter is perfectly healthy and yet she still experiences pain. That a certain amount of pain is required for humans to grow teeth so we can eat and be nourished is evidence of how integral pain is to our existence.

Given the often fickle turn of events and undeniable realities of our lives, some amount of pain is unavoidable. Therefore, I have come to think of my health as the process by which I manage the pain that life inherently brings. The better I am able to manage it, the healthier I am. Bringing careful attention to an engagement of my breath and body as a means of easing physical discomfort and establishing constructive patterns of thought and behavior is immensely helpful in this regard.

More than simply alleviating symptoms with poses or any scientific explanation for how poses might address issues in our bodies, therapeutic Yoga involves having a reverence for the human body's innate intelligence and capacity to heal. Our ability to receive the therapeutic benefits of Yoga practice is contingent on this fundamental concept. **YTT**



*J. Brown is a Yoga teacher/therapist, writer, and founder of Abhyasa Yoga Center in Brooklyn, NY.
abhyasaYogacenter.com.*



Join this living healing tradition

Viniyoga Foundations Program
for Teaching and Yoga Therapy

Gary Kraftsow & Faculty Present
PATHS TO VINIYOGA THERAPIST TRAINING

500 hr Viniyoga Teacher Training
300 hr Advanced Viniyoga Studies
300 hr Health Professional Option

*Flexible program design based on prior training
and career path. New Program starts in July 2011*



americanviniyogainstitute

STUDENTADVISOR@VINIYOGA.COM
808-572-1414 VINIYOGA.COM

what if the practice of yoga and meditation
were to become an integral component of
daily life, as routine a part of our ecology-
of-living as brushing our teeth?



Kripalu

Institute for Extraordinary Living changing the world through yoga research

visit our website and learn more: kripalu.org/iel

Save the Date: IAYT Symposium on Yoga Research, at Kripalu September 23-25, 2011

Surprised by Peace

A moving account of finding stillness amid the chaos of incarcerated life.

When I met Nancy I was in a very dark and transitional place in my life.

I had left my life behind to move to a new town, where I married my teenage sweetheart. A year later, I found myself in jail, not understanding how I let my life get so out of control. I was mourning my husband and still trying to understand what had happened that night. I was broken and disconnected. I was lost and searching for meaning, trying to find a purpose in everything that was happening. As I began to accept that I was in captivity, I reached out for answers.

The jail offered several groups and classes that inmates could sign up to attend. A few of the older ladies in the jail had been attending a class called "Relaxation Techniques." I asked about it and was told it was basically a Yoga class. I had never done Yoga, but I had always been curious about it. There was a class limit of five people; I put my name on the waiting list and soon found myself in my first Yoga class.

That was when I first met Nancy.

We all sat on Yoga mats in a circle on the floor. We took turns telling how we were feeling at the moment and letting Nancy know if we had any injuries to be aware of. She began talking about *metta*, lovingkindness. Each lady had her own story and level of stress, pain, and ability. Nancy started us off lying on our backs and doing some exercises that worked our abs. I was surprised at how quickly my muscles were being activated. I was used to crunches and sit-ups, but these seemed much more effective. Next, we started doing some poses. They were all foreign to me, but her directions were clear enough that I could fumble into each one. Everyone was laughing as we stumbled around trying to find our balance. But throughout the class, she always reminded us that there were modifications to the poses that would allow anyone to gain benefit.

At the end of the class, everyone commented on how much more relaxed they felt. How their bodies felt healthier. Some were able to maintain that feeling once back in the main jail area, while others were immediate-



ly pulled back into the never-ending drama of jail life.

For several months I continued to attend the weekly class. I enjoyed the physical effects on my body. I had a back injury that had plagued me for fourteen years that seemed unnoticeable to me after the class. The stretches were intense, but when paired with the focus on breathing that was practiced during the stretches, I found my muscles were able to relax more into the stretch and I received much-needed relief (especially considering the uncomfortable metal beds at the jail). I also focused on the *metta* teachings. These were practices that kept my heart in the right place. Too many people in the jail become bitter and angry and even aggressive. It was very difficult to be in such close quarters with so many people going through so much stress, but the techniques taught in the classes allowed me to interact with people and accept their behaviors without feeling triggered myself. I was able to find a place of peace within myself.

There were times when a completely new group of women attended the class, and

each time, Nancy was able to meet everyone where they were at. Several women entered the class feeling like it would be unattainable, that they were not equipped to reap the benefits of Yoga; but through her kind words and thoughtful training, I watched self-esteem and self-worth blossom before my eyes. For so long, I had believed that Yoga practice was for those privileged few...not for me. But Nancy introduced us to the idea that Yoga was something that everyone deserved to have in their life.

Toward the end of my nine months of incarceration, I began to discover the fitness benefits of Yoga. I had always done regular exercise and considered myself to have a strong body. I soon learned that Yoga offered a level of fitness that I had never explored. Once, after being given more specific feedback on the technique of the poses, I found myself breaking a sweat within ten seconds of a pose. Breathing was again taught to help keep me focused on my body. It was truly like being able to take a vacation inside of my own body. I could be surrounded by aggression and chaos and yet be in a safe, calm place within myself.

It is amazing for me to look back and see how I have been so privileged to have met Nancy at such a difficult time in my life. The focus that I was able to attain during such a traumatic period was impressive. The ability to simply "let go," when so many times in my life that was easier said than done, just became automatic at times. I had a newfound practice of slowing everything down inside of myself so that I could process what it was that I was feeling, and tune into a connection with everything around me that I was not aware of before.

In addition to my own experience, I observed so many women experience different levels of their own growth. I watched people who have never known another way of thinking, consider new possibilities and try new ideas. I watched them open to something different. I watched women who had

For so long, I had believed that Yoga practice was for those privileged few...not for me. But Nancy introduced us to the idea that Yoga was something that everyone deserved to have in their life.

insecurities about their weight find pride in themselves for the energy that they exerted in class. I watched girls who would respond to stress with aggression, simply choose to let go of a situation. As I have said, it is amazing to look back and see what Nancy brought to the environment.

Once I had been released and started the next chapter in my life, with its own set of challenges, I could feel that I was drifting away from that place inside of myself that found connection. Fortunately, I reconnected with Nancy on the outside of those walls and was invited into her instructor program. I am learning more about the concepts and techniques that held me in dark times, and am excited that I will be able to bring this to people in the future. I am deeply grateful for the opportunity to have met Nancy, to be learning from her, and to have the chance to share

this knowledge with people who desperately need it in their lives. These people aren't even aware of how much they could benefit from the teachings, just like I didn't know.

Now, nine months since my release, I continue to be amazed at the progress that takes place in me. Sometimes it is a trickle, and other times I am flooded with it. At times, it is a physical progress. All of a sudden my body finally understands how to coordinate the muscles and I just "get it." Sometimes, it is on a more connected level. Spiritual, if you will. I can be struggling with emotions, or an interaction for whatever reason, and something inside my heart just opens up to the big picture of it all, and for a moment, I am able to step outside of my own protective walls and simply accept what is. I cherish every moment that I am given. I journal it each day, which is a part of the instructor training

Nancy Candea, CYT, E-RYT, CPT, is the director of Yoga Impact. Information about Nancy can be found at yogaimpact.org & nancycandea.com. She can be contacted at nancycandea9@gmail.com.

course. And I am learning about the physiology of Yoga poses in connection with the anatomy of the body. The most exciting part about it is the realization that I will always have more to learn, further to reach, and deeper to go into every doorway that Yoga practice has opened inside of me. For as crippling as some of the moments were that brought me to where I am now, I can't help but be grateful for every moment of my life. **YTT**



At 38 years old, Traci Housman's new goal is to share the connection to compassion and peace that was shared with her during a time of chaos in her life.

The Heart and Science of Yoga



A Blueprint for Peace, Happiness and Freedom from Fear

LEONARD PERLMUTTER
with Jenness Cortez Perlmutter

Leonard Perlmutter (RAM LEV)

For Yoga Professionals

"A true work of art that explains the transformational power of classical Yoga Science in clear and practical terms. A manual for creatively meeting the challenges of everyday life."
LILIAS FOLAN—Author and host of groundbreaking PBS yoga series, *Lilias!*

"A comprehensive and practical guide to the yogic practices as tools for transformation."
DEAN ORNISH, MD—Author of *Dr. Dean Ornish's Program for Reversing Heart Disease*

"Comprehensively outlines the holistic benefits of Yoga and brought joy to this heart surgeon's heart."
MEHMET OZ, MD—Noted surgeon, author and host of *"Oz and Friends"*

Recipient of Major National Literary Awards:

Nautilus Award, Benjamin Franklin Award, Eric Hoffer Award, ForeWord Magazine Award, Independent Publisher Book Award.

AVAILABLE AT FINE BOOK STORES NATIONWIDE.

CME FOR PHYSICIANS AND NURSES: Workshops by Leonard Perlmutter, based on *"The Heart and Science of Yoga,"* have been certified for continuing education credits for physicians and nurses by Albany Medical College, the Accreditation Council for Continuing Medical Education, the New York State Nurses Association and the American Nurses Credentialing Center's Commission on Accreditation.

AMERICAN MEDITATION INSTITUTE
HEALTH • HAPPINESS • FREEDOM

60 Garner Road, Averill Park, NY • Tel 800.234.5115

www.americanmeditation.org

Call for a **FREE** subscription to
Transformation—The Journal of Practical Yoga Science

The First International Conference on Yoga for Health and Social Transformation

A report from IAYT's president, Eleanor Criswell, EdD

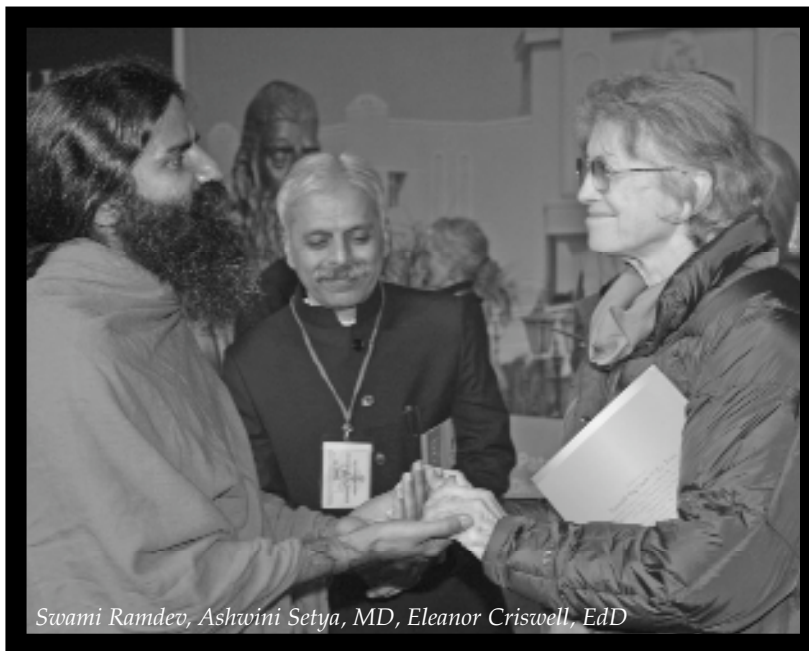
The First International Conference on Yoga for Health and Social Transformation, organized by the University of Patanjali and the Patanjali Research Foundation, Haridwar, India, was held January 2-5, 2011. The University of Patanjali and the Patanjali Research Foundation are divisions of Patanjali Yogpeeth under the direction of Swami Ramdev and Acharya Balkrishna. Shirley Telles, a world-renowned Yoga researcher, was chair of the scientific program committee and moderated the entire conference. Dr. Telles spoke at IAYT's last SYTAR in 2009 and the first Symposium for Yoga Research (SYR) last fall. The conference was closed at 1,500 participants.

The International Association of Yoga Therapists (IAYT) was well recognized by the University of Patanjali. John Kepner, executive director, and I, Eleanor Criswell, president, were invited to represent IAYT at the conference. A number of people from IAYT either presented at or attended the conference. For example, Sat Bir Khalsa was on the scientific program committee for the conference as well as a panel presenter; Leigh Blashki, Kim Innes, Robin Monro, and Amy Weintraub were presenters. Loren Fishman was a poster presenter, for which he won an award. Several research scientists who have presented at IAYT conferences also presented here, including Luciano Bernali, University of Pavia, Italy; Ginger Carrieri-Kohlman, School of Nursing, University of California, San Francisco; Lorenzo Cohen of the MD Anderson Cancer Center, Houston; Loren Fishman, Columbia College of Physicians and Surgeons, New York; and Robert Saper, Boston Medical Center, Department of Family Medicine, Boston. John Kepner and I chaired panel sessions. John Kepner's presentation, "Credibility and Community: The Role of a Professional Association in Supporting Yoga Therapy as an Emerging Profession in the United States," led to discussions with many delegates about the role of professional associations in developing the field.

The conference was conducted in the Indian tradition with a combination of spiritual, research, and application sessions. Much of the conference was guru-centered. In India there is a strong tradition of following the guidance of a guru. The guru is a teacher in the largest sense of the word and is, ideally, Self-realized. This conference was organized following that tradition. There are many Yogas and Yoga lineages in India that are guru-centered. In the United States and other countries many of the Yoga traditions are not guru-centered.

The conference was inclusive of all the Yoga traditions and many were represented. There were representatives from most of the leading Yoga institutes of India. Some, though invited, were not able to attend. Many swamis and sages came to bless the conference both in the opening and closing ceremonies. The conference began with a four-hour inaugural ceremony, in which I was honored to represent IAYT. Many gurus and prominent teachers participated, such as Swami Ramdev, Acharya Balkrishna, Swami Veda Bharati, Swami Chidanand Saraswati, and Sri B.K.S. Iyengar, who was the chief and most-honored guest. Among his sage comments, he noted that the interest in Yoga in the West helped spur a resurgence

of interest in Yoga in India. Representatives from most of the Indian research and teaching institutions and associations spoke briefly. These organizations include the Association of Himalayan Yoga Meditation Societies International, the Central Council for Research in Yoga & Naturopathy, Dev Sanskriti Vishwavidyalaya, the Isha Foundation, Kaivalyadhama, the National Institute of Naturopathy, Parmarth Niketan Ashram and the India Heritage Research Foundation, SDM College and Hospital, Swami Vivekananda Yoga Anusandhana Samsthana, and The Yoga Institute (the old-



Swami Ramdev, Ashwini Setya, MD, Eleanor Criswell, EdD

est Yoga institute in India and the world). Two-minute video clips enabled the audience to experience the nature of the ashrams and institutes. It was a single-track conference that included a number of panel presentations, a poster session, and a paper session. Conference themes included Yoga and Health, Yoga as Therapy, and Yoga and Society. Morning Yoga classes in the University of Patanjali's large auditorium (capacity: 10,000!) conducted by Swami Ramdev for at least one and a half hours were broadcast around the world via satellite television. Millions of people were able to experience the conference via Aastha TV and other channels. For example, an advisor to the IAYT board, Dilip Sarkar, who at the last minute could not attend the conference, watched it from Norfolk, Virginia, and gave us feedback on his impressions via the Internet. During the meal and tea breaks, presenters and attendees were able to meet together to discuss Yoga research, Yoga education, and other topics and to form many valuable connections. Julie Deife was pleased to have the opportunity to interview Swami Ramdev and Acharya Balkrishna.

The conference was confirmation that interest in Yoga therapy and Yoga research is growing rapidly and that the work of IAYT is an important part of a worldwide movement.

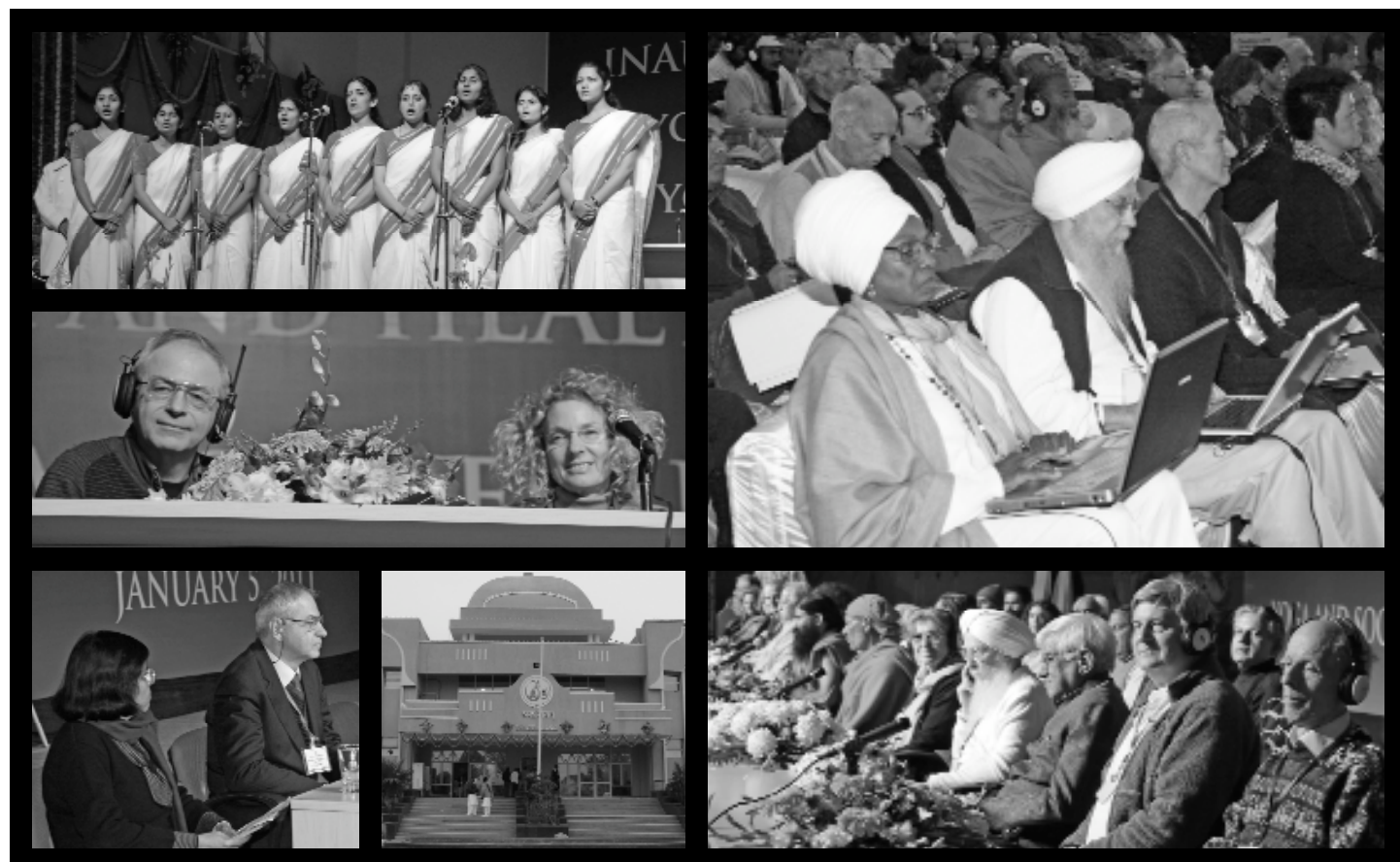
(For an account of the presentations and more, see Julie Deife's blog on the conference at yogagoesglobal.com)

The objective of the conference was to "bring together leading international scientists, researchers, and academicians to address the underlying mechanisms of Yoga and the value of its application in health, medicine, and society."¹ The goal of Patanjali Yogpeeth is to create social transformation by enhancing the health and wellbeing of Indians and everyone worldwide through Yoga. Yoga also contributes to the efforts to enhance India's sense of its heritage. Patanjali Yogpeeth has a strong interest in social transformation, Indian self-reliance, planetary welfare, and human rights. I am in sympathy with many of the goals of Patanjali Yogpeeth's mission, especially that of bringing in Yoga for health as the foundation for social transformation. The agenda for Patanjali Yogpeeth and the Bharat Swabhimana movement is a classic one. You can find it in the writings of gurus of the past as well as contemporary gurus. What is different in this case is Swami Ramdev's extraordinary charisma, Acharya Balkrishna's amazing organizational skills, and the extensive use of television and other media to spread Swamiji's teachings. He has inspired millions of people in and out of India to transform their lives and the lives of others through Yoga, which he calls *Yog*, and to prac-

tice *seva* (service). For example, many people devote at least two hours per day to Yoga practice Swami Ramdev-style, and many have trained as Yoga teachers to give free Yoga classes in their communities. Because of his energetic teaching style, the *New York Times* called him "the Richard Simmons of Yoga."² This is clearly the most popular effort to promote Yoga as a therapy in the world to date. Yoga therapy has been practiced in India since ancient times. Gurus regularly used Yoga practices to heal their students (*chelas*) and others in the community. Swami Ramdev has made many strong claims about the health benefits of Yoga. To back up these claims, he established the well-funded Research Division of Patanjali Yogpeeth in Haridwar under the direction of Shirley Telles and the supervision of Acharya Balkrishna. The newly formed Patanjali Research Foundation will sponsor extensive research in the future.

At the conference there was a strong emphasis on Yoga research. Yoga research is very important for increasing the acceptance of Yoga worldwide and enhancing the health of everyone. When people are healthy and actualizing their potential they function happily within their families, communities, and nations and can participate as world citizens.

(continued on page 23)



The outcomes of the conference benefit all of us—you, me, and IAYT. It was very affirming to me and the work I have done over the past 40 years, the things I have taught my students, and to IAYT's potential. It was very inspiring. We have many new colleagues as a result of the conference. John and I were able to meet and talk with many well-known Yoga researchers and educators. Debra Krajewski, assistant to the executive director of IAYT, coordinated IAYT's booth in the exhibit area and assisted in many networking activities.

Many contacts and collaborations were established or strengthened.

After the conference, presenters toured the Yoga research laboratories of the Patanjali Yogpeeth's Research Division—Emphasizing Yoga. The four laboratories feature oxygen consumption and metabolic testing, autonomic function testing, clinical neurophysiology, and perceptual and motor skill testing. Next we visited the Patanjali Food and Herbal Park, the manufacturing and distribution facility for Patanjali Yogpeeth's Ayurvedic medicines, spices, personal care products, and so forth. Construction began on January 5, 2010, and the facility was up and running in less than a year. Currently sitting on 125 acres and soon to double in size, it is a large-scale operation. Its purpose is to support small farmers and organic farming, to provide better marketing for farmers and lower prices to consumers, and to encourage healthy living. The next day John Kepner, Leigh Blashki (Australian Association of Yoga Therapists), and I met with Acharya Balkrishna, Shirley Telles, and others regarding the proposed Indian Association for Yoga Therapists. We also met with others throughout the conference regarding associations in India and other countries.

The following day John, Debra, and I went to Rishikesh, which is about an hour away from Haridwar. There we visited the Sivananda Ashram (Divine Life Society). Swami Sivananda was the guru for Swami Vishnudevenanda, Swami Satchitananda, and Swami Chidananda, all of whom trained many Yoga teachers in the United States and worldwide. We also visited the Sadhana Mandir Trust, an ashram founded by Swami Rama in 1966; Swami Veda Bharati's ashram (Swami Rama Sadhaka Grama) and its Meditation Research Institute, which is under the direction of Manuel Fernandez (I was delighted to see that biofeedback/neurofeedback is being offered to ashram residents and guests and that psychophysiological recordings are being used in their research); and Swami Chidanand Saraswati's ashram (Parmath Niketan Ashram) on the banks of the Ganges.

The conference was confirmation that interest in Yoga therapy and Yoga research is growing rapidly and that the work of IAYT is an important part of a worldwide movement. John, Debra, and I met delegates from many places in the world. We are still processing this extraordinary opportunity to immerse ourselves in Yoga throughout its



history and the world. During the conference, I was able to thank India for the gift of Yoga to the world. We are deeply grateful to Swami Ramdev and Acharya Balkrishna for bringing Yoga more deeply into the lives of contemporary Indians and to the world at large; for example, Swami Ramdev's classes are shown worldwide via satellite television and there are Patanjali Yog centers in the United Kingdom, the United States, and Nepal. The 94-acre Patanjali Yoga & Herbal Research Center is currently being developed

in Rosenberg, Texas, a suburb of Houston. The research sponsored by the University of Patanjali under the direction of Shirley Telles and the work of the conference presenters is deeply important for the acceptance of Yoga in many contexts in contemporary society and for the refinement of the practice of Yoga and Yoga therapy.

The cooperation and collaboration that is possible when great souls and minds come together for the common good could be seen in this conference. It is thrilling to me to envision what is possible. The ripples from this conference will continue to be felt for some time. I want to thank Swami Ramdev, Acharya Balkrishna, and Shirley Telles for IAYT's opportunity to participate in the conference. I wish the Patanjali Yogpeeth well on its continued growth and development and the achievement of its goals in peace and in the spirit of Yoga. **VTI**

For more information about Swami Ramdev, Acharya Balkrishna, and Patanjali Yogpeeth see divyaYoga.com.

References

1. Patanjali Yogpeeth - Divya Yog Mandir (Trust) (2011). Yoga for health and social transformation: First International Conference, January 2-5, 2011. Retrieved January 2011 from divyaYoga.com.
2. Polgreen, L. (2010, April 19). Indian who built yoga empire works on politics. Retrieved from nytimes.com/2010/04/19/world/asia/19swami.html?_r=1.



Eleanor Criswell, Ed.D., is emeritus professor of psychology, Sonoma State University, director of the Novato Institute for Somatic Research and Training, and president of the International Association of Yoga Therapists.

The Transformative Potential of Science

How Research can Bring Yoga into the World —by Angela M. Wilson, MA

For many of us who practice Yoga, validating the scientific benefits of the practice seems unnecessary. We know that Yoga enhances wellbeing and improves our lives, and most of us who practice do not need a scientific study to demonstrate this reality. Yet most of us would like to see Yoga become more central to our culture. What if Yoga were acknowledged more broadly for its ability to transform our educational system or influence our healthcare policies and prescriptions? What if it were an essential part of our workday?

At the Institute for Extraordinary Living (IEL), we believe that Yoga research is on the brink of becoming a formidable field of study and as such has the potential to bring Yoga deep into the heart of our cultural institutions. The National Institutes of Health (NIH) and the National Center for Complementary and Alternative Medicine (NCCAM) are both actively seeking proposals for Yoga interventions. NCCAM's five-year plan clearly states a need to encourage the development of mind/body interventions such as meditation, massage, and Yoga and to study these interventions for clinical effectiveness, safety, and efficacy.¹ Although funding remains an issue for researchers no matter what the field of study, this recent call for Yoga research is a clear indication of a cultural shift in healthcare needs.

There are many other pieces in place that would support the expansion of Yoga research at this particular time. These include a healthcare system that is in serious need of re-visioning, a surprising number of well-respected scientists who are already studying Yoga, and a society that is beginning to wake up to the call for preventative healthcare and a cultural cry for a more balanced world.

So, with all these pieces in place, what are the obstacles that remain? What are the steps that are needed for Yoga research to obtain a larger share of public grant funding? And what developments will move Yoga from being perceived as anecdotally beneficial to being accepted as scientifically valid? At IEL, we have begun to address these questions.

What's in Place

Cutting-edge researchers involved in Yoga research. In order for a new field to successfully emerge, a formidable group of researchers needs to turn its scientific skills to the challenge. Yoga practice has been quite successful in securing the interest of highly leveraged researchers. Dr. Lorenzo Cohen, from MD Anderson; Dr. Chris Streeter, from Boston University's School of Medicine; Dr. Bessel van de Kolk, from the Trauma Center; and Dr. Sat Bir Khalsa, from Brigham and Women's Hospital and Harvard Medical School, were all highly valued researchers in their particular field of study even before they began their research on Yoga. As a result, Yoga research has garnered increased scientific recognition, prominence, and prestige.

Abundance of preliminary data. Most researchers can tell you that even the smaller NIH grants now require scientists to provide preliminary data. Pilot data are essential if a researcher is to obtain larger, more influential grants. Fortunately, we have achieved this step. There are now hundreds of studies that provide preliminary data. We know Yoga works and we know it works for a number of different populations.²

Standardized protocols ... also empower researchers to deepen their scientific inquiries from "Does this practice work?" to "What are the underlying mechanisms by which it works?"

Has Begun but Needs Continued Support

Large NIH grants. Pilot data can place an intervention on the scientific radar but more serious buy-in from healthcare providers, educators, and employers comes from the kinds of studies that only larger funding can provide. Larger grants, and the rigorous studies they enable, very clearly enhance the credibility of the intervention itself. Yoga researchers have just begun to receive large grants: Dr. Chris Streeter, for her work on Yoga and the brain; Dr. Lorenzo Cohen, for his work with cancer patients; and Dr. Sat Bir Khalsa, for his study on traumatized military veterans.

Yoga Research Conferences and Collaborations. One reason that a contemplative intervention such as Mindfulness-Based Stress Reduction (MBSR) has proliferated is due to its prestigious annual conference, hosted by The Center for Mindfulness. Conferences such as these are necessary forums for meditation teachers and scientists to come together and talk about the relevant clinical and scientific topics. Over time, conferences can create a strong platform for teachers and scientists to tap each other's resources and to build community.

Similarly, one of the reasons Yoga research has expanded in the last several decades is because of the various Yoga research conferences that have been established. These conferences allow Yoga researchers to come together to discuss their work and share ideas to create a truly collaborative effort.

However, many of these conferences have been held in countries outside the United States. Given the growing number of Yoga researchers in this country, it was a strategic move on the part of IAYT to host its First Annual Symposium on Yoga Research (SYR) last fall in Honesdale, PA, in addition to its Symposium of Yoga Therapy and Research (SYTAR), which began in 2007. More of these forums are needed so that Yoga researchers can continue a creative dialogue about Yoga research.

What's Sorely Needed

Standardization of Yoga Protocols. A comprehensive discussion on standardization of Yoga protocols is beyond the scope of this article. However, standardization is an important scientific tool, particularly in the "gold standard" of randomized controlled trials. When someone says "I practice Yoga," what does that mean? Is it Power Yoga or Hatha Yoga, Kundalini Yoga or Kripalu Yoga? Does it mean *asana* or *pranayama*? Which is it—in what combination and for how long? For a researcher who is intending to implement rigorous research methodologies, lack of specificity or standardization is a limiting factor in the attainment of larger grant funding.

(continued on page 25)



Kripalu guests enjoy a Yoga class on the front lawn.

Although there are now hundreds of studies on Yoga, Yoga research has been criticized for the lack of standardization in its protocols,³ and we believe that this is the main reason Yoga researchers have had difficulty obtaining larger grant funding. MBSR, developed by John Kabat-Zinn, has enjoyed the success that it has because it is a standardized intervention. MBSR is now offered in over 200 medical centers, hospitals, and clinics around the world,⁴ largely as a result of NIH funding.

In addition to grant funding, standardization allows mental health workers and physicians to have a clearer sense of what they are recommending to their patients. It's one thing to tell a patient to "give meditation a try"—it's quite another to prescribe a meditation course that has been repeatedly validated by science.⁵

This isn't to say that we should only have one Yoga intervention. We will need different standardized protocols for different conditions and ultimately for different constitutions. But, in order to most effectively interface with the scientific model of investigation, we need to start with a select few interventions to build on.

Standardized protocols allow for a deeper understanding of what practices are most effective—for whom, and for what reasons. They enable replication and, therefore, validated outcomes. They also empower researchers to deepen their scientific inquiries from "Does this practice work?" to "What are the underlying mechanisms by which it works?" If each scientist or Yoga practitioner creates his or her own idiosyncratic intervention, it makes it challenging to build on that work. One of the IEL's primary missions is to create standardized curricula in order to enhance our funding potential and to expand the impact of Yoga on our culture.

Kripalu's Institute for Extraordinary Living

The IEL aspires to create a world in which Yoga is scientifically and experientially validated as a practice that can awaken the human being's innate capacity for self-healing and awareness. We envision a world in which Yoga sits as a leading evidenced-based holistic intervention for physical, mental, and spiritual wellbeing. A world in which, as a result of this scientific validation, all people, regardless of age, economic status, or ethnicity, will have unmitigated access to Yoga—in their schools, in their work environments, and in their healthcare choices.

The IEL has two primary missions: The first is to articulate the

essential tools of Yoga and to develop evidenced-based Yoga curricula founded on these tools. We aspire to continually refine these curricula in order to best address the major mental and physical diseases of our time.

The second, parallel, mission is to conduct a thorough study of the impact of Yoga curricula on the full spectrum of human functioning, to scientifically understand Yoga's capacity to attenuate states of physical and mental suffering, and to enhance optimal states of human functioning. We aspire to communicate and report this knowledge through conference presentations, scientific publications, and media articles.

The IEL has undertaken the following strategic initiatives to begin to fulfill its mission to bring Yoga into the world and to study its impact on health and wellness. These include initiatives in curriculum development and rigorous research.

Curriculum Development

Standardized Yoga Curriculum: The process of creating a core curriculum has involved an in-depth discussion with senior Yoga teachers about the key ingredients of a "standardized Yoga curriculum." Our eight-week curriculum consists of both "on-" and "off-the-mat" techniques, combining *asana* practice with accessible Yoga philosophy. The focus is on supporting students in developing a greater capacity to be mindful responders to their experience and to practice and cultivate greater states of equanimity, compassion, and skillful action. This curriculum was designed to be accessible to a wide range of populations and conditions. Although the core curriculum is focused on nonmedical populations, we are already in the process of creating iterations of this program for obese women and secondary school children.

Our long-term vision for this initiative is to create a curriculum that can be offered in various venues, including workplace, academic, and healthcare settings. It is also our intention that this curriculum will offer Yoga teachers an opportunity to expand their own tools for teaching, and thus create a more sustainable livelihood for teachers.



Janna Delgado teaching Yoga to girls at Monument Mountain Region High School in Great Barrington, MA, as part of IEL's research on Yoga in schools.

The IEL aspires to create a world in which Yoga is scientifically and experientially validated as a practice that can awaken the human being's innate capacity for self-healing and awareness. ...A world in which all people have unmitigated access to Yoga—in their schools, in their work environments, and in their healthcare choices.

Research

Yoga in Education: In collaboration with our director of research, Dr. Sat Bir Khalsa, we have initiated a collection of studies on Yoga and secondary school children. These studies focus primarily on the impact of Yoga on mood, cognitive control, and academic performance. A brief account of results indicates that students who participate in bi-weekly Yoga classes through a school semester report higher states of wellbeing and mental stability than control subjects who received physical education classes alone, suggesting that Yoga acts as a buffer against academic and social stress.⁶ In collaboration with Harvard alcohol researcher, Dr. Howard Schafer, the IEL intends to utilize this pilot data to apply for a grant through the National Institute of Drug Abuse early next year.



Jennifer Johnston, Yoga teacher for IEL's Yoga and PTSD study, teaches Yoga Warrior I to a veteran.

Yoga and Posttraumatic Stress Disorder in Veterans: In 2008, the Department of Defense awarded Dr. Sat Bir Khalsa a \$300,000 grant to study the effects of Yoga on post-traumatic stress disorder (PTSD) in veterans. Dr. Khalsa has since been given an additional \$300,000 to add a control group to the study. In collaboration with trauma and Yoga experts, the IEL has developed a comprehensive "on-the-mat" Yoga program specifically designed to relieve symptoms of trauma. During the 10-week study, veterans will attend two 90-minute Yoga classes each week and practice at home every day for 15 minutes. The primary goals of this study are to reduce PTSD severity and symptoms and decrease nervous system arousal.

Yoga for Weight Loss: The IEL's Yoga for Weight Loss study will explore how practices such as *asana*, *pranayama*, and mindfulness can help women lose weight and improve physical and psychological wellbeing. This pilot study considers the effects of regular Yoga practice on weight loss and associated parameters of physical and psychological wellbeing. The scientific evaluation of this work is being done in collaboration with Dr. Lisa Conboy, social epidemiologist at the Osher Institute, Harvard Medical School. Utilizing the key components of our "core" curriculum, this pilot study will measure the effects of Yoga on subjective health, psychological wellbeing, and objective biomarkers in overweight and obese women.

Dr. Conboy has recently paired with nationally recognized obesity researcher Dr. David Ludwig, from Children's Hospital in Boston, and together they continue to investigate how Yoga facilitates weight loss in women.

Yoga and the Brain: Cognitive science researcher, Dr. Sara Lazar, from Massachusetts General Hospital, is currently analyzing data on a study investigating the impact of long-term Yoga practice on brain structure and function. Utilizing state-of-the-art MRI technology, Dr. Lazar is investigating whether Yoga practice can change the actual structure of the brain. This study will also evaluate changes on attention, fluid intelligence, and enhanced emotional and cognitive functioning.

Bringing the vision to fruition

It is clear that momentum is building nationwide with pioneer scientists, promising pilot data, development of standardized Yoga curricula, and IAYT's publications and conferences. Yoga research, in general, is on the edge of proliferating. How can we as a professional field continue to support this momentum?

Now, more than ever, we need to tap the power of collaboration and communication. This fall, the Second Annual Symposium on Yoga Research (SYR) will be held at Kripalu Center. The conference will serve as a meeting place for Yoga researchers and practitioners to unite and discuss the latest topics facing our field. Collaborations will form, and the deepening of scientific inquiry will no doubt occur.

Science offers a framework and a language that, if properly utilized, can bring Yoga practice to thousands of people who would not otherwise have access to its benefits. Science is the epistemology of our time, and it is through science, not in spite of it, that we as a community have an opportunity to transform our society—to impact its values, its relationships, and its view of life itself. It is through science that we can bring Yoga more fully into the world. **YTI**

References

1. National Center for Complementary and Alternative Medicine. (2010). *Exploring the science of complementary and alternative medicine: Third Strategic Plan: 2011-2015*. Retrieved February 2, 2011, from <http://nccam.nih.gov/about/plans/2011>.
2. Khalsa, S. B. S. (2004). Yoga as a therapeutic intervention: A bibliometric analysis of published research studies. *Indian Journal of Physiology and Pharmacology*, 48(3), 269-285.
3. Salmon, P., Lush, E., Jablonski, M., & Sephton, S. (2009). Yoga and mindfulness: Clinical aspects of an ancient mind/body practice. *Cognitive and Behavioral Practice*, 16(1), 59-72.
4. Mindful Living Programs: What is Mindfulness-Based Stress Reduction? (n.d). Retrieved February 6, 2011, from mindfullivingprograms.com/whatMBSR.php.
5. Praissman, S. (2008). Mindfulness-based stress reduction: A literature review and clinician's guide. *Journal of American Academic Nurse Practitioners*, 20(4), 212-6.
6. Khalsa, S., Schultz, L., Cohen, D., Steinder, N., & Cope, S. (in press). Evaluation of the mental health benefits of Yoga in a secondary school; a preliminary randomized controlled trial. *Journal of School Psychology*.



Angela M. Wilson, MA, is assistant director of the Institute for Extraordinary Living. Her background includes research on spirituality, meditation, and Yoga. She has a master's in mental health counseling, is a Kripalu Yoga teacher, and has completed 250 hours of training in Ayurveda.

Yoga Research: Yes, No, or How?

A Contribution to the Dialogue —by Nina Moliver, PhD, RYT

Many of us who listened to Dr. Tim McCall's keynote speech, "Toward a More Blissful Union of Yoga and Science," at the 2009 SYTAR¹ knew that we were hearing some words of truth. Yet in a response to Dr. McCall in this publication, Dr. Marshall Hagins² voiced the concern that Dr. McCall may have unfairly been giving science a "black eye." I'd like to take a closer look at what Dr. McCall said in his speech, and I'd like to show that far from giving science a "public drubbing," Dr. McCall was inviting the scientific community to broaden its vision of what science can contribute to the understanding of Yoga.

Dr. McCall has cited several specific problems with scientific studies of Yoga. First, double-blinding a Yoga experiment is not possible. Second, experiments are performed with standardized protocols, but Yoga in the real world is not practiced according to standardized protocols. Third, experiments are expensive—and the sponsors of experimental studies are often responsible for biasing and corrupting the results. Fourth, Yoga studies tend to involve fixed protocols, whereas Yoga instructions are normally based on an interactive response to empirical observation. Fifth, Yoga studies tend to involve exclusion criteria, whereas in normal Yoga instruction, every person is welcome to practice, and it is the job of the instructor to adapt the practice so that it is comfortable and safe for the individual. Finally, the evaluation of short-term changes is usually most effectively accomplished by studying beginners. Thus, the research tends systematically to underestimate the long-term potential of Yoga. All of these issues are issues not with science, but with randomized, controlled trials.

What Kind of Yoga Research?

The randomized, controlled trial (also known as the clinical trial, the efficacy study, or the experiment) was introduced by the pharmaceutical industry in 1948 to test new drugs.³ The clinical trial is properly suited to interventions where experts select the treatment, where the treatment is essentially forced on the body, and where the role of consciousness plays little or no role in the outcome. When we want to test other kinds of interventions, or treatments, or behaviors, we may need to use other kinds of scientific tools.

Dr. McCall is by no means the first scholar to raise these issues with regard to the scientific investigation of a complex, self-chosen, whole-health wellness practice, which is what Yoga is. Dr. McCall has echoed researchers in many fields—including psychotherapy,⁴ acupuncture,⁵ nutrition,^{6,7} homeopathy,^{8,9} nursing,¹⁰ herbalism,¹¹ and even the biological and social sciences,^{12,13}—who have argued that applying the methods of the clinical trial to complex, nonpharmaceutical interventions will create unreliable results, particularly false negatives. Dr. Martin Seligman¹⁴ declared that the randomized, controlled trial was simply "the wrong method" for evaluating a practice when crucial elements of the practice in a real-world setting are omitted, and that random assignment was not desirable for studying complex behaviors in the field. More recently, Dr. Bo Forbes¹⁵ and Dr. Scott Laurence¹⁶ have expressed similar concerns about using evidence-based medicine for Yoga, because evidence-based medicine is based on a reductionist, analytical, short-term, expert-centered model, which is not the model on which the Yoga approach is designed or claimed to work.

Quantitative research has much to offer us for studying patterns involving groups of people, instead of just individuals.

When we take the longer view—the view of external validity, or the "real world"—observational designs will actually give us results that are more accurate and more likely to reflect what happens when Yoga is actually practiced. That's a finding of science.

As Dr. Laurence so correctly stated, we need not turn our backs on Yoga research to address the defects of the randomized, controlled trial. There is a middle way known as the observational design, also called the *outcome-based study* or the *effectiveness study*.

In an observational study, participants live and practice in their natural settings. Typically, they answer questions about their feelings or behavior in the setting where they live or work, often by completing a survey. Usually they answer these questions only in retrospect. Participants are not told what to do, where to do it, or with whom or how often or when or for how long.

The Validity of the Observational Design

How valid are studies using observational designs? Researchers argue that with an observational design, we cannot determine cause and effect. For example, if a researcher didn't randomly assign the participants, it is not possible to know if Yoga practitioners are happier because they practiced Yoga, or if people who were happier were naturally attracted to starting a Yoga practice. Thus, any number of untallied factors could be confounding the results.

There are ways to address this argument—for example, support from prior research, a multiplicity of studies, proof of biological plausibility, and (in scientific parlance) a dose-response effect.¹⁷ As Leslie Kaminoff¹⁸ pointed out, Yoga doesn't cause wellness—it removes obstacles to it. Most importantly, however, the argument against the observational design has to be weighed against the many risks that Dr. McCall and others have pointed out in designing an experiment. The next step, then, is to weigh these two tradeoffs, in what Dr. Hagins has identified as the internal/external validity issue—an issue well-known in the scientific literature.

Conventional wisdom in medical science is that the randomized, controlled trial is the "gold standard," superior to an observational study. However, empirical evidence substantiating this claim is surprisingly absent.^{3,10,20,21} Empirically, results from observational studies within the field of medicine have proved more accurate than those from clinical trials. In randomized, controlled trials, inconsistent and contradictory findings have been found in almost all topics studied.^{7,22,23,24} The same cannot be said of observational studies.

Thus, we return to the issue of tradeoffs. Dr. McCall accurately identified the tradeoff issue when he asked, "Who says that a statistically accurate and clean look at plastic Yoga, that nobody in the real world does, is more valid than a statistically muddier look at what real Yoga therapists actually do?" This question was *not* an attack on science. It was a focus on the tradeoff issue—a healthy discussion within the scope of scientific inquiry. Observational designs are statistically muddier from the point of view of isolating variables and proving causation. But when we take the longer view—the view of external validity, or the "real world"—observational designs will actually give us results that are more accurate and more likely to reflect what happens when Yoga is actually practiced. That's a finding of science.

Using a clinical trial to study the outcomes of a long-term Yoga practice is like putting a square peg into a round hole. And making this statement doesn't give science a black eye.

Using a Randomized, Controlled Trial to Study Wellness

A Yoga experiment rarely lasts more than three to six months, perhaps with follow-up questions a few months or years later. Anything more is usually too expensive—it requires more grant money and professional researchers, and grant funders are reluctant to give money for studies not designed in the drug paradigm. We can't realistically extend many experiments much longer—certainly not for decades. Many Yoga experiments have lasted a few weeks or even a few days.

Learning what Yoga can accomplish in the immediate term is a worthwhile and admirable endeavor. What these experiments fail to do, however, is to investigate what happens additively and cumulatively with a committed Yoga practice, when synergistic outcomes begin to emerge. And, as Dr. McCall noted in *Yoga as Medicine*,²⁵ even six months is a drop in the bucket for a Yoga practice. By privileging short-term studies and standardized protocols, we are forever studying beginners, we are systematically underestimating the healing potential of Yoga in our research, and we are systematically excluding an understanding of these synergistic and cumulative effects of the practice. In short, we are shortchanging the potential of our scientific inquiries.

Using a clinical trial to study the outcomes of a long-term Yoga practice is like putting a square peg into a round hole. And making this statement doesn't give science a black eye. We do not undermine science when we insist that researchers use the most appropriate scientific method for the problem at hand. We undermine science when we clip its wings and narrow our topics to fit a preconceived paradigm. As Dr. McCall so accurately stated, Yoga will always come up short when measured with a pharmaceutical yardstick. We therefore need to examine our scientific tools and use the tools that are the best fit for studying what we want to study.

The Observational Study: Making the Marriage of Science and Yoga Work

Dr. McCall pointed the way forward in his address when he made two recommendations for future scientific Yoga studies: (a) study Yoga over a longer time frame, and (b) do more outcome studies. Outcome studies offer a number of advantages that cannot be realized in brief trials. The subjects in an observational study typically represent the target population more closely than do the subjects in an experiment.^{26,27} Medical researchers acknowledge that observational designs play an important role in investigating treatment outcomes in large, heterogeneous populations with complex, chronic conditions.²¹ In an observational study of wellbeing, we can measure long-term personality changes that are deeper and more enduring than are changes in mood.

Observational studies cost much less money than experiments do. An impecunious graduate student like me was able to conduct an observational study over the Internet, without renting space or hiring a teacher. This means that many more studies can be conducted under the radar of the pharmaceutical industry, its largesse, and its expectations. In addition, an observational study can include many more participants. Finding even 100 participants for a Yoga experiment is a substantial, and costly, accomplishment. Many Yoga

experiments have included between 10 and 20 participants. It is easy to miss significant findings with such a small group. In contrast, observational designs can include thousands of participants. More participants give more robust, reliable results. All of this points to the possibility that the observational design should be given a much stronger place in Yoga research than it has been given so far.

I argue that by using an observational design, we can gather good data about a complex, long-term Yoga practice, which operates outside of the rules of linearity and causality. With an observational study, we do not need to trace the mechanisms or sort through the impossible complexities of whole lives. We focus on the outcomes. That is why the observational study is also called an *outcome study*. In complexity and systems research, the complex system is regarded as a black box. We don't know what happens inside of the black box—we ask only what went into it, and what came out of it. Despite the infinite complexity of each person's life, at the end of the day, many of the differences between subjects will iron out, and we will be able to ask, "Do the statistics suggest that Yoga may have made a difference?"

In my study, they did. I distributed a one-time survey to hundreds of older women, many of whom had Yoga practices extending back as far as 50 years. The longer and the more often these women had practiced Yoga, the more those low levels of psychological and physical well-being dissolved from my spreadsheets. There was no plateau. Results held true after correcting for a range of other lifestyle factors. Differences among the different yoga traditions were not significant. Low scores kept getting higher with more time and practice. I never could have discovered this pattern with an experiment—certainly not in a reasonable timeframe, with a reasonable budget, and with hundreds of long-term Yoga practitioners.

What about all those confounding variables? I argue that the confounders confuse the researcher, but not the *yogi* or the *yogini*. For the Yoga practitioner, these so-called confounders—a healthier diet, a simpler lifestyle, more time outdoors, more kindness and compassion, more loving relationships, more bike-riding, a better path to right livelihood—are not confusing. They are mutually enhancing and reinforcing. These so-called confounders act synergistically, *coproducing* the outcomes: wellness, joy, serenity, and self-actualization.

Long-term *yogis* and *yoginis* have been largely invisible to Yoga researchers. I argue that this gap has occurred because Yoga researchers have unevenly focused on performing artificially constructed experiments with beginners. Nothing I say here is meant to demean the value of these experimental contributions. On the contrary, these experiments have been invaluable to Yoga researchers, and I have endlessly drawn on them for all of the teachings they have given us. These experiments help us interpret our long-term, observational studies and support our contentions that Yoga is behind all of these improvements for which we have been unable to prove causation.

My argument is simply that short-term Yoga studies have inherent limitations and can therefore give us only one side of the story. We need to balance the picture with observational designs. And we need to elevate the importance and the legitimacy of the observational design in Yoga research, putting it on a par with the clinical trial in giving us the type of information we need. **YTT**



Nina Moliver, PhD, RYT, is a research consultant in Boston, Massachusetts. She has experience as a Yoga teacher and a mental health counselor. Her Yoga research study won the Dissertation of the Year award at Northcentral University.

(References on page 29)

Yoga Research *continued*

References

1. McCall, T. (2009, March 7). Toward a more blissful union of Yoga and science. Presented at Symposium on Yoga Therapy and Research. Los Angeles, CA.
2. Hagins, M. (2009, June). Yoga and the evidence-based medicine debate: A response to Dr. Timothy McCall's keynote address. *Yoga Therapy Today*, 21-23.
3. Concato, J., Shah, N., & Horwitz, R. I. (2000). Randomized, controlled trials, observational studies, and the hierarchy of research designs. *New England Journal of Medicine*, 342, 1887-1892.
4. Seligman, M. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50, 965-974. doi: 10.1037/0003-066X.50.12.965
5. Paterson, C., & Dieppe, P. (2005). Characteristic and incidental (placebo) effects in complex interventions such as acupuncture. *British Medical Journal*, 330, 1202-1205. doi: 10.1136/bmj.330.7501.1202
6. Ballentine, R. (1999). *Radical healing: Integrating the world's great therapeutic traditions to create a new transformative medicine*. New York, NY: Three Rivers Press.
7. Colbin, A. (2002). *Wholistic nutrition: From biochemistry to chaos, complexity and quantum physics - applying some concepts from contemporary science to a new understanding of how food affects health*. Dissertation Abstracts International, 63(06), 2791.
8. Bell, I. R. (2005). All evidence is equal, but some evidence is more equal than others: Can logic prevail over emotion in the homeopathy debate? *The Journal of Alternative and Complementary Medicine*, 11, 763-769. doi: 10.1089/acm.2005.11.763
9. Bell, I. R., & Koithan, M. (2006). Models for the study of whole systems. *Integrative Cancer Therapies*, 5, 293-307. doi: 10.1177/1534735406295293
10. Quinn, J. F., Smith, M., Ritenbaugh, C., Swanson, K., & Watson, M. J. (2003). Research guidelines for assessing the impact of the healing relationship in clinical nursing. *Alternative Therapies in Health and Medicine*, Supplement 9(3), A65-A79.
11. Mason, S., Tovey, P., & Long, A. F. (2002). Evaluating complementary medicine: Methodological challenges of randomised controlled trials. *British Medical Journal*, 325, 832-834.
12. Capra, F. (1996). *The web of life: A new scientific understanding of living systems*. New York, NY: Doubleday.
13. Ho, Mae-Wan. (1998). Evolution. In G. Greenberg and M. M. Haraway (Eds.), *Comparative Psychology, a Handbook* (pp. 107-119). New York, NY: Garland Publishing.
14. Seligman, M. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50, 965-974. doi: 10.1037/0003-066X.50.12.965
15. Forbes, B. (2010). Yoga and managed care: A cautionary tale. *International Journal of Yoga Therapy*, 20, 22-26.
16. Laurence, S. (2010). The role of outcome-based standards in Yoga therapy. *International Journal of Yoga Therapy*, 20, 42-51.
17. Heaney, R. P. (2003). Long-latency deficiency disease: Insights from calcium and vitamin D. *American Journal of Clinical Nutrition*, 78, 912-919.
18. Kaminoff, L. (2008). I'm not a Yoga therapist anymore! *International Journal of Yoga Therapy*, 18, 17-19.
19. Concato, J. (2004). Observational versus experimental studies: What's the evidence for a hierarchy? *NeuroRx*, 1, 341-347. doi:10.1602/neurorx.1.3.341
20. Levine, R., & Fink, M. (2006). The case against evidence-based principles in psychiatry. *Medical Hypotheses*, 67, 401-410.
21. Ligthelm, R. J., Borzi, V., Gumprecht, J., Kawamori, R., Wenying, Y., & Valensi, P. (2007). Importance of observational studies in clinical practice. *Clinical Therapeutics*, 29. doi: 10.1016/j.clinthera.2007.07.004
22. Benson, K., & Hartz, A. J. (2000). A comparison of observational studies and randomized, controlled trials. *New England Journal of Medicine*, 342, 1858-1876. doi: 10.1056/NEJM200006223422506
23. Concato, J., & Horwitz, R. I. (2004). Beyond randomised versus observational studies. *The Lancet*, 363, 1660-1661. doi:10.1016/S0140-6736(04)16285-5
24. Horwitz, R. I. (1987). Complexity and contradiction in clinical trial research. *The American Journal of Medicine*, 82, 498-509. doi: 10.1016/0002-9343(87)90450-5
25. McCall, T. (2007). *Yoga as medicine: The yogic prescription for health and healing*. New York, NY: Bantam Books.
26. La Caze, A. (2009). Evidence-based medicine must be.... *Journal of Medicine and Philosophy*, 34, 509-527. doi: 10.1093/jmp/jhp034
27. Silverman, S. L. (2009). From randomized controlled trials to observational studies. *American Journal of Medicine*, 122, 114-120. doi: 10.1016/j.amjmed.2008.09.030

Yoga of Awareness for Chronic Pain Teacher Training

June 5 – 11, 2011 Portland, Oregon

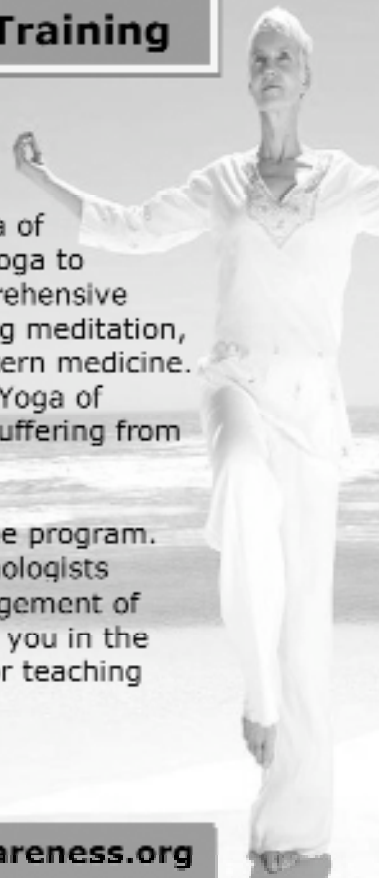
Join Comprehensive Pain Center faculty from Oregon Health & Science University, along with Dr. Jim and Kimberly Carson, developers of Yoga of Awareness, for an in-depth study of safe and effective ways to teach yoga to students with chronic pain. Yoga of Awareness is a powerful and comprehensive program which combines the traditional practices of yoga - emphasizing meditation, breath work, postures, and self-study - with the evidence-base of western medicine. As featured in US News & World Report, CNN.com and BusinessWeek, Yoga of Awareness has been shown in clinical trials to reduce pain in persons suffering from fibromyalgia and cancer-related pain.

This transformative teacher training is an authentic integrative medicine program. Physicians, physical therapists, exercise physiologists and health psychologists

– all specializing in the treatment and management of chronic pain – will join the Carsons to train you in the knowledge base and most effective tools for teaching students with chronic pain.

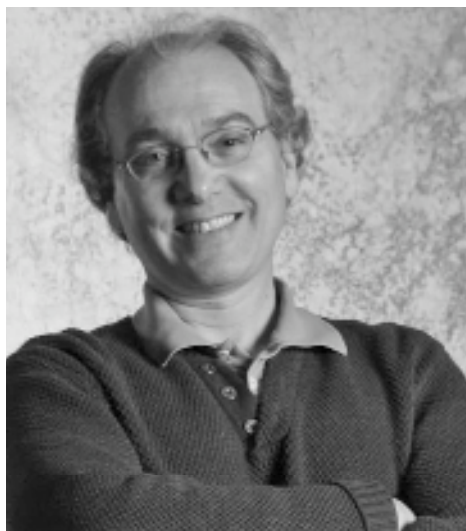


To find out more: info@yogaofawareness.org



Richard Panico, MD

Founder and Director of The Athens Regional Mind Body Institute, with Manjula Spears, e-RYT 500, Chief Yoga Therapist
Integrative Medicine and Yoga Therapy in a Community-Based University Hospital Setting



“Physicians in the community are very positive in their feedback. What they have said is, ... “It has returned the art to medicine.””

In 1999, Dr. Richard Panico, division chief of psychiatry at Athens Regional Medical Center, was approached by the chief medical officer and the executive board of the hospital with a new idea. They were interested in having a complementary and alternative medicine (CAM) venue as part of the hospital. They wanted it to be physician directed and evidence based. At first, Dr. Panico was a little surprised. He didn't consider that his focus on health rather than disease and his emphasis on exercise, nutrition, and individual self-efficacy were CAM per se. It was simply medicine as he knew it. The hospital executive board was familiar with Dr. Panico's work on mindfulness and with implementing Herbert Benson's mind/body programs. They were also cognizant of the fact that Western medicine wasn't doing that well in responding effectively to chronic disease, an increasingly large percentage of their consumer base's needs.

Ten years later, Dr. Panico spoke to IAYT's Symposium on Yoga Therapy and Research in

Los Angeles about the successes of The Athens Regional Mind Body Institute. The presentation was warmly received. We follow up here with this key pioneer in the integrative medicine movement.

In a wide-ranging phone conversation last December, Dr. Panico described to me how the Mind Body Institute came into being and how it operates now as a key provider of integrative health care in Athens, Georgia. One of MBI's chief Yoga therapists, Manjula Spears, e-RYT 500, generously added input via email.

AM: How did the Mind Body Institute begin?

RP: At the time I was approached by the hospital, I was medical director of Advantage Behavioral Health Systems, a large mental health system covering a ten-county catchment in Northeast Georgia. I was more than a little reluctant and said, “Let me talk with the 400 physicians involved with the Athens Regional medical center.” I created a two-year exploration around this. We offered one talk per month on CAM subjects, inviting physicians, lawmakers, naturopaths, basic science researchers, and other experienced healthcare professionals to talk about different aspects of CAM. At the end of the year, we asked the physicians informally, “Do you want an integrative medicine center as part of the hospital?” The answer was yes, as long as a physician runs it, and it's evidence based, and it is in the hospital.

Still quite reluctant, I said, “Let me do more research on the need and community support for this. We dedicated an entire year of community research, with 14,000 surveys and 100 structured interviews with other CAM venues in community-based hospitals, then focus groups and site visits.¹ The response to this survey was extraordinary. We had a green light to move forward.

Because it's a small progressive community, it was able to happen. There's better communication among healthcare providers and consumers, and a high amount of interest.

AM: What is your experience as the primary Yoga therapist at the Mind Body Institute?

MS: As the first Yoga therapist at the Mind Body Institute and in the hospital in general, I think about how far we have come. When I first started teaching, there was no space that was set up for Yoga—the first MBI classroom was in the diabetes education department in a gym full of exercise equipment. I brought in mats and cushions and lights to create an atmosphere for Yoga. It was cold because the temperature was set for people working out on machines. The floor was hard and I brought in padded exercise mats to go under the Yoga mats so people would be comfortable to lie down.

The Mind Body Institute now has two big, beautiful rooms designed specifically for Yoga and meditation with all the trimmings: soft lights, carpeted floors, pillows, pads, straps, and so on. The space can make teaching so much easier.

In the beginning I was the only Yoga teacher that taught for MBI, Health Education, and the Cancer Center. We now have eleven Yoga teachers, and many of the classes from other places in the hospital have folded into the MBI.

AM: Dr. Panico, you as medical director work with Yoga therapists, acupuncturists, psychotherapists, mindfulness teachers, nutritionists, massage therapists, and Tai Chi teachers at MBI. How is integrative medicine used?

RP: When someone is referred to me, I do a two-hour assessment. We, the patient and I, mutually create a treatment plan, the most clinically efficacious path to re-acquiring and maintaining health. We sequence the interventions and create referrals to resources both within MBI and to outside practitioners. When I refer someone to one of MBI's practitioners, I relate the goals of the treatment plan. There are too many patients

(continued on page 31)

moving through the MBI and now too many practitioners to be able to formally sit down and discuss every individual case. There's one chart for each patient. Each practitioner, with the exception of the Yoga therapists, writes progress notes that are filed into the chart, along with my follow-up sessions with patients. I can track progress with each visit in this way.

AM: Why not the Yoga therapists?

RP: It's not practical for them to be able to make notes on each class participant in a group setting.

AM: Does each unit have a team?

RP: Rather than teams, we have created interactive communities of practitioners. The Yoga therapists all make time to meet together monthly at the least, and often every two weeks in a venue called "around the mat." They have ongoing training and mentoring time with me, Manjula Spears, or Robin Bewley. This is very, very important. They are a vibrant group and I admire their excitement and relentless study of Yoga. As part of the farm *sangha* [community] I meet with many of them two or three times a week, so there are many opportunities to talk about individual clinical issues, theory, and so on. Likewise the massage therapists are very communal and communicative about shared patients. The psychotherapists come in at different times, yet they attend the "Explorations of Mindfulness" groups that I conduct with advanced practitioners and continuing education gatherings. Afterward the therapists, mindfulness teachers, and individuals from the community at large and I discuss the class and create teaching points. I can't tell you how much fun this is, based in a kind of attentive, loving, communal play. The word "play" is not a diminutive; we get an enormous amount of high-quality training done.

AM: When would Yoga be part of a treatment plan?

RP: Yoga is always a part of the treatment plan. We define Yoga broadly; we keep in sight the ultimate goal of liberation, and we base classes in the Yoga of Patanjali. We address and cultivate *sangha*, teach Yoga *nidra*, *pranayama*, *pratyahara*, and of course the inner limbs concerning meditation. We try to address all limbs in some way in an integrated, culturally sensitive way. Many,

perhaps 60 percent, of our patients have no prior experience with Yoga and have a conservative worldview.

Classes are designed in several tracts: mobility, developmentally, disease specific, and gender specific. For example, to address issues of mobility we offer chair Yoga adapted for people in wheelchairs and with oxygen bottles; to take a gentle Yoga class, you have to be able to get up and down off the floor. There are special classes for people with neurodegenerative diseases or chronic pain [disease specific]. One example of a gender-specific class is "Yoga for the Unbendable Man." Here we make available a Yoga class for active aging males intimidated by studio courses populated with young flexible practitioners. Classes designed around the human developmental cycle and that are gender-specific include prenatal Yoga, mama-baby Yoga, Yoga for breast cancer, and Yoga for bone health. We also have classes for caretakers, post-cancer treatment recovery issues, and of course laugh-a-Yoga. Lately something happened unexpectedly in this class—fathers and daughters began to attend together. This surprising phenomenon fills me with joy!

AM: When is meditation part of the treatment plan?

RP: Always. It is part of Patanjali's Yoga. I'm interested in everyone getting meditation training, whether through Yoga classes, or in other contexts such as MBSR or mindfulness-based psychotherapy sessions. Mindfulness meditation is effective and defensible. It is well studied and in the news every day.

AM: How far-reaching has the integrative concept there become?

RP: Many of the other departments in the hospital are now offering similar health-based approaches, in terms of classes and therapies.

Physicians in the community are very positive in their feedback. What they have said is, "It's effective, and I can refer to them," [and] "It has returned the art to medicine." Repeated positive results get communicated among MDs effectively; and this has been happening for eight years now.

We've also found that how we practice medicine influences the practice outside of the MBI, in the community. Many MDs in town have shared with me that they are

making more time in their practices to provide integrative approaches. Athens has an incredible physician population.

AM: You are acting as a bridge in family and community interactions?

RP: Yes, over time the MBI is more and more about community interventions. MBI is partnering with the Clarke County School System. We are offering stress reduction (mindfulness practices based in Yoga) in after-school programs, with teachers and professional support staff in a variety of settings. A local poverty initiative and the MBI have partnered to provide nutritional and mindfulness interventions with parents, children, and staff in vulnerable neighborhoods. The MBI/community interaction has seemed to become a kind of *bodhicitta* ("awakened heart") of its own. I'm just hanging on for dear life.

AM: What are some of MBI's biggest successes?

RP: The biggest successes are the clinical successes: we did outcome studies with the question, "If somebody completes our programs, what are their results?" We used the Beck Depression Inventory, the Beck Anxiety Inventory, and the SF-36. In the SF-36 in particular, statistically significant improvements were noted in all categories. In 2003, when we started, there was a 40 percent dropout rate in our classes. Now it's around 5 percent.



MS: Of course the most rewarding thing is to see those patients that stay with the program incorporate the practices into their life and slowly (and sometimes not so slowly) get progressively better. I also love seeing those patients that will soon be leaving this life enjoying more fully the time they are here. Because most of the patients that I work with have suffered so much, their gratitude is enormous.

My favorite is the way that Yoga can heal lives unexpectedly. A student's chronic back pain goes away and they become interested in spiritual study. A student with dramatic surgical asymmetries in the body becomes balanced and their diet becomes healthier. Someone with a terminal illness

Interview *continued*

who feels they have little to live for becomes interested in using their remaining life to serve others. These seemingly unrelated happenings illustrate the surprising expression and power of Yoga. It is always interesting to see where Yoga's healing will lead a student when they simply trust Yoga.

A big part of the classes that I teach in the hospital concerns holding the space for people to connect with one another. I feel this is such an important part of the healing process. For so long many of our patients have felt isolated and alone. They can come to the MBI and reach out to other people who know what they have gone through and who have experienced some of the same struggles. It is also rewarding to see them begin to open up and to connect with each other outside of class. The Yoga class becomes a way for them to reintegrate into the world.

RP: Another unexpected positive occurrence came from medical training programs. I teach at two medical schools, and I offer a one-month-long elective course for medical students in Mind Body Medicine here at the hospital.

AM: What are some of MBI's greatest challenges?

MS: Many of the patients I work with are faced with life-threatening illnesses leading them to their transition out of this life. Others that come through our clinic have tried every medical route available and have landed at MBI as a last resort. When they reach me they are in pain, usually depressed, and left hopeless after a long, hard road of disappointments. One of my biggest challenges is to give them back their hope and inspire them to use the practices and have faith that over time their bodies and mental outlook will move again in a more positive direction. Without instant relief and after so many unsuccessful tries it can be a real challenge to keep them inspired to practice.

In the cases where students are suffering from a fatal neurodegenerative disease or cancer, our work together centers around relieving despair and improving their quality of life. We practice in order to be present and live in the moment.

It can also be challenging to give the patients the tools they need through MBI. In

keeping with the conservative fiscal policies and the nonprofit status of the hospital, we do not have allowance for things like discounting classes or selling recorded practice media. None of the services at MBI are approved by medical insurance, so all cost is out of pocket and we can lose patients because of the expense.

RP: Financially, the challenge is how to make it viable. When I first researched this aspect, there were almost 200 integrative medical centers nationwide, and only 5 percent of them were making money. In this economy, we can't expand our overhead in spite of growth. Insurance doesn't pay for our services. We need to charge what the market will bear, a bit more than what a Yoga studio in town would charge. The overhead in the hospital is very large; we can't avoid being a part of that.

The hospital sees MBI as a very positive force; the hospital itself is transforming how it practices medicine. For example, people in the OR are doing healing touch; Oncology Services is offering health-based interventions for its patients. We come up in the red


(continued on page 33)

250 Hour Yoga Teacher Training

yama
niyama
asana
pranayama
meditation
yoga nidra
nada yoga
philosophy
anatomy
alignment
therapeutics
comprehensive
empowering


live yoga.
love life.

kula-kamala-yoga



673 Batchelor St. Toms River NJ 08753
www.kula-kamala-yoga.com 732.333.3156


Where the Heart of Yoga & the Heart of Compassion are One



Inner Peace Yoga Therapy

2011-2012 Yoga Therapy Program

- World-class instructors
- Two-week intensives
- Small classes
- Recognized certificate
- Growing field
- Meaningful path



You'll learn directly from the top instructors in the fields of yoga therapy and Ayurveda, including:
Marc Halpern, Nischala Joy Devi, Amy Weintraub
and more, in beautiful Asheville, North Carolina.

Register by March 31, 2011 and save!
Visit innerpeaceyogatherapy.com to learn more.

Interview *continued*

every year, and I seem to be the only one bothered by that. To date the administration has been protective.

AM: Do you have any advice for physician-run, evidence-based centers on this?

RP: Nail down contracts with third-party payers before opening the doors, if you can. In our case, it would have pushed us back another couple of years. Know your own political and financial landscapes; work out partnering upfront if possible.

AM: What qualifications does one need to do Yoga therapy at MBI?

RP: The Yoga teachers are all RYT 500s. We utilize primarily Integral Yoga in the therapeutic training. But since Integral Yoga is well... integral, other honored traditions are utilized freely. We provide yearly training events for our teachers and the community. Our teachers have also worked with Jnani Chapman, Gary Kraftsow, Nischala Devi, and Kausthub Desikachar. The bottom line is that they are individuals who strive for a deeper and deeper skill set continuously.

Another essential qualification is that the teachers and practitioners here possess an ability to tolerate the bureaucracy of the system.

AM: Is there anything you'd like to say in summary?

MS: It is an experience of real personal growth for me to serve as an educator in the world of Yoga therapy at MBI. I learn so much about the strength and endurance of the human spirit.

RP: It is very gratifying work. These are extraordinary interventions that are not financially viable yet in contemporary biomedicine. The need for clinical research and cost-offset data is essential. In eight years, MBI has had no significant adverse outcomes, a minimalist side-effect profile. This kind of efficacy and safety is unheard of in contemporary biomedicine.

I really want to validate the research efforts of IAYT. It is absolutely the right way to go. I really have enjoyed talking with you, and I appreciate having a voice in the journal. **YTI**

Reference

1. Cameron, K. A., McCormick, L. K., Panico, R. A., Jenkins, L., & Cook, E. P. (2002, November). *Can we integrate complementary and alternative medicine with a conventional medical system?* Presented at the 130th Annual Meeting of the American Public Health Association, Athens, GA. Abstract retrieved from http://apha.confex.com/apha/130am/techprogram/paper_43174.htm.




Amadea Morningstar, MA, RPP, RYT 200, has been working in the field of integrative Ayurvedic education since 1985. She is the founder of the Ayurveda Polarity and Yoga Therapy Institute (APYTI) in Santa Fe, NM. APYTI does not

yet offer Yoga therapy; it is our intention to do so when our community base is strong enough to provide it.

AyurvedaPolarityYoga.com


Yoga therapy goes beyond asana.
So should your education.



The College of Purna Yoga[™]
teaching the heart of yoga[™]

alignment • therapeutics • anatomy • physiology
meditation • nutrition • ethics • energetics • business

200 hr • 500 hr • 2,000 hr
holistic teacher training directed by Aadil Palkhivala and Savitri
Yoga Alliance Approved • WA State Licensed




425-746-7476 • www.purnayoga.com

Award-Winning LifeForce Yoga[®] DVDs and CDs!

LifeForce Yoga[®]
TO MANAGE YOUR MOOD

With Amy Weintraub,
MFA, E-RYT 500, author of
Yoga for Depression



**LIFEFORCE YOGA[®]
PRACTITIONER TRAINING**

March 31 - April 6, 2011:
Sivananda Ashram, Bahamas (Level 1)

May 12 - 18, 2011:
Tucson, AZ (Level 2)

July 8 - 15, 2011:
Kripalu Center, Lenox, MA (Level 1)

January 8 - 15, 2012:
Tucson, AZ (Level 1)

Photo by Christina Austin

LifeForce Yoga Spring Equinox Retreat in Tucson, March 17-21, 2011
For more events, visit YogaForDepression.com
520 349-2644 • info@amyweintraub.com

Yoga for Arthritis

Teacher-Training Intensive with Steffany Haaz

With a long-held dream to become “the Dean Ornish of arthritis” and seven years of rigorous research under her belt, Steffany Haaz, PhD, RYT 500, convened her first Yoga for Arthritis Teacher-Training Intensive last fall in Baltimore. Over three days, she would provide her first seven participants with a solid grounding in sixteen evidenced-based classes, tailored to safely and effectively impart Yoga's benefits to people living with arthritis and its related conditions.

The foundation of this teacher-training intensive was the sixteen-class, eight-week Yoga for Arthritis series: the protocol used during seven years of research conducted at Johns Hopkins University. The intensive entitles the participants, upon successful completion, to use these sixteen sequential classes to teach this series, using a manual that covers the material contained in those classes.

Joining Haaz in the training were two guest speakers: Heather Keller, RN, BSN, 500 E-RYT, who taught two eight-week series as part of the study; and Marina Tompkins, director of an adult day program, who has rheumatoid arthritis and was a student in one of Haaz's Yoga for Arthritis series.

The training required a minimum Yoga Alliance registration of RYT-200, and the participants were all committed Yoga teachers, from 30-somethings to 50-somethings, steeped in various Yoga traditions and orientations, including Integral Yoga, therapeutic and restorative Yoga, Iyengar Yoga, and Bihar School of Yoga.

BACKGROUND

Arthritis, which includes 100 different conditions under its umbrella, is currently the nation's leading cause of disability, affecting about 50 percent of Americans, with increases projected over the next 30 years as baby boomers age. There is a growing need for Yoga teachers with training to serve this population.

Medication, surgery, and other procedures can reduce symptoms in the most common form of the disease, osteoarthritis (OA), which is usually caused by wear and tear on the joints, often with inflammation



Participant and Baltimore Yoga teacher Janet Indresano relaxes in a supported wide-angle forward bend.

present. However, OA, which affects 21 million people, cannot be cured. Safe movement and exercise such as Yoga and stress reduction are often recommended by health-care providers to address symptoms.

The second major form of the disease, rheumatoid arthritis (RA), is an autoimmune condition affecting 1.2 million people in the United States. Its symptoms, such as severe fatigue and pain, commonly flare up and abate, with stress seen as a major factor. Recent advancements in medical treatment have resulted in some effective medications for helping to manage the disease; but again, safe movement and stress-reduction strategies are recommended by health-care providers to help people deal with their arthritis self-care.

Haaz and the research team at Johns Hopkins University found that the specific benefits of this sixteen-class Yoga series for those with arthritis included:

- A statistically significant improvement in overall physical health, flexibility, and balance.
- A significant reduction in symptoms of depression and improvement in positive affect (more joy and happiness).
- A significant improvement in pain symptoms and, for those with RA, a significant difference in the number of tender and swollen joints when compared with control subjects receiving the usual medical care.

(Study results are included in an article entitled “Yoga for Arthritis: A Scoping Review,” co-authored by Haaz and S. J. Bartlett¹)

Perhaps most important for those living with these conditions, Yoga has been shown by

many research studies to have a positive effect on quality of life. It's an effect that, as Haaz points out, extends beyond Yoga classes and takes hold in people's lives. “People with arthritis may enjoy Yoga more than traditional forms of exercise, and . . . are more likely to continue,” Haaz says.

For the 50 million adults in the United States with arthritis, or any of its 100 related conditions such as Crohn's disease and gout, symptoms can range widely from day to day and year to year. Yoga's compassionate approach in meeting each individual with full acceptance in each moment is well-suited to this variability.

THE INTENSIVE

Overview

Each day of the intensive in the well-equipped and serene yama studio (Yoga, Ayurveda & Meditation Arts) began with a Yoga class taught by Haaz in a spirit of self-care that was a recurrent theme of the training. This set the tone as the days moved on, with lectures and group discussions backed by PowerPoint presentations and handouts. Topics covered included anatomy, the causes and symptoms of arthritis, research results, how specific yogic practices and principles relate to the conditions common to the disease, and how to reach the arthritis community.

The main focus throughout the intensive was hands-on exposure to the Yoga for Arthritis series so that participants were equipped to bring it back to their communities after completion. The first ten classes of the series offer a basic structure that begins with discussion and ten minutes of warm-ups tailored to individual needs, followed by fifteen to twenty minutes of *asana* practice, gradually introducing standing (when possible) and sitting postures with any props and modifications needed; ten minutes of *savasana* (relaxation pose); and five minutes of a closing that includes introductions to various awareness and meditation practices. Key to adapting each of the *asana*, relaxation, and meditation practices included in these classes is the broad range of recommended modifications, often with props, that are demonstrated, illustrated, and, most importantly, (continued on page 35)

experienced during this intensive. The adaptations address specific conditions such as wrist pain (a padded wedge) or overall weakness (chair and one-on-one support). The remaining six classes use the same basic structure but focus on some specific topics and concerns. There is a class on sciatica, for instance, and one that explores using a wall for those who need the support in such poses as half-moon or a seated twist. Another class is structured to prepare teachers offering the series to give their students the opportunity to lead a session. Each of the sixteen classes includes recommended homework for the yoga teachers' students, with suggested articles included in the teacher and student manuals on topics such as meditation and creating a personal practice.

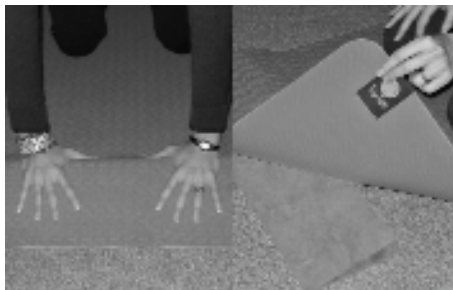
Day-by-Day

Day One: The first day laid the foundation, with one of the first assignments—practice classes—adding the incentive of performance evaluation to the training. Each participant, as a requirement for course completion, was to practice-teach one of the sixteen Yoga for Arthritis classes outlined and illustrated in the teachers' manual, sometimes with a partner. The rest of us, as “students,” would role-play, taking on the symptoms and challenges we would learn about in other parts of the intensive.

The day continued with explorations on why Yoga works with arthritis, a refresher on anatomy, and a detailed rundown on the research behind the series that allowed the nonresearch types among us to be able to understand the charts and statistics and professionally communicate the results in health-care settings. Guest speaker Keller told of the initially daunting prospect and ultimately life-transforming satisfaction of working with people living with these conditions.

Day Two: The second day included the first two practice classes that each of the participants had been assigned to present; a discussion on the difficulties faced by those living with RA; and a brainstorming session on how to reach and serve this community that included record-keeping, questionnaires, and outcome-measure strategies.

The day continued with one of the training's most illuminating segments: “Application of Yogic Principles.” The presentation used the structure of the eight limbs of Yoga to present issues likely to arise in teaching this series. Looking at arthritis in the context of *ahimsa* (nonharming) or *satya* (truthfulness), for example, created the



A wedge beneath the mat can mean more support and cushioning and less pain for a person with arthritis.

groundwork for deeper understanding of how to teach to this population. As Haaz says, “This population has knowledge. Your role is not to fix them, but to provide a positive experience in a safe way, to allow the pain to be.” With arthritis, often, pain is the fact, the truth of an individual's experience.

This day also featured the ultimate in the intensive's multiplatform, multisensory presentations. Starting in small groups, then reuniting for each group's report and a whole-group discussion, we explored the dramatic web-based comics documenting author Sara Nash's experiences with Yoga and RA.²

Day Three: This day gave real meaning to the word *intensive*, with emotions, information, and experience all heightened by the awareness that this was the final day of our training. After the morning Yoga class, featuring some background Beatles music, the day included discussions on teaching strategies for classes of mixed abilities, two more practice classes, evaluations, a beautiful closing ritual, and, on top of all that, guest-speaker Tompkins, who shared her moving story of finally being correctly diagnosed after years of struggling with the knock-you-to-your-knees condition of RA—a story of the gratitude one young woman feels having found her path of transformation in one of the research study's Yoga for Arthritis series.

Tompkins's story, and her powerful personal presence on that last day, allowed us as Yoga teachers to clearly see the value of learning as much about arthritis as we can. “You need to have an instructor who meets you where you are,” Tompkins said. “You need to have someone who is asking, ‘Is there a pain here?’ Someone who says, ‘We're all in different places; there's never any rush for anything.’ That's important.”

By the closing ceremony, a *sangha* (community) had formed. The bond led to the creation of a Facebook group where participants and future trainees can share information, marketing materials, photos, links, and

experiences. Do a Facebook search for “Yoga for Arthritis” and see what the intensive's participants are offering.

FUTURE DIRECTIONS

Haaz will be teaching a five-day Yoga for Arthritis Teacher Training Intensive at Yogaville, Integral Yoga's Satchidananda Ashram in Buckingham, VA, in June of 2011. Plans are also in the works for a three-day intensive at Integral Yoga Institute in New York City. (I am planning to assist at both intensives.)

Both trainings qualify those who successfully complete it for 30 hours of credit with the Yoga Alliance. Student manuals and the use of the logo are also available when participants present their own Yoga for Arthritis series.

The initial seven years of this research was funded in part by the Arthritis Foundation and the National Center for Complementary and Alternative Medicine. The next step to further validate the research findings is for another researcher or researchers to conduct additional trials on how these sixteen classes, which were presented in a medical institution, translate into a community setting.

To any interested researchers, Haaz says, “Email me!” (info@drHaaz.com).

As therapeutic Yoga steadily makes inroads toward bringing Yoga to individuals who, research shows, stand to benefit so profoundly, the prospect of a growing number of Yoga teachers equipped to safely teach some of the millions with arthritis is indeed hard-won progress to be celebrated. **YTI**

References

1. Haaz, S., & Bartlett, S. J. (2011). Yoga for arthritis: A scoping review. *Rheumatic Disease Clinics of North America*, 37(1), 33-46. Abstract retrieved from ncbi.nlm.nih.gov/pubmed/21220084.
2. Nash, S. (N.D.) Single in the city with rheumatoid arthritis... Hello Baltimore! (J. Samborski, illus.). HealthCentral. Retrieved December, 2010, from healthcentral.com/rheumatoid-arthritis/sara-nash-comics-baltimore.html.



Nancy O'Brien (nancy-obrienYoga.com), a Yoga teacher and wellness writer, editor, and speaker who specializes in mind-body practices for elders and those dealing with health challenges, last wrote for this publication

“Our Best Defense,” about Bethesda Naval Hospital's plans to bring a full-time Yoga therapist on staff at a primary-care clinic.

Reviews

Research Review: Effects of Yoga Versus Walking on Mood, Anxiety, and Brain GABA levels: A Randomized Controlled MRS Study

Review by Dilip Sarkar, MD,
FACS, DAyur

Source: The Journal of Alternative and Complementary Medicine (2010). 16(11), 1145-1152.

Authors: Chris C. Streeter, MD, Division of Psychiatry, Boston University School of Medicine
Theodore H. Whitfield, ScD, Division of Actuarial Science, Boston University
Liz Owen, BA, Liz Owen Yoga, Arlington, MA

Tasha Rein BA, Division of Psychiatry, Boston University School of Medicine

Surya K. Karri, MD, MPH, Department of Neurosurgery, Harvard University

Aleksandra Yakhkind, MS, Hematology-Oncology, Children's Hospital, Boston

Ruth Perlmutter, MA, School of Medicine, University of Massachusetts, Boston

Andrew Prescott, PhD, Department of Radiology, University of Utah

Perry F. Renshaw, MD, PhD, Department of Psychiatry, University of Utah

Domenic A. Ciraulo, MD, Division of Psychiatry, Boston University School of Medicine
J. Eric Jensen, PhD, Department of Psychiatry, Harvard University

Aminobutyric acid (GABA) is a neurotransmitter (a chemical that transmits signals across a synapse) that increases significantly in the brain immediately after a Yoga session. This was reported by the same authors in a previous study. The increase in GABA levels was in the thalamic area of the brain, and for the Yoga practitioners it may be due to an increase in the parasympathetic nervous system activity by stimulation of the vagal nerve. The brain GABA level was measured by magnetic resonance spectroscopy (MRS), a specialized technique similar to magnetic resonance imaging (MRI) to study metabolic changes in the brain.

The previous study also demonstrated that Yoga and exercise have beneficial effects on mood and anxiety. GABA level in the brain is reduced in mood and anxiety disorders. The present study addresses the question of whether changes in mood, anxiety, and brain GABA levels are specific to Yoga or related to physical activity in general. This study was discussed extensively at the recent Symposium on Yoga Research and at other Yoga therapy research conferences.

Healthy subjects were recruited from the community by newspaper ads, flyers, and the Internet. 200 volunteers were assessed for eligibility; 71 failed to meet criteria due to taking GABA medication, having a significant medical or psychiatric disorder, or recent history of current mind/body practice. 91 consented and after strict inclusion criteria, subjects were randomized to Iyengar Yoga or a metabolically matched walking intervention for 60 minutes, 3 times a week for 12 weeks. 19 completed the Yoga intervention and 15 completed the walking intervention and were included in the analysis. All subjects had three MRS scans. The first was performed at baseline; the second scan was performed after their 12 weeks of intervention and was immediately followed by 60 minutes of Yoga or the walking intervention (depending on assignment), after which the third scan was done.

There was no significant difference between the Yoga and the walking group for demographic or descriptive variables. The changes in mood and anxiety scores for each group were analyzed at weeks 0, 4, 8, and 12. GABA levels were assessed by subtracting Scan 1 from Scan 2 values. Correlations of mood and anxiety scores were analyzed with GABA levels for each scan. The Yoga intervention was associated with greater

(continued on page 37)




Yes, You Can Adaptive Yoga!
Making Yoga Accessible

**Continuing Education for Yoga Teachers:
Teaching Adaptive Yoga for
People with Multiple Sclerosis**
with Karen O'Donnell Clarke

Yoga is a multidimensional approach to whole person wellness that offers hope and a sense of well-being for students who live with this complex neurological disease. Learn how appropriate yoga practices can help students of all ages and abilities retain, improve, and even regain function.

Sponsored by yoga centers and local chapters of the National Multiple Sclerosis Society throughout the U.S. **Join the movement!**
Earns up to 20 CEUs.

www.yogahealsus.com



Karen O'Donnell Clarke, RYT500
Diagnosed with MS 1997
860 204 0797 • yogahealsus@yahoo.com

Good things are
happening at

Ya Yoga Alliance

(Stay tuned)

www.yogalliance.org

improvements in mood and decrease in anxiety compared to the walking intervention. In the Yoga group there were positive correlations between improved mood and decrease in anxiety and thalamic GABA levels.

This study is important because it clearly demonstrates that the 12-week Yoga intervention was associated with greater improvements in mood and decrease in anxiety than a metabolically matched walking exercise, with the implication that Yoga practices work in some other way than exercise alone, probably through vagal stimulation of the parasympathetic nervous system. The increase in thalamic GABA levels was also associated with improved mood and decreased anxiety, and this is the first study to report such a correlation. Yoga practice caused acute increases in thalamic GABA levels and improvements in mood and decreases in anxiety scales.

The small sample size in the Yoga group, where a significant increase in thalamic GABA level was detected, was a limitation of this study that was offset by the findings of significant increases in thalamic GABA level with mood and anxiety scores in each patient individually.

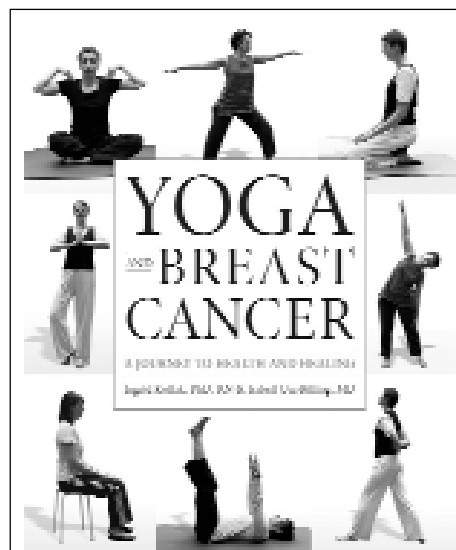
We know that in clinical practice, pharmaceutical agents that increase thalamic GABA levels are prescribed to improve mood and decrease anxiety. The present study demonstrated that Yoga can achieve the same effect as these pharmaceuticals by directly increasing GABA levels. However, we cannot definitively conclude from the study whether the thalamic GABA levels are actually causing the beneficial effects of Yoga on mood and anxiety. This will need further study in the near future. **YTI**

Dr. Dilip K. Sarkar, MD, FACS, DAyur, combines his 40-year experience in conventional



medicine with his knowledge of integrative medicine, including Ayurveda and Yoga therapy. He is a Certified Ayurvedic Practitioner and Yoga teacher and teaches classes in Yoga therapy, Ayurvedic wellness, and integrative medicine. Currently he is Executive Director, School

of Integrative Medicine, Taksha Institute, in Virginia. He also serves on several boards, including the International Association of Yoga Therapists, and is a fellow of the American Association of Integrative Medicine.



Yoga and Breast Cancer: A Journey to Health and Healing

By Ingrid Kollak, PhD, RN,
and Isabell Utz-Billing, MD

Demos Health 2010

Review by Jnani Chapman

Having taught Yoga to women with breast cancer for 25 years, I have much to say about Ingrid Kollak's and Isabell Utz-Billing's new book, *Yoga and Breast Cancer: A Journey to Health and Healing*. This book is a good addition to our Yoga *sangha* internationally. Breast cancer has the greatest number of survivors worldwide compared to all other cancers. There are many women who will leave breast cancer behind them to live long and healthy lives, and many of them will use Yoga as part of their healing and recovery. For them, as well as for the valiant women who do everything right and still do not experience remission, I will mention the blessings, as well as the shortcomings, of *Yoga and Breast Cancer*.

From April 2008 to August 2009, Ingrid and Isabell shared a Yoga practice for post-operative women with breast cancer. The program was based on the authors' own research that included twice-weekly classes for one and a half years. The study found that "Yoga has a positive influence on the mobility, flexibility, strength, and overall physical fitness of women undergoing treatment for breast cancer." The practices they included in their study are shown in the text,

with black-and-white photos of their students demonstrating the postures. It was a pilot study and not a randomized controlled trial. None of their measures and scales is reported, nor do they say how many women participated in the study. Because of the recent increase in funding for empirical research studies of Yoga in cancer treatment here in the United States, I am disappointed that the authors did not include the details of their pilot study.

The language the authors use to describe the postures is clear and uncomplicated, and the poses are accurately portrayed. Sprinkled between the authors' conversation with readers are inspiring quotes from class participants—living, breathing testimonies from women describing their experience of the practices. One says, "It was helpful to be aware of my body during and after each [practice].... I was aware of my body and forgot about others and appointments and what to do next and tomorrow and next week." Others say, "I practiced some...at home by myself, especially those [practices] from the *pranayama* section," and, "I tried it out and noticed the effect on my ability to concentrate and to relax," and, "I loved the freedom to choose from a variety of Yoga postures. And it impressed me that I was told to practice in accordance with my actual fitness." This also impresses me. Obviously, the authors were able to meet their students where they were and help them progress safely, although I wish more of that progression was described and pictured. Full poses are pictured and the variations are described, but I would prefer to see the variations pictured as well, since many who read this book will be new to Yoga and may be dealing with significant physical limitations. For the same reasons, the chapter on standing poses would have been better placed in the back of the book after the gentler practices had been detailed. There could also have been more cautions in place when asking students to expend the energy of full-body standing *asana*, such as warrior pose. With regard to the gentler practices, the pages on meditation bring the subject home with simple suggestions that will appeal to many people.

I applaud the authors for much of the content, particularly their soft, go-at your-

own-pace approach and many of the postures they chose, such as the neck stretches and the chair and floor poses. If the authors or a qualified teacher were able to work with each reader through the book's offerings, I would trust for every person's safety and progress. However, if this book is used without the guidance of a teacher, more cautions would need to be included, since most readers will lack the medical expertise that a qualified teacher can provide. Moreover, obtaining permission from one's physician to practice Yoga is no guarantee of personal safety. For students who are starting to use Yoga for healing while they are receiving treatments like chemotherapy or radiation, a certain amount of education is essential. This brings me to my biggest complaint—what the authors have omitted.

The authors are medical professionals, and although they counsel the reader to be gentle and attentive, they do not share enough of their medical expertise. For example, there is no discussion of lymphedema prevention or managing fatigue. Fatigue is the number-one side effect of cancer and cancer treatment. One student comments,

"The [practice] helped me overcome my blurred vision, but it was exhausting for my arms." Some of the side effects of treatment are mentioned in general, but adaptations for specific problems are not adequately included.

Another shortcoming with *Yoga and Breast Cancer*, in my view, is that the authors make promises to the readers: "You will feel the strength of the connection between body and mind," "You will grow stronger both physically and mentally," "You will find that simple Yoga exercises can be as effective as receiving a good massage." While many of us can testify that Yoga is greatly beneficial, we cannot predict what will happen for every reader.

In spite of these shortcomings, *Yoga and Breast Cancer* is a good practice text and a worthy adjunct for Yoga teachers to accompany their class instruction for students in active breast cancer treatment. I sincerely hope that the authors—who are obviously skilled Yoga teachers—will publish a second edition to add more cautions, contraindications, and qualifications. **YTT**



Jnani Chapman, RN, CYT, founded and directs YCat Yoga Therapy to train Yoga and other health professionals in adaptive Yoga in cancer and chronic illness.

She was a founding

clinical specialist at UCSF Cancer Center and Osher Center for Integrative Medicine and is senior staff at Commonweal and Smith Farm Center cancer help programs in California and WDC. Jnani was executive director of IAYT from 1994–1988; she currently teaches Yoga for Dean Ornish MD's prostate cancer research group and their spouses and for St. Mary's Medical Center Elder Services Dept. in San Francisco.

YOGAFIT® PRESENTS

SAFE **YOGA** therapy

Designed by a Doctor of Chiropractic and 15 Year Yoga veteran, this four day therapeutic training teaches:

- » Postural assessment screenings
- » How to perform a thorough physical assessment in under 20 minutes
- » All the necessary tools to conduct an initial visit
- » How to create a safe personalized therapy plan

- » Myofascial concepts and release methods
- » Yoga for Stress Relief
- » Yoga for Musculoskeletal and other Health Conditions
- » Yoga Assists
- » Therapeutic Yoga in Group Classes

YogaFit® is the Largest Yoga School in North America and has been the Leader in Mind Body Fitness Education Since 1994

200 / 300 / 500 hour RYT

Hundreds of trainings offered

Locations nationwide

VISIT YOGAFIT.COM

Radiant Transitions™

Prana Vinyasa® Yoga Therapy

200, 500, 750 & 1000-hour
Certification Programs

Pranayama, Asana and Meditation
for all populations including
prenatal through last year of life

5, 10 & 30 Day Intensives

Leesburg, Tallahassee, Tampa,
St. Petersburg Beach, Florida
& Tunisia, Africa

Yoga Alliance® Registered School

Contact: **Saraswati Devi** 813.751.5135
SaraDeviYoga@gmail.com

RadiantTransitions.com

IAYT Member Schools (as of January 21, 2011)

IAYT School Membership is for schools with Yoga therapist certification programs. The objectives of this program are to support professional Yoga therapist training, to help students find the right Yoga therapist training program for them, and to further our field by supporting the development of educational standards for the training of Yoga therapists. Schools are the future of our field. See the IAYT website for more information. All member schools are invited to the Meeting of Schools, September 1, 2011, held just prior to SYTAR, IAYT's annual membership meeting.

Supporting School Members

5th Element Yoga
300 Hour Yoga Therapist
Training
Rachel Hanks

American Viniyoga Institute
AVI Viniyoga Therapist Training
Gary Kraftsow

Ananda Seva Guru Kula Institute
Yoga Therapy Certificate Training
Maetreyii Nolan, PhD
and Ananda Deviika Ma'
A'cha'rya' MSc.

Embodied Asana
Embodied Asana Advanced
Training
Amy Matthews

Heartland Yoga Community
Heartland Yoga Therapy Training
Nancy Schalk

Institute for Medical Yoga
Yoga Therapist Training
Goran Boll

Integrative Restoration Institute
Integrative Restoration (iRest®)
Yoga Nidra
Richard C. Miller, PhD

LifeForce Yoga Healing Institute
LifeForce Yoga Practitioner
Training
Amy Weintraub

Phoenix Rising Yoga Therapy
PRYT Practitioner & Teacher
Trainings
Elissa Cobb
and Karen Hasskarl

Samarya Center
Integrated Movement Therapy
Training
Molly Lannon Kenny MS, CCC

Yoga Therapy Rx at Loyola
Marymount University
Yoga Therapy Rx Certification
Larry Payne, PhD
and Rick Morris, DC, L1; Richard
Usatine, MD, L2; David Allen,
MD, L3

YogaFit Training Systems Inc.
Yoga Therapy & Restorative Yoga
Linda Rowe and Beth Shaw

School Members

Abhyasa Yoga Center
AYC Therapeutic Yoga Training
Jason Brown

Ajna Yoga
500 Hour Yoga Therapy Training
Jules Payne

Associacao Europeia de Terapias
Orientais
Teacher Training with Yoga Ther-
apy Emphasis
Paulo Alexander Hayes

Atha Yoga & Pilates
Atha Yoga Therapy Professional
Certification
Sabrina Castaneda

Australian Institute of Yoga
Therapy
Graduate Certificate in Yoga
Therapy
Leigh Blashki

Ayur Yoga
Yoga Therapy Program
Remo Rittiner

Black Mountain Yoga
Yoga Therapy Training
Martia Rachman
and Brad Rachman

Body Balance Yoga
Body Balance Yoga Therapy
Training
Jenny Otto

Body Centering Yoga
Body Centering Yoga Therapy
Training
Nina Be

Centerpoint Yoga Therapy
School
Anatomy of Yoga Therapy
Leila Stuart

College of Purna Yoga
Purna Yoga Certificate
Aadil Palkhivala
and Mirra Palkhivala

The Depths of Yoga
Integrative Yoga Therapy
Certification
Tzipi Negev

Divine School of Yoga Therapy
Divine Therapeutic Yoga
Gusti Ratliff

Essential Yoga Therapy
EYT Therapist Training
Robin Rothenberg

Functional Synergy Yoga
Therapy
Functional Synergy Therapeutic
Yoga Training
Susi Hatley

Guru Ram Das Center for Medi-
cine and Humanology
Yoga Therapeutics Teacher
Training
Shanti Shanti Kaur Khalsa

Heaven Wellness & Yoga Insti-
tute
Yoga Therapist Training
Karen Claffey

Inner Peace Yoga Therapy
Inner Peace Yoga Therapy Certi-
fication Program
Michelle Lawrence

Institute of Classical Yoga and
Therapy
Classical Yoga Therapy
Jiwan Goyal
and Dr. Alex Rivlin

Integral Yoga
IY Therapeutic Yoga Training
James Gopal Watkins
and Lakshmi Sutter

Integrative Yoga Therapy
Professional Yoga Therapy
Joseph Le Page

Integrative Yoga Therapy Training
Center
Integrative Yoga Therapy Training
Michal Yorkini
and Tzipi Negev

KC Fitness Link
Yoga Therapist Training Program
Darryl Olive

Krishnamacharya Healing Yoga
Foundation
KHYF Yoga Therapy Program
Kate Holcombe
and Chase Bossart

Kula-Kamala-Yoga
Yoga Teacher/Yoga Therapist Train-
ing Program
Healing Hearts Through Yoga
Certification
Sharon Allitt

Mount Royal Universities
Yoga Therapy Certificate Program
Madeline Kapiczowski

New England School of Integrative
Yoga Therapeutics
Integrative Yoga Therapeutics
Training
Bo Forbes

Nosara Yoga Institute
Self-Awakening Yoga Therapeutics
Training
Don and Amba Brahmanand
Stapleton

Prana Vinyasa Yoga Therapy
Radiant Transitions Therapeutic
Yoga International Training
Sarasvati Devi

Pranakriya Yoga Therapy
Pranakriya Yoga Therapy Training
Marlysa Sullivan and Yoganand
Michael Carroll

Professional Yoga Therapy Studies
Professional Yoga Therapist Train-
ing & 5 Clinical Specialty
Certifications
Ginger Garner MPT, ATC, E-RYT-
500

Purusha Yoga School
Purusha Yoga Therapy Certification
Joy Ravelli

Reconnect with Food®
Yoga Therapy for Eating Disorder
Recovery
Beverly Price

Salutation Healthcare/BoneZeal
Yoga
BoneZeal Yoga Cikitsa Therapist
Training
Gerry Sander MS, OTR, E-RYT

Svaroopo Yoga
Svaroopo Yoga Therapist
Certification
Donna Criscuolo

Svastha Yoga and Ayurveda
Svastha Yoga Therapist Training
Ganesh Mohan

The Stress Management Center of
Marin
200 Hour Teacher Training in Yoga
Therapy
Robin Gueth

Tensegrity Yoga Therapy Center
Post Secondary Education/300
Hour Yoga Therapy Internship
Program
Sherry Brouman and Leslie Kazadi

YCat Yoga Therapy in Cancer and
Chronic Illness
Yoga Therapist Training Program
Jnani Chapman

Yoga Energy Studio
Ayurveda Yoga Therapy
Certification
Timothy Ganley
and Sylvie Vasiliki Binga

Yoga for Seniors
Therapeutic Yoga for Seniors
Teacher Training
Kimberly Carson
and Carol Krucoff

Yoga for the Mind
Yoga Therapy Mindfulness for
Mental Health Training
Heather Mason

Yoga Mountain
Professional Yoga Therapy Certifi-
cation
Gail Walsh

Yoga Teachers School of Excellence
Certified Yoga Therapist Training
Deborah Perry

Yoga Therapy Center
Structural Yoga Therapy &
Ayurvedic Yoga Therapy
Mukunda Stiles

Yoga Therapy Vancouver
Yoga Therapy Training
Maggie Reagh

Yoga Tune Up
Yoga Tune Up Therapist Training
Jill Miller

Yogaspirit Studios
Yogaspirit Therapist Certification
Program
Kim Valeri

Yogatsu Institute
Yogatsu Institute Yoga Therapy
Alice Strauss

2010 IAYT Donors & Sponsors

IAYT Thanks Our Sponsors, Supporters, Patrons, and Supporting Members

Gold Sponsors and other Supporters \$5,000 and up

Healing Pathways Medical Clinic
Institute for Medical Yoga
Neeja Sethi
Yoga Science Foundation

New Patron Members, Silver Sponsors, and Other Supporters \$1,000-4,999

American Viniyoga Institute
Dynamic Therapeutic Resources
Goran Boll
Institute for Extraordinary Living
Integrative Restoration Institute
Paritosh Chocksi
Tushwar Gheewala
Richard Miller
L. Sukhatankar
Patricia Tarzian
Yoga 4 Classrooms
YogaSolve Therapeutics

Supporting Members and Other Supporters \$100-\$999

Kandy Aboud
Jennifer Adam
Pamela Adams
Kellie Adkins
Nezihe Alibaba
Rachel Allyn
Karen Armstrong
Melinda Atkins
Valeria Balogh
Linda Baron
Brenda Bazan
Nancy Bolton Beck
Rejean Bilodeau ND
Mona Bingham
Mira Binzen
Brent Bloom
Leslie Bogart
Martha Bond
Jennifer Botka
Toni Bradley
Jo Brill
Anne Buckley-Reen
Sarasvati Buhrman
Ena Burrud

Jan Byrd
Sandra Carden
Jasmine Chehrazi
Clare Collins
Elizabeth Connor
Joel Conrad
Melissa Cretin
Becky Crigger
Vibhuti J-L d'Ancona
Martha Danielson
Kasmin Davis
Maureen Davis
Catherine Deans
Janis Desmond
Michelle Dragut
Leigh Drake
Carol Dunaway
Linda Dunn
Kimberly Eisdorfer
Per Erez
Melanie Farmer
E. Feigenbaum
Lara Ferreira
Debra Figiel
Diane Finlayson
Kate Fitzgerald
Therese Fleischman
John Fox
Ana Franklin
Guy Gabriel
Amy Gage
Elizabeth Galles
Kate Hillman Garland
Janice Gates
Angela Gavin
Becky Gelatt
Merilee Giddings
Louise Goldberg
J.J. Gormley-Etchells
Lois Grossman
Mary Guerenabarrena
Beth Hagedorn
Dale Hails
Kimberli Hargnett
Kay Hawkins
Terry Henry
India Henson
Mary Hilliker
Janet Hinkel
Hollie Hirst
Jane Houck
Ginger Hooven
Sabrina Huffman
Tracy Hutton
Dea Jacobson
Mary Anna Jansen
Maretta Jeuland
Terry Johnson
Kathy Jones

Libby Kara
Christian Kaufman
Hari Kaur Khalsa
Elizabeth (Sat Siri Kaur) Kinder
James Kirchhoffer
Diane Kistler
Lillian Koziol
Monica Krock
Ruta Kulys
Laura Kupperman
Julie Kusiak
Diana Lakis
Jerry Landau
Linda Lang
Marguerite Lang
Emily Large
Judith Hanson Lasater
Patricia Lebau
Tammy (Satjeet Kaur) Lee
Daniel Libby
Ken Lidden
Debra Lister
Lucy Lomax
Lisa Long
Ada Lusardi
Eunice Lycke
Sue Lynch
David Lynn
Gina Macauley
Tina Madison
David Maian
Oshalla Dianne Marcus
Karen McDaniels
Morgan McDonald
Danielle McGuire
Bob McKinney
Shannon McMahon Hodges
Allie Middleton
Fred Miller
M. Kathleen Miller
Michael Milversted
Nancy Mohler
Lee Elizabeth Monozon
Lilia Dianne Mueller
Cristina Munoz-Gandara
Kimberly Murphy
Azita Nahai
Cindy Naughton
Suzanne Nuss
Teri OConnor
Karen O'Donnell Clarke
Sharon Olson
Marie Opie Williams
Lisa ORourke
Caroline Owen
Dara Paprock
Janeen Paul
Diane Pavesic

Stephanie Pearce
Marydale Pecora
Connie Piasecki
Elizabeth Plapinger
Yogacharya Prabhuj
Judith Preston
Jill Price
Karen Prior
Shelly Prosko
Robert Rigamonti
Dawn Robinson
Barbara Rooney
Marjorie Rosenfield
Katherine Rosenstein
Diana Ross
Margaret Ruchte
Annie Runkle
Peg Rusert
Richard Sabel
Lauren Salomon
Linda Sandell
Bonnie Schindler
Jayne Shale
Betsy Grace Shandalov
Benjamin Shield
Stephanie Shorter
Sonia Sierra Wolf
Eric Small
Julie Smallwood
Diane Speer
Laura Starling
Mary Steinberg
Lyndy Sophia Stratbucker
Alice Strauss
Myra Summerlot
Elisa Sweigart
Lisa Taylor
Anna Tecson
Kathryn Templeton
Olympia Terral
Kyle Thompson
Patty Townsend
Margaret Tumelty
Fran Ubertini
Robin Ungar
Stacey Urdang
Julia Vinciguerra Quinn
Barbara Voinar
Don Wenig
Bonnie Wiesner
Leslie Worris
Jeannie Wrightson
Christy Wyler
Yoga+Herbs
Ignas Zakarauskas
Rebecah Ziegler
Mike Zolfo

Comprehensive Yoga Therapy™

300-hr Training Program

Sept 2011 – June 2012

With Bob Butera, PhD

Kristen Butera E-RYT 500, CYT
Guest Medical Professionals

*Learn Tools to Understand
the Root Causes of Disease
with a Holistic Yogic Approach
to Health & Healing*

Featured Topics of Study:

- Yogic Diagnostic Tools
- Lifestyle Assessment Skills
- Yoga Lifestyle Coaching
- Physical, Emotional & Spiritual Healing
- Yoga Psychology & Healthy Relationships
- Holistic Nutrition & Weight Loss
- Breath and Vital Energy
- Functional Anatomy & the Systems of the Body
- Pain Management & Rehabilitation, Health & Healing
- Networking & Professional Ethics

10-Month Level 1 Yoga Therapist Training Program Includes:
170 Contact Hours, 80 Practicum Hours, 50 Hours Home Study
10 Weekend Intensive Trainings, 10 Mentoring Sessions, 20 Case studies



YogaLife Institute
philosophy • practice • education

111 East Lancaster Avenue | Suite G | Devon, Pennsylvania 19333
610-688-7030 | studio@yogalifeinstitute.com | www.yogalifeinstitute.com



Essential Yoga Therapy

*Healing Transformation
...One Breath at a Time*



Yoga Therapist Certificate Training Spring 2011

with Robin Rothenberg and E.Y.T. Faculty

- Structural Therapy
- Physiology & Neuroscience
- Yoga for The Emotions
- Ayurveda
- Mentorship
- Comprehensive training
- Group & Individual Therapy
- Limited enrollment

For more information
www.essentialyogatherapy.com
info@essentialyogatherapy.com
425.222.6350

We Proudly Announce The Expansion Of



Healing Pathways
MEDICAL CLINIC

**Inland Northern California's premier
evidence-based psychiatric practice –
integrating Yoga and other complementary
and alternative medicine therapies**

In response to growing demand, Healing Pathways has moved into a larger, state-of-the-art facility. Our electronic medical records system complies fully with the patient confidentiality standards of the Health Insurance Portability and Accountability Act (HIPAA).

Dr. Paul C. Copeland, M.S., D.O., founder of Healing Pathways, is a board-certified psychiatrist with more than 25 years of experience practicing clinical psychiatry for children, adolescents and adults. Dr. Copeland trained under Yoga master Sri Tirumalai Krishnamacharya and taught at the Institute for Yoga Teacher Education in San Francisco.

Our practice includes:

- Conventional psychiatry and psychotherapy
- Yoga, hypnotherapy, acupuncture and traditional Chinese medicine
- Independent educational assessments, psycho-educational testing and coordination with schools

We treat ADHD, developmental and learning disabilities, bipolar disorder, autism, depression, anxiety, personality disorders, phase-of-life and relationship problems, and other emotional and mental conditions

Healing Pathways Medical Clinic Inc.
2101 Stone Boulevard, Suite 240
West Sacramento, California 95691
Phone: 916-376-8416
Open Mon – Fri 8-4, and Sat 7:30-noon

www.hpathways.com



INTERNATIONAL ASSOCIATION
OF YOGA THERAPISTS
P. O. BOX 12890
PRESCOTT, AZ 86304

RETURN SERVICE REQUESTED

PRESORTED
STANDARD
U.S. POSTAGE
PAID
MANSFIELD, OH
PERMIT #158

MOVING?

Update your address online at www.iayt.org
or email membership@iayt.org

NOT GETTING EMAIL FROM US?

Please add mail@iayt.org to your address list or safe
senders list.

2011 YOGA PROFESSIONAL TRAINING


TEACHING YOGA TO SENIORS

April 5–12: Earn a Certificate of Completion

Join Duke Integrative Medicine for a unique opportunity to earn a certificate of completion in **Teaching Yoga to Seniors**. This pioneering eight day program is designed for registered yoga teachers, combining the best of modern, evidenced-based medicine with the ancient wisdom, experience, and traditions of yogic teachings.

Duke medical experts—physicians, exercise physiologists, physical therapists, and health psychologists—will cover health conditions common to seniors, such as heart disease, arthritis, and osteoporosis. Experienced yoga therapists will provide hands-on training in appropriately modifying postures for safe and effective work with older adults. Special issues in teaching elderly students will be addressed, including pain management, fall prevention, spirituality, and aging.

REGISTER NOW! Call 866-313-0959
Early registration discount available
through February 1, 2011

 **Duke Integrative Medicine**

Join us for the Yoga of Awareness
for Cancer Professional Training
April 25–May 1, 2011

For more information about
our programs, visit
dukeintegrativemedicine.org

