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Interview

with Richard Miller,
IAYT's Co-founder

Yoga Therapy in Practice

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Creating an
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SYR

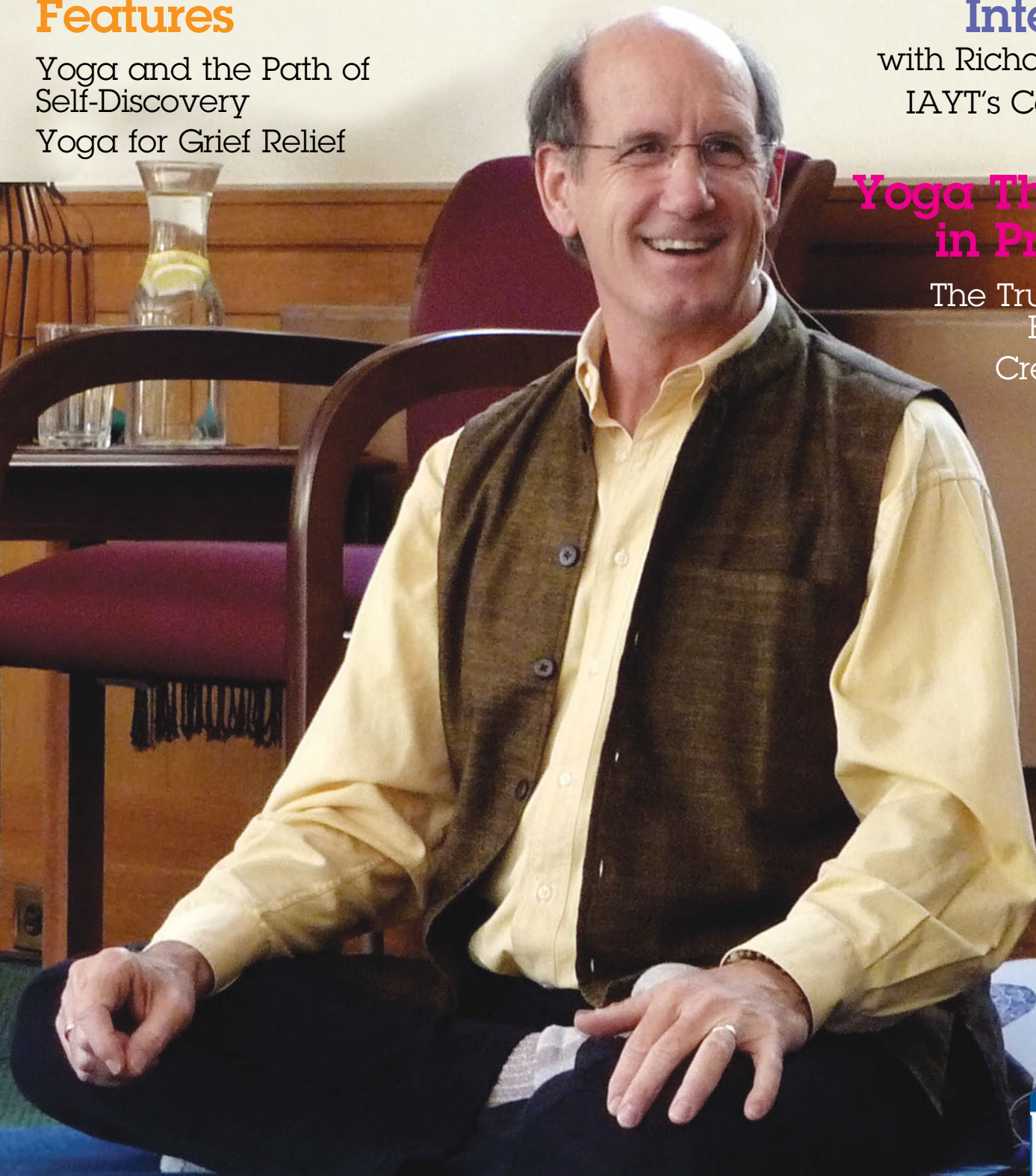
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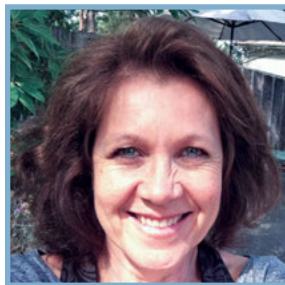
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ENVIRONMENTAL STATEMENT

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.

Editor's Note



This issue marks the 25th anniversary of IAYT! I invite you to reflect on what this organization means to you—whether it be participating in defining the field, being a part of a professional community of peers, offering and receiving best practices, mentoring beginning yoga therapists or being mentored, conducting or supporting research, sharing stories

and advice on launching a yoga therapy practice and working with clients, or enjoying—and contributing to—our publications and conferences.

We have come far!

As we continue on our mission, it is my deepest hope that we keep alive the truths of yoga in our practice and in our lives. In these pages we often focus on how to use yoga to address challenges and problems, which is, of course, a large part of what we do professionally. But it is also valuable to remember what this practice is predicated on—our own connection with and ability to point our clients to that which is always whole and doesn't need fixing.

This connection and the importance of adapting the practice to the client, and not the other way around, are dual themes running through this issue—each author touches on these foundations of yoga therapy.

Kate Holcombe in her Feature article focuses on Patanjali's Yoga Sutras as a practical guidebook to self-awareness and connection with our *authentic Self* and as the means to living a life of greater freedom and clarity. Our other Feature, by Antonio Sausys, explains the natural grieving process and how a yoga therapist might work with a client's grief, especially through *compassionate listening*. In our Reflections section, Baxter Bell, a physician and teacher trainer in therapeutic programs, offers us his valuable reflections on yoga therapy and medicine.

Our interview this month features Richard Miller, co-founder of IAYT with Larry Payne. Richard reflects on the past, present, and future of yoga therapy and emphasizes the importance of working with each client to co-discover what his or her individual needs are, even in a group setting. Richard also discusses yoga's philosophical underpinnings and yoga therapy's unique contribution to society.

In this issue's Yoga Therapy in Practice, we include, from Shelly Prosko, a well-informed, in-depth article on low-back pain as a *biopsychosocial* phenomenon, including a different perspective on core stability and back pain. Cyndi Kershner offers a fascinating step-by-step description on how she and a colleague developed an adaptive yoga class in a healthcare facility.

Our final Mentor's Corner contribution from Nicole DeAvilla explains how storytelling can be a valuable, and often overlooked, instructional tool for yoga therapy clients. We are grateful to Nicole for her sage advice for the last three issues! Please send me your nominations for the next columnist.

I look forward to seeing many of you at the upcoming SYTAR in Austin, Texas, and at SYR at the Kripalu Center for Yoga & Health in September. I am always eager to meet our members and to hear your thoughts on this, your membership magazine. **YTT**

In service,
Kelly

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The Next 25 Years

By John Kepner
IAYT Executive Director

On the occasion of IAYT's Silver Anniversary, I encourage you to join me in stepping back from our day-to-day focus on work and think about the future we are all creating. Here are a few of my thoughts about key forces shaping our future as a professional field. I would love to hear yours.

- *Students in the new accredited yoga therapist training programs.* I think of these as the next wave of pioneers.¹ They will shape much of our future over the next twenty-five years. They are committing to growing our field by investing deeply in the first professional-level training programs in the West.
- *IAYT-certified yoga therapists, either as graduates of IAYT-accredited programs or grandparented through one of two avenues:* recent graduates of 300-hour yoga therapy training programs (plus the additional mentored practicum or experience) or seasoned yoga therapists. Let me be very clear, we still have a lot of work to do before we are able to specify all the details, much less provide an actual application. It's an inherently challenging, lengthy, and uneven process. A well-recognized and respected credential, however, is a necessary part of the professional development of a field. We are already beset with demands for credentialed practitioners and we can't meet them yet—but we will.
- *Yoga therapy as part of what is sometimes described as "integrated medicine" or "lifestyle medicine,"* such as the Ornish Program for Reversing Heart Disease and a variety of similar programs now practiced in the Cleveland Clinic's Center for Lifestyle Medicine, the MD Anderson Cancer Center's Integrative Medicine Program, and elsewhere. This, of course, includes other integrative models that are being used within both the physical and mental health realms. Representative goals are to encourage "patients and their families to be active participants in improving their physical, psycho-spiritual and social health."² The programs typically encompass diet, exercise, group support, and yoga.



L to R, Veronica Zador, Amy Gage, Richard Miller, John Kepner, Larry Payne, and Trisha Lamb.

The reason is simple and compelling. As Dean M. Ornish, MD, testified before the U.S. Senate,

Heart disease, diabetes, prostate cancer, breast cancer, and obesity account for 75% of these healthcare costs, and yet these are largely preventable and even reversible by changing diet and lifestyle. Our research, and the work of others, has shown that our bodies have a remarkable capacity to begin healing, and much more quickly than we had once realized, if we address the lifestyle factors that often cause these chronic diseases.³

Getting our healthcare financing system to recognize and support such efforts, however, is the challenge. Only in 2010 was the Ornish program finally accepted for reimbursement by Medicare, after decades of developing the evidence base.

- *Branded yoga therapy programs provided privately or as part of corporate, governmental, or other organizational treatment and wellness programs.* These will be based upon clinically tested protocols with a strong evidence base, such as the iRest program, the Mindfulness-Based Stress Reduction program, the Viniyoga Therapy for Anxiety and Depression program, and others as the research develops. Financing the research, of course, will be one of the major limitations. It is encouraging that some of the research is financed by health insurance companies. Branding and marketing programs like these, however, is not something most of the field is used to, much less skilled at—yet.
- *Last, but not least, classical individual*

sessions and small classes taught in homes and personal studios, and paid for privately. These sessions, based upon the yoga therapist's skill, personal relationships, and transmission are still the heart of yoga therapy. I expect to see demand for these to grow as students increasingly recognize and cherish the breadth and depth of the benefits and relationships inherent in this practice, and as the supply of skilled therapists grows once the new higher standards begin to take effect, all unfettered by insurance and other third-party payers. One factor spurring demand will be the increasing dissatisfaction with the quality, impersonality, and narrow focus of healthcare provided by third-party and public financing. **YTT**

1. Current practitioners, what we might call "seasoned yoga therapists" and those recently graduated from (mostly) 300-hour programs, are part of what I call the current wave or generation of practitioners. We are indeed the ones shaping the future now, but maybe not so much over the next twenty-five years.
2. University of Texas MD Anderson Cancer Center Integrative Medicine Program. <http://www.mdanderson.org/education-and-research/departments-programs-and-labs/programs-centers-institutes/integrative-medicine-program/index.html> May 1, 2014.
3. Ornish, Dean. U.S. Senate Health Reform Testimony on Integrative Care: A Pathway to a Healthier Nation, reprinted in the *International Journal of Yoga Therapy*, 2009, Vol. 19 pp. 43-46.



John Kepner, MA, MBA,
Executive Director
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(Members News continued on page 6)



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IAYT Accreditation Committee

By John Kepner,
IAYT Executive Director

The IAYT Accreditation Committee (AC) met in person, March 20–23, 2014, at the Ancient Yoga Center in Austin, Texas, to refine the accreditation-review process. Thirty-six applications for IAYT accreditation of yoga therapist training programs were received by January 15, the round two deadline—about twice as many as were expected. Accreditation is a strong term of art in the self-regulation of healthcare disciplines. The committee intends to live up to this for the long-term credibility of the field; hence this is a very rigorous application. This is a groundbreaking, and thus initially inherently laborious, process for our field. We expect to announce the first set of accredited programs at SYTAR 2014, with more approvals of round one and round two applications expected the rest of the year. Although this is not yet definitive, the next deadline for applications is expected to be in September, 2014.

The AC is a peer-review committee, moving to formal three-year terms starting in September, 2014, with approximately one third of the committee rotating off each year. Mary Northey will be the first new member of the AC. Members potentially interested in serving on the Accreditation Committee have been invited to attend a meeting just before the annual Meeting of Schools at SYTAR 2014. [YTT](#)



Back Row, L-R. John Kepner, Dan Seitz, Sue Tebbs, Leigh Blashki, Hansa Knox and Eleanor Criswell.
Front Row, L-R Nicole DeAvilla, Mary Northey, Robin Rothenberg, and Aggie Stewart.

Tribute An Appreciation of Mukunda Stiles

By AmarJyothi

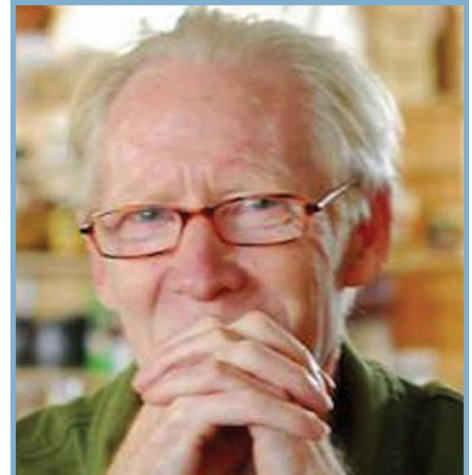
Mukunda Stiles, founder of Structural Yoga Therapy, passed away on February 18, 2014.

I was extremely fortunate to have studied with Mukunda. From the outset, in 2003, I was amazed by how perceptive, gentle, and compassionate he was with people who sought his counsel, whether for sciatica, for advice on jobs or spirituality, or for the frequent “boyfriend-itis,” as he called it.

Someone said of Mukunda at his viewing: “He was an extraordinary man living an ordinary life.”

He taught us to treat the person, not the ailment. He altered his persona to best reach the person he faced. With some he sat close, with others, far. To some he spoke in a soft voice. Others were scolded. His chief desire was to help people recognize their truth, whether it be about their uneven pelvis or failing marriage. Prana is strong, he taught, when truth is recognized.

He taught the basics, of course, such as using a goniometer to measure range of motion. But his favored and most effective tools were the Yoga Sutras and *Vashista’s Yoga*. I’d often find him at a coffee shop near Integral Yoga in New York, sipping chai and penciling notes in the



margin of a worn copy of *Vashista*. Later, during class, he’d share his morning insight, seamlessly linking it to working with clients. Mukunda’s 2002 interpretation of Patanjali reads like poetry. It is my go-to manual for assisting clients—perhaps even more so than his seminal book, *Structural Yoga Therapy*.

Mukunda taught humility and he embodied love. With tears rolling down his cheeks he would speak about his guru, Swami Muktananda, and of the love he received from his baba. The same rush of tears would fall years later as he looked at his wife, Chinnamasta. His humility was as startling as it is rare. No student was more important because he or she was handy with the goniometer; no client less important because his or her suffering stemmed from a bunion.

He always started sessions with the invocation “With great respect and love, I honor my heart, my inner teacher,” to remind us where healing, truth, and love ultimately comes from.

Mukunda’s reach continues to expand in every direction. His books, articles, and teachings heal and inspire. Testament to this is the support and love that flowed toward him from my students. Though most of them knew him only from his teachings, they knew him deeply. [YTT](#)

Loka samastha sukinoh bhavantu.
May all beings everywhere be happy and free.

AmarJyothi (Bonnie Pariser) is the founder and director of Yoga Loka in Frenchtown, New Jersey. For more information, visit www.yoga-loka.com

(Members News continued on page 8)

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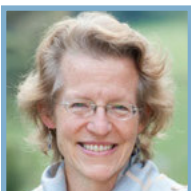
IAYT Welcomes New Staff and Board Members



William M. Boggs, MD, Editor in Chief, International Journal of Yoga Therapy

During his thirty-year career, Dr. William Boggs has been

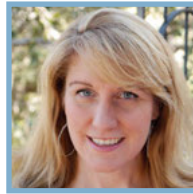
board-certified in internal medicine, holistic/integrative medicine, and medical acupuncture. He has also studied and incorporated into his clinical practice Ayurvedic medicine, Thai yoga massage, yoga therapy, functional medicine, herbal medicine, age management, and medical nutrition. Boggs has written regularly for *Reuters Health* for the past seventeen years and has served for many years on the editorial review boards of the journals *Medical Acupuncture* and *International Journal of Yoga Therapy*. As an associate editor of *Medical Acupuncture* for the past two years, he has spearheaded an effort to award continuing medical education credits for selected articles, and he is the author of the book *Journey to Fertility*. As an avocation, Boggs works as a coach and as a faculty member of a personal trainer certification program at his local gym.



Carrie E. Demers, MD, IAYT Board of Directors

Board-certified in internal medicine, Dr. Demers is a holistic physician who blends

modern medicine with traditional approaches to health. After receiving her medical degree from the University of Cincinnati, Demers went on to study massage, homeopathy, nutrition, herbal medicine, yoga, and ayurveda. She has been the director of the Himalayan Institute Total Health Center for the last sixteen years. Widely recognized for her expertise, Demers has been interviewed by numerous magazines and newspapers and lectures nationally on holistic health and ayurveda. She is a frequent contributor to *Yoga International*.



Amy E. Wheeler, PhD, IAYT Board of Directors

Amy Wheeler, PhD, has been a professor of kinesiology at California State University,

San Bernardino, for sixteen years. Dr. Wheeler's degrees include a BA and an MA in health promotion and a PhD in education and psychology. She has extensive yoga training in the Krishnamacharya tradition and is certified as a yoga teacher, a yoga teacher trainer, and a yoga therapist. She teaches yoga therapy in the Loyola Marymount Yoga Therapy Rx program. She is currently involved in several yoga therapy research projects pertaining to metabolic syndrome, kidney dialysis, colon and rectal cancer, and ovarian and uterine cancer with researchers at Vanderbilt University. Dr. Wheeler is helping to set standards for yoga therapists in organizations such as the National Ayurvedic Medical Association. She is a co-founder and co-director of Yoga as Therapy North America and she founded the Healing Yoga Institute in 2007. Dr. Wheeler continues to train yoga teachers at the 200-, 300-, and 500-hour levels.



Bob Butera, PhD, and Staffan Elgelid, PT, PhD, have left the board. We sincerely thank them for their service and contributions. You will see Staffan at SYTAR 2014 in Austin, and we hope to have Bob back soon. They have become a good team and Staffan is on the faculty of Bob's YogaLife Center in Devon, PA. **YTT**

The Wisconsin EAB Endorses IAYT Accreditation of Yoga Therapy Training Programs

*By John Kepner
IAYT Executive Director*

The Wisconsin Educational Approval Board (the state vocational-training licensing agency) has recently endorsed IAYT accreditation as the standard to approve yoga therapy training programs in the state. One reason for this is their general support for training programs that follow national standards with rigor and that have a well-defined structure for titles, such as ours for yoga therapy training. Another is the sound business and educational practices embodied in our requirements, which meet their regulatory goals for both consumer and management protection. For example, schools need to detail how their program will operate; to define expectations and requirements; and to have policies and procedures in place for admission, attendance, academic progress, code of conduct, and graduation.

This is significant because Wisconsin, in general, and this agency in particular, have a national reputation for sound and reasonable regulation.

Executive Director's Note: While in graduate school in economics in Wisconsin, I worked for the Department of Revenue, the Department of Economic Development, and the Public Service Commission.



IAYT Board of Directors at the Annual Board Retreat, February 2014, at the Ancient Yoga Center in Austin, Texas L-R, Eleanor Criswell, John Kepner, Carrie Demers, Dilip Sarkar, Amy Wheeler, Matra Raj.

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Yoga and Health: Research and Practice London, England April 3–6, 2014

By Heather Mason,
Founder of *Yoga for the Mind*

The yoga therapy conference in London, *Yoga and Health: Research and Practice*, was a resounding success, highlighting the desire for communication and cooperation between yoga therapists and healthcare professionals in a movement toward improved patient care. The enthusiasm of both groups was palpable. Yoga teachers and therapists were exhilarated by cutting-edge research findings that lent scientific credibility to yoga practice and articulated important considerations necessary for working with different patient populations, while health professionals were eager to learn therapeutic skills that could be added to their own clinical practice. The experience left me uplifted as I realized so many others share my vision. It was like meeting a *sangha* of my heart's desire!

My own practice of yoga transformed years of deep depression and anxiety, hence, I know its therapeutic value and I want to raise awareness of this in general. Further, in working as a yoga therapist and running a training school, I deeply appreciate how yoga can change the lives of people suffering from a host of mental and physical illnesses. Following the success of last year's U.K. yoga therapy conference and inspired by statistics that reveal more and more doctors are prescribing yoga to various patient populations, I suggested to Jane Ryan, the founder of Confer, that this year we focus our conference on how to effectively align the worlds of yoga therapy and healthcare, thus providing a forum for this emerging movement. I knew that many yoga aficionados would be interested in this interface, but I was unprepared for the level of positive response.

During the four-day event, which began with a meeting of European yoga therapy schools, followed by a three-hour training by Sat Bir Khalsa, PhD, on how to access, read, and conduct yoga research, participants were treated to various delights, including new evidence as to yoga's efficacy by some of the world's leading researchers and tantalizing workshops that offered practical skills training. Dr. Khalsa kicked off the official conference, conveying yoga's role in preventive patient care. Through an array of research studies, he revealed that yoga practitioners have better habits, better biometric markers of health, improved quality of life, less stress, and use less medication. Next, Lorenzo Cohen, MD, yoga researcher and director of the Integrative Medicine Program at the University of Texas MD Anderson Cancer Center, one of the world's top cancer hospitals, shared new research that suggested yoga's role in enhancing positive long-term prognosis. On the following day, Kim Innes, PhD, reviewed substantial evidence for yoga's role in type 2 diabetes treatment, and Luciano Bernardi, MD, presented compelling evidence for the benefits of slow breathing in heart disease and COPD patients. Finally, on the last day Holger Cramer, PhD, gave a witty and insightful presentation on how yoga can be used in pain management. Also that day, Göran Boll and I discussed our experiences of bringing yoga into healthcare. Göran focused on his success in infiltrating the Swedish healthcare system, while I recounted the importance of educating future doctors about yoga as an adjuvant treatment and covered my experience of practicing this at the Boston University School of Medicine. At the end of the conference, our wonderful chair, Dr. Tamara Russell, echoed the sentiment of the whole room by expressing that "surely this event speaks of the sheer value of mind-body techniques in healthcare, and the desire of the yoga and medical worlds to converse and begin, in some instances, to unite." I could not have said it better myself! **YTT**

IAYT-Sponsored Conferences, Summer & Fall 2014



10th Annual Integrative Oncology Training Conference for Acupuncturists, Massage Therapists, and Yoga Teachers/Mind-Body Practitioners

University of Texas
MD Anderson Cancer Center
Houston, Texas
July 18–20, 2014

Lorenzo Cohen, PhD, director of MD Anderson's Integrative Medicine Program, will be a keynote speaker at SYTAR 2014. Kelly Birch, editor of *Yoga Therapy Today*, will be there.

Yoga Therapy Conference

Garopaba, Santa Catarina, Brazil
October 16–19, 2014

This conference with Joseph and Lillian Le Page and guests brings together Brazil's leading physicians and researchers in the field of mind-body health and healing, exploring how they are integrating yoga and meditation into mainstream medicine. This year's keynote speaker is Dilip Sarkar, MD, IAYT's board president. Presentations will be in Portuguese. For more information, visit www.yogaencantada.org/.

The 14th Annual Texas Yoga Retreat Austin, Texas

October 24–26, 2014



This yoga retreat is aimed at building a caring, diverse, and empowered yoga community. New this year is an expanded yoga therapy track. For more information, visit www.texasyoga.com.



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SYR is the West's foremost academic yoga research conference. SYR showcases some of the best new research and offers multiple poster sessions as well as ample opportunities to interact with other scientists, experts and professionals in the field. SYR2014 will be held at the Kripalu Center for Yoga & Health in the beautiful Berkshires in western Massachusetts.

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Mentor's Corner

By Nicole DeAvilla

In the last two issues, I have discussed the importance of knowing when and how to bring spirituality into yoga therapy sessions. In this issue, I will explain why storytelling is good practice for yoga therapists and how to effectively implement the use of yoga stories. I have found storytelling to be one of the best means to successfully address the spiritual dimension of yoga therapy with my clients.

Spiritual questions are often overlooked in traditional medicine for both psychological and physical ailments. Yoga therapy is where the interface between the physical, mental, and spiritual can most naturally take place. When I teach and mentor yoga therapy trainees and yoga therapists, I am often asked how to introduce the subject of spirituality in the first place and how to discuss it in a way that does not sound like proselytizing, preaching, or just plain weird talking about concepts that may be foreign to the client. Questions and concerns on how to approach the subject without offending are important. In many complex cases where clients have been failed by traditional medicine, they have pointed to the fact that yoga therapy treated their whole being, including their spiritual life, and that was what made the difference in their healing journey. The use of stories, I have found, is an excellent way to convey spiritual and healing concepts that go straight to the heart of the matter without having to explicitly explain yoga doctrine.

A good story captures our mind, our imagination, and our hearts. Telling stories can sell us products, help us learn in school, is a useful management tool and a persuasive political tool, and helps us teach the values of a culture, home, or corporation. We evolved to tell and listen to stories; we create narratives to make sense of our lives.

We listen more carefully to stories than to lectures, instructions, and admonitions. It is perhaps why the age-old custom of gurus telling stories to their disciples has been so effective over the millennia and their stories have been handed down over the generations. I think storytelling in yoga—from the stories of the yoga texts to those tales between master and disciples—is one of the most often-

overlooked yoga therapy interventions. Going back to our roots can be good for our clients and good for us as yoga therapists.

We are also hard-wired to desire to hear the ending, the conclusion of a story, so it keeps our attention, unlike during a lecture or instructions where we are more likely to tune out or even to interrupt the speaker. Stories speak to a part of our brain that is less judgmental, opening us up to possibilities and ideas that we might not otherwise have been able to access or consider.



When the yoga therapist relays a story in the third person then it depersonalizes the message, so that it's not about the yoga therapist's beliefs vs. the client's. It's an impersonal idea, concept, or teaching that can be discussed without concern of hurting feelings or being disrespectful of each other's religious or non-religious leanings. Listeners can draw their own conclusions that are appropriate for them at any given point in time. Therefore, yoga therapists need to be careful to not overly interpret or moralize the stories they offer their clients.

If you want your point to stick, tell a good story. People tend to remember stories more readily than they remember other information. Stories can inspire and show other perspectives on how to deal with and conquer problems. You can also tell a story about a particular subject that you want to test out to see if your client is interested in hearing more. For example, students from Christian backgrounds often love hearing stories that show that the symbolism of yoga and in the Bible are often the same. I have also found using the stories from the Bhagavad Gita, Mahabharata, *Autobiography of a Yogi*,

and other yoga literature has been very effective in working with my yoga therapy students.

I especially like to tell stories from the Bhagavad Gita. Arjuna exemplifies the student of life with his questions and doubts, and Krishna represents the master teacher and healer. With students who feel that they are not good enough, or don't have the energy to do what they know would serve them, or who are struggling in some way with their practice, I like to share how Krishna teaches in the Bha-

gavad Gita that there is a path for everyone to reach their highest potential. Krishna explains to Arjuna that the "highest path" is that of being a yogi. Arjuna, feeling weak and demoralized, implores Krishna: but what if you can't sit still and meditate and do all of the other demanding yoga practices—what then? Krishna's answer is that a person can instead do good deeds, read good works, and so on, and if all else fails, just to cling to him in thought. In other words, cling to the intention of where you are trying to go. I have found that this really helps give people the perspective and confidence to find their own way for their own personal path to wellness and their highest potential.

When working with clients who are struggling with both physical and emotional issues, to help them make the connection between their posture and their mood, I like to relate the first chapter of the Bhagavad Gita, which ends with Arjuna letting

his bow slump from his grip. The bow represents the spine, Arjuna's feelings of hopelessness in the moment. The warriors preparing for battle are all of his subconscious mental qualities warring against each other. The rest of the Bhagavad Gita that follows is the conversation between Arjuna—who, like us, has a plentitude of excuses and questions—and Krishna's patient answers that allow Arjuna to once again lift his bow and carry on with his life's mission and challenges.

I also use stories from my personal life. For example, when I talk about the chakras, I often relate the story of being a new mother with my first child, having to be up night after night with very little sleep and seeing my yoga practice slip away until one night I decided, while nursing, to try chanting, visualizing and feeling the chakras, or energy centers, near the spine, which led to my very own deep personal exploration of the chakras and the Yoga Sutras of Patanjali.

My guru and master teachers have told many stories that have enriched not only my life but also those of my students, trainees, and those I mentor. I have included a few of these stories here in hopes to enrich and clarify my points, as well as to inspire and help you to remember to use them in your own practice. **YTT**



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"In the end, we realize how simple life is when we accept this moment, just as it is, without pretending to be other than who we are. This is grace in action and the culmination of iRest."

- Richard Miller

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The Vagus Nerves as a Mind-Body Bridge

By Stephanie M. Shorter

The mind-body healing connection requires anatomical interfaces where movement, sensation, thoughts, and emotions are able to interact with and influence the physical body. The vagus nerves function as one of these interfaces—a mind-body bridge. In this article we will explore how these nerves connect different aspects of our inner anatomy and physiology with the ever-changing world outside the body and how we can improve the functioning of these nerves with the various tools of yoga therapy.

What are the Vagus Nerves?

The vagus nerves are one pair of the twelve pairs of cranial nerves. In contrast to spinal nerves, which originate and extend from the spine, the twenty-four cranial nerves originate from inside the brain (usually the evolutionarily older brainstem). Most cranial nerves extend just a short distance from their origin in the brain to register sensations or control movements in the face and neck. However, the vagus nerves are very well travelled and descend down the neck alongside the carotid arteries and then branch extensively throughout the torso. The term “vagus” itself comes from the Latin root meaning “wandering,” like “vagabond,” and these meandering nerves do wander around! The vagus nerves bifurcate and branch as they come into contact with the heart, lungs, esophagus, stomach, intestines, and sexual organs. Therefore, vagal activity is important in controlling heart rate and blood pressure, metabolism, detoxification, cell repair, inflammation, digestive peristalsis, immune function, and other functions. In short, wherever these nerves touch tissues, glands, and organs there is the possibility to influence healing and increase somatic sensitivity. By these diffuse connections throughout the body, the vagus nerves can improve a vast array of health conditions, from epilepsy to depression to PTSD and more,¹ when their activity is increased—also known as improving *vagal tone*.

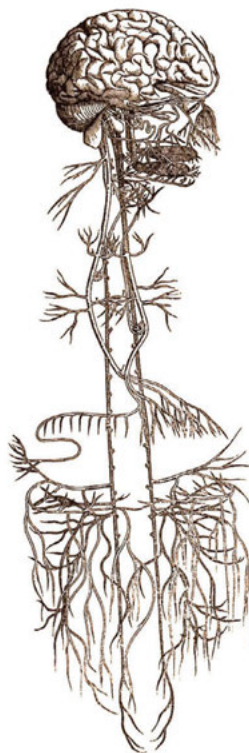
Most cranial nerves have either a sensory function (e.g., optic nerves conduct light signals from eye to brain) or a motor function (e.g., hypoglossal nerves control the movement of the tongue). However, a few cranial nerves, including the vagus nerves, have both a sensory and a motor component (i.e., input and output), which means that they are information highways routing bidirectional communication between brain and body, allowing for thoughts and emotions to influence the body and vice versa.

Because these nerves have the ability to receive information about the nature of social interactions, as will be described below, their dual sensory-motor capabilities make them uniquely equipped among the family of cranial nerves to function as a mind-body bridge.

The vagus nerves are the main peripheral pathway (i.e., outside of the brain) of the parasympathetic nervous system, the “rest and digest” branch of the autonomic nervous system. Within the chest, the vagus nerves connect first with the pacemaker cells in the right atrium of the heart and do the critical job of regulating the heart rate. In the yoga research literature, more attention has recently been given to heart rate variability (HRV).¹ HRV is an important measure because of what it represents: a form of biological resilience. In other words, a person with robust HRV is more adaptable and better able to respond to the ups and downs of life. A resilient heart pumps at a slightly irregular rate, speeding up during inhalation and slowing during exhalation; HRV is more desirable than a steady metronome-like heartbeat. As a sign of good balance between the parasympathetic and sympathetic nervous systems, HRV is more variable in resilient individuals in good health with higher vagal tone and is less variable in individuals who self-report higher levels of stress.²

How Do the Vagus Nerves Help Balance the Nervous System?

The autonomic nervous system evolved its two branches in three different evolutionary stages.³ First, the branches of the vagus nerves that are unmyelinated emerged. (Myelin is a coating of protein and fatty lipids that insulate nerves, increasing the speed of their communication and reducing inappropriate electrical crosstalk between neighboring cells, just like rubber coating on electrical wires.) As the most rudimentary development of the parasympathetic or calming branch of the nervous system, the function of the unmyelinated vagus was limited and crude: when the organism was stressed, the unmyelinated vagus triggered freezing behavior and simply shut down metabolic processes. Second, the



circuit of the sympathetic system interacting with the adrenal glands came online, forming the basis of the fight-or-flight response. Finally, the myelinated branches of the vagus nerves developed with sensory capabilities related to social communication and perceived safety.

These three evolutions of the autonomic nervous system still leave their mark today. Physiologically, the myelinated vagus circuit, the sympathetic-adrenal circuit, and the unmyelinated vagus circuit respond in a sort of hierarchy depending on the magnitude and duration of our life's stressors. That is, we physiologically respond to stress in the most evolved way possible, but when the more sophisticated circuit becomes unavailable, we revert to using the more primitive circuit. When stress keeps the body amped up in fight-or-flight mode, the ability to self-soothe (parasympathetic calming) is compromised. Behaviorally, this means that when we cannot respond with equanimity, we react by fighting or fleeing, and when the stressor is even more traumatic and fear-evoking, we cannot even fight or flee, and we completely freeze.

It is important to realize that the parasympathetic (“rest and digest”) and sympathetic (“fight or flight”) branches of the autonomic nervous system evolved together, and even in the cases of the simplest behaviors are co-active at all times—ideally, their activity keeps each other in dynamic balance. A common misconception is that a person is either in parasympathetic mode or sympathetic mode, as if it is possible to flip a toggle switch and be in one mode or the other. In fact, there is always a push-pull relationship occurring at a very fast time scale and continuously across the levels of cells, fibers, tissues, organs, and systems.

Putting It into Practice

Yoga is all about finding balance, including bringing parasympathetic and sympathetic neural activity into greater harmony, moment by moment. Practicing yoga can lift the detrimental metabolic load of stress by stimulating GABA release (the major inhibitory neurotransmitter in the brain; important for regulating anxiety, memory, concentration, and other functions) and increasing activity in the parasympathetic nervous system while decreasing flight-or-

flight activity in the sympathetic nervous system.¹ The sympathetic nervous system is chronically revved up (and the sophisticated myelinated vagus nerves less active) in many people in our modern, multitasking, high-octane, caffeinated culture. Most people would do well to develop a practice or make lifestyle changes that decrease sympathetic activation and increase parasympathetic activation.

As a yoga therapist, how can you help increase parasympathetic activity in your clients by teaching them methods of stimulating the vagus nerves?

Asana

The vagus nerves can be stimulated mechanically through stretching the torso. One of the best ways to stretch and stimulate these nerves is through chest-opening postures (backbends). For instance, camel pose stretches the vagus nerves while also increasing lung capacity and blood flow and stretching the tissues that surround the vagus nerves in the torso and perhaps neck. Not coincidentally, these chest-opening postures are also potent mood elevators and are highly recommended in a practice sequence for individuals with depression.⁴ Restorative bridge can be used in a gentle sequence, perhaps accompanied with slow, controlled breathing.

How is it possible to access the vagus nerves with asana? It turns out that practicing yoga increases vagal tone. How is this possible? Different sensory fibers are specialized for receiving certain types of information—light, smell, sound, heat, pressure, and so on. Nerves can be stimulated with different forms of physical energy, but their output remains the same. That is, you can stimulate the eye by touching it, for example, but the signal that goes to the brain is still one about the presence of light—perhaps the illusion of some shimmering stars when you get poked in the eye. Likewise, you can mechanically stimulate the vagus nerves by pressure and movement, and because they are wandering between the organs of the viscera, anything that moves those organs in relation to one another also stimulates the vagus nerves.

Pranayama

Breathing is the only autonomic function that can be willfully controlled. Pranayama and mantra chanting stabilize the respiratory rate and have an immediate effect on blood pressure and heart rate. Taking slow and deep breaths so that the belly and thoracic chest expand will stimulate the vagus nerves, signaling the body to slow down, relax, rest, digest, and heal.

Breathing at a rate of five to six cycles per minute, with each inhalation plus exhalation lasting about ten seconds, is optimal. This slow rate of breathing coordinates the activity of the heart and lungs and increases arterial baroreflex sensitivity (important for blood pressure homeostasis). A wide range of studies—even some that compared yoga practitioners and Himalayan mountain climbers⁵ or chanting monks and people singing the Ave Maria in Latin⁶—have shown that a breath rate of six cycles per minute has benefits down to the cellular level, including antioxidant protection and decreased acidity.

Physiology of Social Safety

Yoga therapists and teachers often talk of creating “sacred space” or a “safe container” for their clients, and it turns out that the vagus nerves play a role here as well. The autonomic nervous system shapes our social world and our perception of safety, starting with infant attachment to caregiver. The felt sense of safety is a physiological reality. Stephen W. Porges, PhD, paints a comprehensive picture in his polyvagal theory about vagal activity and social safety.⁷ In conditions where the vagus nerves are impaired (e.g., autism), individuals find interpersonal relations challenging and may not be able to recognize social safety or empathy. His findings underscore that the ability to perceive being in a psychologically and physically safe place does not solely arise from thoughts in the brain; *the body also contributes to the perception of safety.*

The vagus nerves are a socially sophisticated mind-body interface that translates psychological safety into signals to the parasympathetic nervous system. When the vagus nerves detect safety, metabolic demands adjust, enabling the transformation of both mind and body. This process of detecting safety or danger is called neuroception, and it is not fully understood yet how this detection ability emerges out of the activity of a neural circuit. Neuroception is subconscious (i.e., the wisdom of the body) and familiarity helps reinforce the sense of safety. The polyvagal theory⁷ was, in part, constructed from observing conditions where individuals are impaired in sensing social safety (e.g., autism, depression, anxiety, schizophrenia) and correlating it with impairments in the vagus nerves.

Finally, the vagus nerves work in conjunction with other cranial nerves that control the larynx and tissues in the face to facilitate speech and self-expression. Thus, the safe container created in the yoga therapy session also facilitates client self-expression, and in this way a therapeutic bond between yoga therapist and client is created and reinforced.

Summary

The wandering vagus nerves are an anatomical mind-body highway that is of growing interest to yoga therapists and yoga researchers. Mechanical stimulation of the vagus nerves through chest-opening asanas or through slow, controlled breathing increases activity in the parasympathetic branch of the autonomic nervous system, which moves the body into a state of rest and repair. As a gauge of social safety, the vagus nerves also play a role in mediating the therapeutic bond between client and yoga therapist. In multi-faceted ways not yet fully explained, vagus nerves are a connector between psychology, behavior, social attitudes, physiology, and anatomy—in other words, a true mind-body bridge. **YTT**

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Yoga and the Path of Self-Discovery

By Kate Holcombe

I first met my teacher, Sri T.K.V. Desikachar, in 1991 quite by accident. I had come to India as part of a university study abroad program to study social work and was working with the state social welfare board and Indian child welfare society on their female infanticide prevention program. The co-director of the program, Mary Louise Skelton, had been a long-time student of Sri T. Krishnamacharya and had encouraged me to also study the Yoga Sutras with Sri Desikachar, which was offered as part of that program. I found them interesting, but it wasn't until I was hit by a motorcycle while crossing the street on my bike one afternoon that I was presented with an opportunity to discover the healing potential of yoga first hand. It was this accident and the time I spent with Mary Lou through her battle with breast cancer and eventual death that inspired me to shift my career focus to yoga therapy.

About a week after the accident, I was still in incredible pain, and not only had difficulty moving but also found simply sitting and standing both painful. Mary Lou brought me to see Sri Desikachar, who designed and wrote out a personalized, therapeutic practice for me to help support my healing process and recovery.

The practice was very mild, gentle movements with simple breathing that didn't seem unusual or special at the time, yet when I returned to the United States three months later, the specialists I saw couldn't believe how well I was recovering. "Whatever you're doing, keep doing it," they said. It made sense to me: yoga seemed a lot like physical therapy. The physical benefits I experienced and the healing of my body were clearly the result of that practice Sri Desikachar had designed to help me heal. I soon discovered there were many other benefits to yoga I had yet to learn. About a year later, Mary Lou, who had become a dear friend and mentor, had a recurrence of breast cancer. In the year before she died, and particularly while spending time with her during the final weeks of her dying process, I was able to witness another

level of healing through yoga: even when one is unable to change their circumstance, and in fact, can even be quite unhappy about it, there can still be profound healing, and most importantly, one need not suffer.

Mary's Lou's example impacted me so greatly that when the university hired me to help run their study abroad program in Madras (now Chennai) after she died and I was back in India again, I asked Mr. Desikachar if he would please teach me the therapeutic application of yoga to help others in this way. He took me on as his personal student and I had the great

the non-profit center Desikachar had founded in honor of his father in 1976. I also began to study the Yoga Sutras of Patanjali in earnest, even learning the Sanskrit so I could understand them more deeply. I began studying the sutras one-on-one with Mr. Desikachar and his wife, Menaka, going through the sutras word-by-word from the Sanskrit. While I learned much about how personalized, therapeutic practices can help people feel better, it was through the intensive study of Patanjali's Yoga Sutras that I really understood how yoga is most powerful in supporting healing.



fortune of not only studying with him privately each day but also to observe him and other senior teachers at the Krishnamacharya Yoga Mandiram (KYM) when they worked therapeutically with students.

I studied every day with Desikachar and observed and interned at the KYM,

Over those years of study in India, I was able to witness first-hand yoga's profound healing potential as I watched student after student come through the doors of the KYM with such a wide variety of circumstances—from pregnancy, eating disorders, severe depression, cancer, chronic pain, and injury, to the young boy whose

parents were killed in an accident and the young girl who wanted to improve her table tennis for international competition. The common thread in each of these cases was that, while each of these students were given a practice that included asana, the asana was only a small part of their practice and why it worked so well. Surely relationship is important and, no doubt, the many skilled and caring teachers at the KYM developed important and meaningful relationships with their students. But there was another key element common among them as well: each practice prescribed was ultimately about helping the student connect with his or her own true, authentic Self; to help find, cultivate, and strengthen his or her own inner guide. This is Patanjali's goal for us in the Yoga Sutras: to focus and refine the mind so that we can differentiate between our mind, body, and senses (what is impermanent and constantly changing) and our deepest Self, which, according to Patanjali, is pure, perfect, unchanging, and permanent.

We all know yoga can help us feel better at multiple levels—physically, mentally, emotionally, and spiritually—and, in fact, is designed to achieve this. Yet many of us forget or even don't quite realize (or remember) yoga's goals according to Patanjali's Yoga Sutras: to help us focus the mind so that we can differentiate between the mind and our own, true Self; to connect with the Self; and to act from that quiet place of the Self and, as a result, reduce our experience of suffering so that we feel better. Patanjali uses several words to describe this "Self"—*cit*, *purusa*, *drastr* (seer/witness), *pratyakcetana* (internal consciousness)—and we can understand it in English as witness, observer, Self, or even soul. More important than what we call it is our actual experience of it. When we are acting from the Self, we are clear, calm, centered, and don't take things personally. We can see a broader perspective and we respond consciously, rather than simply reacting to events, whether internal or external. This doesn't mean we are "steamrolled," that is, having no passion or feelings or not holding appropriate boundaries. It is quite the contrary. We may experience more passion and stronger feelings, as well as an increased ability to create appropriate boundaries with others. However, when

we act solely from the mind and the pull of the senses and emotions, we often end up in situations that exacerbate our experience of suffering or make our situation worse. We end up reacting hastily, falling into the same destructive patterns and relationships, and feeling out of control. In fact, with my children, we talk about behavior that is harmful or inappropriate as "losing one's Self."

I wonder how many people realize that out of 195 sutras, all designed to help us quiet and focus the mind so we can better connect with our true Self, only three have anything to do with asana!

Of course, Patanjali doesn't say that we won't suffer. The Yoga Sutras is, in fact, quite clear that none of us is immune to hardship, challenges, loss, and suffering. However, Patanjali teaches us that by connecting with and acting from the place of the Self, we can reduce our experience of suffering, even if we can't change the circumstances that initiated the suffering. In short, while we often can't change our circumstances, the practices of yoga teach us that we can influence our experience of that circumstance, and thus, suffer less.

In the second chapter of the Yoga Sutras, Patanjali describes a model for healing in four parts: (1) We recognize the symptom, or *heyam*, the thing we want to avoid or eliminate. According to the Yoga Sutras, the *heyam* (symptom) is *duhkham*, or suffering. (2) We try to ascertain the cause, or *hetu*, of that suffering or symptom. Again, according to Patanjali, the cause of our suffering is the inability to differentiate between the mind and the true Self. Patanjali calls this *samyoga*: the inability to differentiate or discern between two things that are intimately linked or very close together (in this case, the mind

and the Self). (3) Patanjali tells us we must then choose a goal, or *hanam*—where we want to go. And the goal, according to Patanjali, is *kaivalyam*, or independence from suffering, meaning that my happiness is not dependent on my circumstances (i.e., my status, health, job, partner, the car I drive, and so on). As a result, when challenges, difficulties, or losses arise in life, I am less thrown off my center or connection to my authentic Self. I may still express anger, joy, heartache, or grief—appropriately so—but I can recognize that those responses are simply that. They are my authentic response to my current reality but I need not be defined by them or become overtaken by them. Instead, I can move through my feelings or allow the feelings to run their course moving through me. This *kaivalyam*, or independence, is achieved through *viveka* (discernment), the ability to differentiate between two things that are similar or very closely linked (*viveka* is the opposite of *samyoga*). (4) Finally, Patanjali outlines the means (*upayam*) that help us to focus and refine the mind, to distinguish between mind and Self, to connect with and act from Self, and, as a result, to feel better (to experience *kaivalyam*, freedom from the experience of suffering).

The Yoga Sutras is a guidebook of wonderful tools to gain freedom from suffering, and the means that Patanjali specifies in the second chapter are the eight limbs of *astanga yoga* (*yama*, *niyama*, *asana*, *pranayama*, *pratyahara*, *dharana*, *dhyana*, and *samadhi*). Most importantly, as Patanjali mentions in the very first sutra with the word *anusasanam*—yoga is an ongoing, experiential practice. It is not theoretical but practical. As a result, you have to show up and actually do the work. In the first sutra of the second chapter, Patanjali underscores the importance of this with the concept of *kriya yoga*: this is yoga in action, through action, of action. The three components of *kriya yoga* are *tapas* (elimination/purification), *svadhyaya* (self-reflection), and *isvara pranidhana* (acting in the best way we possibly can while letting go of the outcome). We must be present—to whatever degree we are capable—in every action we do, from walking the dog, paying the bills, communicating with our friends or our partner, to performing a concert or making a big work presentation.

While Patanjali's four-part model can certainly be applied to physical issues and mental, emotional, or psychological stresses and conditions (it even works as a fabulous business model!), ultimately, yoga is a spiritual quest, one of personal transformation. Patanjali tells us that we are looking to reduce or eliminate our *dukkham* or experience of suffering, not the suffering itself (which Patanjali teaches us we cannot avoid), by connecting with our own true Self—that quiet inner resource of strength and resilience, of wisdom and inner knowing, and also of our own deep joy and peace. The authentic Self lives in the place within each of us that transcends the body and mind and, according to Patanjali, is pure and permanent.

Because Patanjali recognizes that we are each individuals and that the process of personal transformation cannot be a cookie-cutter approach, the Yoga Sutras is full of many different choices, possibilities, and solutions for calming and focusing the mind and helping to differentiate between mind and Self and to better connect with (and act from) Self. I wonder how many people realize that out of 195 sutras, all designed to help us quiet and focus the mind so we can better connect with our true Self, only three have anything to do with asana!

To continue with my own story: When I came back to San Francisco after several years of living in India and studying with Sri Desikachar, I focused my energies on starting a non-profit healing center in San Francisco modeled after the KYM. In 2006, I founded the Healing Yoga Foundation (HYF), with a dedicated team of teachers and supporters, to fulfill the goal of providing access to the tools of yoga for support to underserved populations in need.

When I teach now, whether as part of the Commonweal Cancer Help Program, HYF's weekly classes for the homeless through Compass Homeless Family Services, or our newest program, a weekly class for women facing domestic violence and their children at the confidential shel-

ter in San Francisco with La Casa de Las Madres, or the many people I work with individually for therapeutic, healing support, I tell my students I have three goals for them:

- 1) to feel better physically, mentally, and emotionally through access to simple yet powerful tools they can use on their own to help reduce pain and ease symptoms;
- 2) that whatever practice we do (asana, meditation, visualization, chanting), my goal is to teach them how to help support their parasympathetic nervous system (or relaxation response), supporting the healing process at multiple levels; and
- 3) Finally, but perhaps most importantly, I tell them my goal is also to help them quiet the mind and connect with that quiet, inner resource within that I call their own true authentic Self.

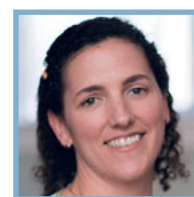
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When I openly communicate these goals to my students, it not only illustrates yoga's comprehensive and integrated approach to healing, it empowers students as conscious and active participants in their own healing. Understanding the importance of self-awareness and self-discovery in the healing process underscores that it is not me as teacher who is healing them, but the students themselves who are responsible for their own healing and transformation—they are not dependent on me or anyone else to feel better. It shows that ultimately, as Sri Desikachar always says, as a teacher I am "just the postman," passing along tools and prac-

tices that I hope will be useful. The real work of self-discovery, transformation, and healing that evolves from the practice is the result of the students' own efforts. The beauty of Patanjali's Yoga Sutras is that it is indeed experiential and practical: we have to show up and do the work. While an experienced guide or teacher is an important part of this journey, the process for each of us is highly individualized and the efficacy depends on our own efforts.

As teachers and therapists, we must do our own work, of course, constantly striving to quiet and refine our own minds so that we can better connect with and act from our own true authentic Self. We not only feel better in our own lives, we can act with more clarity, and navigate our challenges and ups and downs with greater grace and equanimity, hopefully inspiring our students and those around us to do their own work. It is a practice that, while not easy, is there to meet us where we are and serve us throughout our lifetime.

Patanjali's model of healing, particularly the importance of self-awareness, self-discovery, and the process of acting from our authentic Self is the cornerstone of healing. It is a highly personalized journey and a crucial piece that we can never forget in yoga therapy, no matter how impactful or effective the asana, pranayama, or other tools in reducing or managing symptoms. Ultimately, it is this journey of self-discovery that helps support us in every area of our lives, no matter what challenges life may bring. **YTT**



Kate Holcombe began her yoga education in 1991 as a student of T.K.V. Desikachar in Chennai, India, and continues to study with him regularly for

extended periods of intensive, one-on-one study. Kate has over 20 years of experience working with individuals facing a broad range of health concerns and illnesses. She is the founder and director of the non-profit Healing Yoga Foundation in San Francisco, California, and a contributing editor for Yoga Journal magazine.



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Yoga for Grief Relief Relevant Knowledge for Yoga Therapists

By Antonio Sausys

I was first struck by major grief at the age of 19 when my mother, my best friend, died of a stroke at age 52. The journey into the grief that followed my mother's departure transformed my life, and it continues to do so today.

At that time I was on my way to becoming a psychotherapist, studying at a university that offered humanistic psychology. Simultaneously, and somewhat surprisingly, I also found myself starting a journey into a new world of interconnectedness, through meditation and integration into my life of the practices of yoga. After witnessing in my psychotherapy practice that talking about one's problems does not necessarily resolve them, I immersed myself in somatic psychology, learning to use the body as both a diagnostic tool and a field of operation for healing. Yoga and somatic psychotherapy became an inseparable dyad. Little did I know then, back in 1996, that I was practicing what we today call yoga therapy!

A few years later, I met Lyn Prashant, PhD, the creator of Integrative Grief Therapies. She was conducting interviews for instructors, and during my interview she asked me if I could design a routine to address the physical symptoms of grief. I was astonished and pleasantly surprised. Someone other than me was aware that grief is not just emotional! In the years to come, she helped me understand grief and the need for a somatic approach to grief counseling and therapy. The more I learned about grief, the more I understood that it is a lot more common than we might think. Although grieving is a normal process, not a pathology, it can be a fierce and intense experience during which people often need support to fully allow it to run its natural course.

Three Myths of Grieving

To help yoga therapists understand what they might need to know about grief, there are three important myths about grieving that I would like to address here so that yoga therapists may be more prepared to deal with the grief they will encounter with their clients, even if grief is not the presenting symptom.



Myth #1 *Grief only appears as a result of someone having died.* The truth is that grief is the normal reaction to the loss of people or things that we are attached to. We can grieve the loss of a relationship, an ideal we once held dear, or even the discontinuation of a TV series that we watched for the past three years. Believing this myth to be true can result in people being unaware of their own losses and subsequent grief, believing that losses such as divorce or moving to a new city are

not valid causes of grief. Not only does this hinder the grieving process, it can intensify it. For example, I often hear people sharing in a circle who feel shame or guilt for grieving a relatively minor loss such as losing the family photos to a fire or even for grieving a divorce. In not acknowledging that such grieving is normal and to some extent inevitable, and in unfavorably comparing their losses to the loss of a loved one, they are unable to appropriately process and move through the grief they are actually experiencing.

Myth #2 *Grief is purely emotional.* Grief affects the whole being and presents emotional, spiritual, and neurologically based mental and physical symptoms. The latter was for years grossly disregarded in the field of grief work, but is now being recognized. Physical symptoms of grief include alterations of breathing, eating, sexual, and sleeping patterns, as well as changes in heart rhythms and endocrine and immune functions.¹ It is also normal to experience pain, real physical pain, usually in the chest area. Even emotionally, most people associate grief with just sadness, not recognizing that anger, guilt, and anxiety can also be emotional symptoms of grief.

Myth #3 *Grief is the price we pay for love.* This well-known phrase was uttered by Dr. Colin Murray Parkes, made famous later by Queen Elizabeth II, and many people believe it. However, in my opinion, grief is the price we pay for attachment, not love. While secure attachment is crucial for early development, at some point we need to let go of our dependence on childhood securities and develop a mature relationship with attachment. Attachments are, after all, inherent to the human condition, and we all develop them. However, if we continue to depend on the presence of another for our happiness or even for the presence of love, we are bound to suffer. Ultimately, love is not dependent on anything for its existence, and in that sense it is the opposite of attachment. From this viewpoint, grief as a response to the loss of someone or something that we are attached to is a different stream in the flow of life.

The Grieving Process

Once we lose something or someone we are attached to (primary loss), other losses occur as a result (secondary loss). For example, after a divorce (primary loss) it is usual to lose the social network the partners enjoyed together (secondary loss). Secondary losses are as valid sources of grief as the primary ones, and sometimes they are felt even more intensely than the primary one. This is partially related to the fact that while the primary loss is a single event—you divorce only once—secondary losses occur frequently, for example, each time you are not invited to a social event because you lost your social circle. In addition, new grief triggers old grief, and others' grief triggers our own. Considering the total sum of these losses and the resulting grieving processes, I have come to understand that grief is the second most prevalent feeling in the human heart after love and that all of us will feel it throughout our lives in one way or another. Yet love is often spoken about, while grief is hidden away and rarely brought out in the open. Repressing this powerful force in the heart can cause multiple psychological and physical imbalances.

Every health condition, whether mental or physical, implies a certain degree of grief because it involves some form of loss: either loss of functionality due to the condition itself or the loss of the illusion of

I have come to understand that grief is the second most prevalent feeling in the human heart after love and that all of us will feel it throughout our lives in one way or another. Yet love is often spoken about, while grief is hidden away and rarely brought out in the open.

an absolutely healthy life. As a result, most yoga therapists will face grieving individuals in their practice and should expect the symptoms of grief to appear in addition to the symptoms of the condition being treated. The symptoms of each condition need to be properly differentiated and understood in order to generate an effective treatment plan. If the yoga therapist is not aware of the root cause of symptoms, he or she may then pay attention to some partial symptoms of grief, such as persistent sadness, and perhaps think that the client is depressed. Normal grief is sometimes misdiagnosed even by mental-health practitioners as clinical depression, anxiety disorder, or even post-traumatic stress disorder. Having adequate knowledge regarding grief can inform the choices of yoga therapists and help them determine the best course of action for their clients.

In general, it would be sufficient to receive general information about the grieving process as part of a yoga therapy training, where a deep knowledge of yoga is also provided, but if the yoga therapist intends to actually support and assist a grieving individual using yogic tools, then special training is needed. While knowledge of yoga is foundational, a deep understanding of the grieving process, including the neurophysiological bases for the symptoms, and a clear understanding of the spiritual implications of this human experience are essential. Then the therapist can do more than just assist a griever

in mitigating the symptoms but also can help the griever through a profound opportunity for a kind of rebirth, a renewal after the loss of what formerly was part of his or her self-definition.

So, going on the assumption that every yoga therapist will encounter grieving individuals, whether grief is the primary presenting symptom or not, here are some appropriate initial treatment guidelines to best serve those grieving.

“Grieving individuals need to be heard,”² not to be told what to do—hear them out.

Because of the common discomfort surrounding grief, we may be inclined to try to relieve the pain clients are experiencing by asking them to do something to change it, whether it's an asana or a trip to see a shaman in the mountains of Peru. However, for a grieving individual, such suggestions may feel like they are not being given the space to grieve, or even that they ought not to give themselves that space. Instead, I recommend *compassionate listening*. By that I mean just listen, holding a quiet and calm spiritual space—refraining from nodding constantly, touching your client's hand, or even giving clients tissues when they have not asked for them. Stay present, with steady eye contact, and just listen to what clients are saying. In that way, you'll avoid unhelpful interventions and, more importantly, you will be giving your clients opportunities they probably are not getting from their regular social interactions. As expressed by Dr. J. William Worden in his book *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*: “The first task of grieving is to come full face with the reality that the person is dead, that the person is gone and will not return.”⁵ (p. 39) Emotional acceptance of the reality of a loss (not just loss from death) is a crucial part of the normal grieving process. For a certain period of time, repeating the details surrounding the loss, including the feelings and sensations, helps grievers accomplish this task.

Most grievers want to regain a sense of self—help them normalize, control, and balance their reactions.

It is common for grievers to think they are going crazy, to feel that nobody can

understand what they are going through and that they will not be able to overcome the painful situation they are in. Based on some general knowledge of grief, yoga therapists can let clients know that “the profound changes he or she is experiencing are normal and involuntary reactions to loss”³ (p.18), that most griever feel sick at some point, even though grief is not an illness. They can let their clients know that it is common to experience difficulties in making decisions, even simple ones, due to the fact that grief “shatters and scatters linear thinking,” as I have often heard my mentor Lyn Prashant say. Normalization gives appropriate context to the griever and can help to calm anxiety.

Normal grief is sometimes misdiagnosed even by mental health practitioners as clinical depression, anxiety disorder, or even post-traumatic stress disorder.

The next tier is often helping clients with some kind of calming and balancing technique, depending on the symptom. Grief is inherently an out-of-control situation—if we could control loss, we would probably not lose anything in life! The resulting reaction includes a certain lack of control of the regular rhythms (heart beat) and functions of the organism such as the eating and sleeping cycles. In the same grieving process, a person can feel anxious and hyperactive the first two months after a loss, then depressed and fatigued the following month. The simple practice of single-nostril breathing can offer the griever the possibility of calming when agitated (*chandra bhedana* pranayama), and energizing when depleted (*surya bhedana* pranayama), helping them develop a much-needed sense of control. Once the symptoms are relatively under control, balance should be maintained. Suggesting the practice of *trataka* (concentrated gazing), for example, half an hour before bedtime and half an hour after waking up, can reset the sleeping cycle and combat the

classical insomnia that worries most grievers.^{4,6} In addition, this technique can help balance the endocrine system, which is quite taxed while grieving; greatly reducing the characteristic mood swings those grieving experience.

We can be present for another's grief only to the extent that we know our own—go there yourself.

It is probably true that you don't need to have arthritis to understand and help people who suffer from it, but in the case of grief, your knowledge of your own grief is essential if you want to be therapeutically effective. This is true regardless of whether you are professionally dedicated to grief counseling and therapy through yoga or whether you have detected grief symptoms in your chosen practice. Unless recognized and resolved, your own grief will cause you to project your own reality onto your clients, most likely in the form of trying to fix them and “save” them, rather than accompanying them through their journey of grieving. Instead of remaining in the seat of the therapist and supporting your clients, beginning with the way you react to your clients' disclosures, you are more likely to interact with them in a social way and repeat some of the challenges they are already experiencing in their regular lives. Therefore, yoga therapists must be rigorous in their self-inquiry into their own grieving before attempting to assist others in theirs.

Yoga therapists should not be expected to know everything about every condition, but because of grief's incidence in all aspects of life, having some initial knowledge about grief and how to support those grieving is at the base of any effective therapeutic yogic interaction. Most yoga therapists can listen compassionately and offer some words of normalization and techniques for control and balance to a grieving individual. Then, if necessary, clients can be appropriately referred to a competent psychotherapist who can take adequate care of them.

In the meantime, by simply being present for your clients' losses, you are helping them with one of the most vulnerable aspects of life. Because we identify ourselves through our attachments, when

we lose the things and persons we are attached to we lose part of who we are, but because we continue living, a new identity must be recognized. Your compassionate assistance in this difficult process can help individuals re-identify themselves. Because we are yoga therapists, our help in this re-identification process can lead an individual back to his or her own soul, the ultimate destination of yoga. If that is the case, you are honoring the yoga in yoga therapy, helping individuals to connect with their deepest selves in a wise and compassionate way.

YTT

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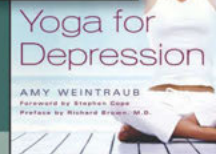
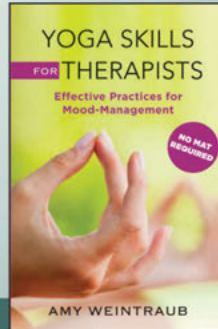


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A Physician's Reflections on the Field of Yoga Therapy The Future is Now

By Baxter Bell

Back in 1989, I was not really aware of the world of yoga, let alone the existence of a group of dedicated practitioners who were then coming together to create IAYT. I was knee-deep in my first year as a full-time family doctor and too busy to be aware of much of anything else. But what became more evident to me over the ensuing years was that like all forms of healthcare treatment, mine as a family doctor had many limitations. And, I admit, this was frustrating to me. I was also noticing the effects of intense work and lifestyle choices that contributed to my perception of “stress.”

Yoga first showed up in my life in 1994 as a way of reconnecting to a quieter, more genuine strand of myself that was often lost in the relentless intensity of work and family life. What I recognized from the start was that I was delighted with the way my yoga practice left me feeling and I wanted more of that. As my personal practice grew, one of my yoga teachers encouraged me to consider teaching yoga, which had never been a conscious thought on my part until that moment. But once the seed was planted, it quickly germinated. And I suppose some part of me was already thinking about how yoga could be a hands-on therapeutic option for my patients.

It was not until I began my training to become a yoga instructor in 2000 that I read my first issue of the *International Journal of Yoga Therapy*. I became very excited at the prospect of using yoga therapeutically for my students and patients and even took this enthusiasm back to my hometown of Covington, Kentucky, where I offered my first presentation and experiential workshop on Yoga for Medical Conditions to the medical staff at the hospital I used to admit to. The turnout was small—mostly my closest colleagues—but there was a curiosity, although not necessarily an acceptance of yoga therapy at the time.

I talked about the concept of yoga therapy in my public classes, where nurses, physical therapists, medical students, and even the occasional physician were in attendance. These healthcare practitioners were very interested in yoga's therapeutic potential, likely spurred by their personal experiences and transformations

due to their personal yoga practices. Fast forward to the present, we see the accelerated exposure of yoga therapy in the news and the development of complementary clinics in large medical centers around the country. I recently gave a grand rounds presentation to the hospital staff at a teaching hospital in Omaha, Nebraska, entitled “How Yoga Can Help Our Patients: The Studies, the Theory and the Practice,” so things are definitely moving forward at a good pace!

unusual skin condition affecting the ankles and feet with swelling as a side effect. It was quite natural to recommend *viparita karani* (legs up the wall) as part of her home care.

As my private practice has become part-time, my teaching of yoga and yoga therapy has grown more full-time. Even early on in my teaching career, I was invited to teach modules for teacher training programs on experiential anatomy, where



Photo credit: Rebecca Pixely

Baxter highlights the quality of flexibility as it relates to healthy aging at a recent weekend workshop at the Omaha Yoga & Body Work Center.

Yoga as a Healing Tool

Referring to the work I do with yoga as a healing tool, I wear several hats—as a medical physician, medical acupuncturist, yoga instructor, and yoga educator. I fully recognize the therapeutic applications of yoga, but I don't presently refer to myself as a yoga therapist, mostly because this title is still evolving and could mean different things to different people. In my medical practice, I see a mixture of students and patients for medical acupuncture and private yoga sessions about 12 hours a week. Even with my patients that come in strictly for acupuncture treatment, I often add in appropriate yoga tools to the treatment mix if the patients are game. For instance, a person came in recently for an

students apply what they are learning about anatomy to the actual yoga poses. Invariably, the discussions would turn to injury and illness and my presentations began to morph into a more combined focus on anatomy and therapeutics. About three years ago, I was asked to teach at a new yoga therapy training in Berkeley, California, for which I developed modules on skeletal issues, digestive conditions, endocrine disorders, men's health issues, and, most recently, occupational health issues. Programs around the country have invited me to participate as a visiting faculty member in their therapeutics programs as well, often hearing about my work from my *Yoga for Healthy Aging* blog and some *Yoga Journal* blogging I did for two years.

I've been asked whether I think that in the future more physicians will study yoga to use as an adjunct to their medical practice. My answer is, the future is now! I get several emails or phone calls every year from physicians-in-training that are simultaneously studying yoga. They often want guidance on how they might integrate their yoga knowledge with their medical training. I try to encourage them to make sure to complete their medical training and get some solid clinical practice experience in their field of medical study, even if they also want to start teaching yoga or sharing the practice with their patients.

What Do Yoga Therapists Need to Know?

I feel fortunate that most of my interactions and decisions when I work with yoga therapy clients are informed in a helpful way by my many years as both a family doctor and, more recently, as a medical acupuncturist (a designation given to physicians who have completed a post-graduate program in acupuncture designed for MDs).

In yoga therapy training programs, I teach topics ranging from yoga for skeletal issues to endocrine disorders to digestive issues, and I have had the clinical experience of caring for patients over the years with these kinds of health issues, so I can share real-life stories of how a certain condition impacted a patient's health, work, relationships, and so on—all things that therapeutic yoga tools could influence as well.

From what I've observed, more clinical training settings need to be established in many yoga therapy programs to take the knowledge from theory to real experience. For some yoga therapist trainees, there is an obvious gap between conceptual understanding and practical how-to knowledge and skills. Trainees need to absorb the information about certain health conditions and possible yoga tools to address them and then have the invaluable hands-on experience of working with actual clients with those issues. We try to give trainees supervised hands-on time with clients in one program I teach in by inviting the public to a three-hour workshop on the topic at hand, so as to have some real people with certain medical conditions—for example, type 2 diabetes.

Having a reasonable understanding of the most common health issues that your clients are likely to present with,

whether on the physical level of injury, or the physiological level of something like the endocrine system, or the mental-emotional level, can provide insight into where to take the therapeutic treatment. Such foundational knowledge also enhances communication with healthcare providers we may interact with on our student's behalf. In some ways, I see the advantage and need for lots of well-trained yoga therapists who are "generalists," just as family doctors, internists, and pediatricians serve that role in the allopathic system, which dominates the Western healthcare system, simply because generalists can serve a greater population of people who need what we know. As an educator in several yoga therapy teacher training programs, I struggle with trying to find the right balance between my trainees having enough relevant knowledge of Western diagnostic criteria for things like Parkinson's and hypertension and their specific role in addressing such conditions. Finding this balance gets complicated by the fact that we are in the midst of a period of accelerating research on what illnesses and diseases yoga can effectively influence and how yoga might best fit into a helpful multidisciplinary treatment approach. What may be adequate for someone to know now is likely to be different five or ten years from now.

I tend to be very careful about the kinds of explanations that I often hear for the effects of certain poses and how they work.

I think it is essential that new therapists clearly convey their level of training and experience. I remember being a new doctor just out of medical school and telling my patients how green I was. However vulnerable I felt about admitting that, they always appreciated my honesty, and we would work together if I needed to get some guidance from senior docs in my practice. With yoga therapy, that kind of upright honesty is also essential. And I think we also need to be clear about the quality of the yoga research literature when talking about "proof" of how yoga works. A recent review article¹ that came out a month or so ago was pretty clear that we are just at the beginning of truly understanding how yoga works—the quali-

ty of yoga research still has a long way to go. So let's be honest about that too. I tend to be very careful about the kinds of explanations that I often hear for the effects of certain poses and how they work. A classic myth is that twisting asanas "detox" the organs. It turns out that the body's detox system is mostly the liver, and, to my knowledge, no studies on improved liver function through yoga or specifically twists have yet been done. So we may want to stick to the obvious effects on the musculoskeletal system and stress reduction, for example, until we actually have solid research that tells us more.

Yoga Therapy as Medical Yoga

As someone who has certain titles and letters that follow my name, I am aware of what is implied from terms such as "medical yoga." In comparison, I refer to the kind of acupuncture I practice as "medical acupuncture," because that is the title given to it by an organization called the American Academy of Medical Acupuncture. Now, it is not a household phrase, and I often explain what it means to my patients before we begin working together. Because we have an organization—IAYT—that is in the process of credentialing something called "yoga therapy," it would seem reasonable if we are in the field and working toward an official designation to call what we do "yoga therapy." Language like "medical yoga" might imply formal training in both medicine and yoga, which I am guessing is probably only rarely the case. I feel that "yoga therapy" now carries enough weight by virtue of the research and collaborations that are happening that inaccurate and possibly misleading phrases like "medical yoga" are really unnecessary. They don't make our work more credible and might do more harm than good. And the first rule in healing, of course, is to do no harm. **YTT**

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The Truth About Back Pain A Biopsychosocial Approach to Treatment

By Shelly Prosko

Over the past sixteen years as a physical therapist (PT) and yoga therapist working in an outpatient orthopedic clinic, the most common complaint I hear from my clients is related to low-back pain (LBP). In fact, over 80% of North Americans suffer from back pain at some point in their lives.¹ The Global Burden of Disease Study 2010 revealed that LBP is the number one cause of disability globally² and has been found to be the most common reason for time loss from work in much of the world.^{3,4} There are many different opinions about what causes LBP. Perform an online search with the keywords “causes of low back pain,” and 44 million entries will result. This is quite ironic, since approximately 90% of LBP cases are nonspecific, meaning the exact causes remain unclear.⁵ I must clarify that I will be discussing nonspecific LBP throughout this article and not the remaining 10% of cases that do have specific known causes.

Causes of Nonspecific Low-Back Pain

What do we know about the causes of the majority of LBP cases? Are they due to dysfunctional or damaged structures? Are they due to muscle strength and flexibility imbalances or to joint dysfunctions surrounding the spine? Are they related to postural alignment, postural habits, or body mechanics? Abnormal neuromotor sequencing and timing? Dysfunctional synergistic action of muscle groups? Or are they related to psychosocial factors such as unmanaged stress, depression, anxiety, fear-avoidance behaviors, dysfunctional relationships, or ineffective emotional awareness, expression, and management? Does a sedentary lifestyle or being overweight play a role? Or is it a combination of the above? Different groups of people offer different answers, and quite often these answers appear to depend on what type of service the groups provide. Many risk factors have been reported to be associated with nonspecific LBP, but there is little evidence that demonstrates actual causation of the majority of LBP cases. In fact, for a long time now we have known that the specific damage to the spine or tissues has a very poor correlation to LBP.⁶⁻¹¹ To make it even more confusing, the underlying mechanisms that explain how and why each



Photo credit: Punctum Photography

Shelly is gently nurturing and guiding a client into a modified version of *utthita parsvakonasana* (side-angle stretch) using a physio-exercise ball for added support.

treatment approach works—when it does, for example, core stability training or acupuncture—are often poorly understood.

The more we learn about how complex the science surrounding pain and the pain experience is, the more we realize that pain, including LBP, is an experience that involves numerous systems in our physical bodies; in our minds, emotions, and spirits; and in our social relationships. Lorimer Moseley, PhD, a leading pain science researcher, confirms that the pain experience “does not provide an accurate measure of the state of the tissue.”^{12,13} In other words, pain is a biopsychosocial process rather than a purely anatomical or physiological one,¹⁴ so it would make sense that in order to successfully and optimally treat such a complex biopsychosocial problem such as LBP, one would need to take a biopsychosocial approach.^{14,15,16}

Yet it amazes me that even with this knowledge and the science to support it, our current healthcare system continues to primarily use a biomedical model that focuses on just the physical aspects of the patient when assessing and treating LBP. The biomedical model does not address psychological factors such as the client’s mental and emotional health, or sociological factors, such as the client’s relationships with others, self, and the environment; cultural factors; and socioeconomic factors. This reductionist approach of trying to find and treat the one underlying

cause of LBP oversimplifies a complex issue. Perhaps this is one of the reasons why LBP tends to be so poorly managed or treated in the context of our current healthcare system.

I feel that the majority of cases can certainly be better managed if people suffering from LBP, along with their healthcare providers (including yoga therapists), had a better understanding of the complexity of the causes of back pain and also had exposure to some of the research about the efficacy of some of the treatment approaches to back pain.

In this article, I share my perspective, experience, and knowledge about what I have learned so far in my career of treating clients with persistent LBP using a combination of physical therapy and yoga therapy. My insights come from a combination of clinical experience with clients; my studies of the evidence-based literature; reflections on perspective pieces of other leaders in the field; and my personal yoga practice, intuition, and self-reflection. Following are some trends that I have seen in working with the persistent LBP population:

1) Create an individualized treatment plan unique to each client’s needs.

I have learned that people with persistent LBP respond differently to different methods of treatment regardless of diagnosis. For example, two people could have the exact same diagnosis of spinal stenosis at L4-5 with irritation to the left exiting L4 nerve root, and even have the exact same structural presentation such as tight hip flexors and adductors, weak gluteals, quadratus lumborum compensation, and increased lumbar lordosis, but they each may respond differently to a proposed treatment protocol (which may include yoga asana, PT exercises, manual physical therapy methods and education) based solely on the structural biomechanical presentation. Sometimes directly addressing the structural deficits helps, sometimes it does not.

In physical therapy school, for safety and to help guide our treatment plan, we learn numerous treatment guidelines, precautions, and contraindications that are essential to understand and follow with each diagnosis. However, also incorporating a well-rounded therapeutic yoga approach and addressing all five *koshas* by using a biopsychosocial assessment can result in a more individualized approach to developing and implementing each client's treatment plan. It is important to point out that assessment of all the layers is an ongoing process that continues each time I see a client for follow-up treatment sessions. The "bio" aspect of the assessment consists of analyzing the physical and subtle bodies, which includes alignment, movement mechanics, stability, nutritional habits, breathing patterns, and energetic expenditure and levels (*annamayakosha* and *pranamayakosha*). The "psyche" aspect involves discovering a sense of the client's mental and emotional state of health (*vijnanamayakosha* and *manomayakosha*). The "social" aspect of the assessment involves discovering a sense of the client's relationships to others, to self, and to the environment (*anandamayakosha* and *manomayakosha*). Gaining knowledge about any cultural or socioeconomic factors that may influence treatment is also considered. As a physical therapist, I am not trained to perform formal mental health or behavioral assessments. I am also not a trained spiritual guide. I perform a thorough subjective interview, which is a combination of asking questions, sometimes guided intuitively, and listening and observing. By actively listening to the client, I can often get a sense of the client's social connections to others, to self, and to the surrounding environment, as well as their emotional awareness and intellectual state—that is, I get a sense of the client's ability to discriminate, think critically, and problem solve. Knowing this helps to determine what type of client education is best for treatment and for achieving patient compliance, which in turn results in more successful outcomes. Throughout the entire physical examination, I am also watching, listening, and observing cognitive-behavioral responses and getting a sense of the depth of the mind-body connection that the client evinces. Additionally, each individual may have different imbalances of *doshas* or *gunas*, breathing-pattern dysfunctions, or learning styles that will also influence what treatment approach to use. The intention is always to treat the person, instead of the diagnosis.

Furthermore, I find the individualized treatment plan is a good base to start from, but ultimately the client's response

We know that certain muscles of the core activate just prior to limb movement and that training the timing of the core is more effective than strengthening; however, there are no conclusive studies that I could find that show core training is significantly any more effective for nonspecific persistent low-back pain treatment compared to other forms of exercise.

to each treatment modality is what dictates the next step during the session and beyond. A practice that calms the nervous system one day may create anxiety or irritation and worsen the pain experience another day. Practicing ongoing reassessment of the efficacy of the treatment and modifying as appropriate is part of the work of a therapist. I am hesitant to say that I sense some trends in our yoga therapy profession developing toward a less individualized approach. Workshops, articles, books, and classes geared towards asana, pranayama, or meditation protocols for specific dysfunctions or illnesses are becoming more prevalent. These are essential educational tools for us to learn from and the information we glean from them serve as guidelines. However, we must remember that the "therapy" in yoga therapy is about addressing the individual needs of each person and not the general trends of the dysfunction itself. If we are not cautious, we can fall into the same paradigm we are trying to improve upon with our current healthcare system! I believe this individual approach to treating persistent LBP is especially important, and consequently more effective, because of the complexity associated with LBP.

2) Teach biomechanically safe movement.

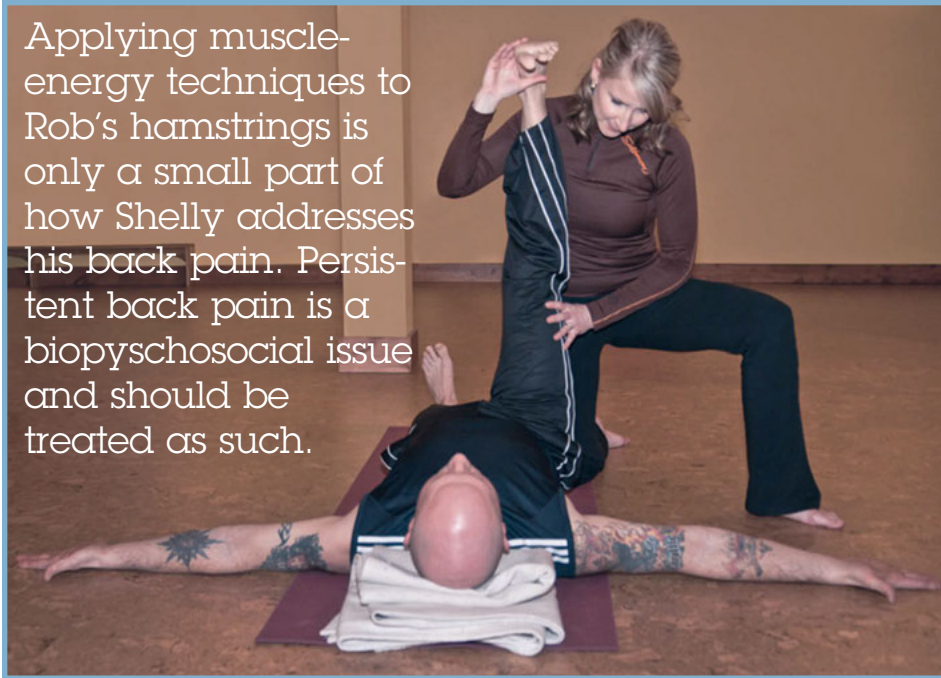
Most of us will agree that postural alignment plays a role in maintaining a healthy spine. The three natural curves help absorb shock, allow for ease of movement, and distribute forces evenly

throughout the spinal column. Dr. M. Panjabi, leading international researcher of spine biomechanics and past director of Yale Biomechanics Laboratory, which specializes in lumbar spine biomechanical research, defined the term "neutral spine" as "[t]he posture of the spine in which the overall internal stresses in the spinal column and the muscular effort to hold the posture are minimal."¹⁷ Neutral spine may be important when the spine is being loaded through heavy lifting, performing repetitive movements, or when we are in prolonged static positions. But overall, the spine is designed and meant to move in healthy and biomechanically efficient ways, including in and out of its static neutral position. Panjabi defines this as the "neutral zone" of spinal movement: "That part of the range of physiological intervertebral motion, measured from the neutral position, within which the spinal motion is produced with a minimal internal resistance."¹⁷ In other words, whether the spine is in its static neutral position or moving out of neutral position, the load throughout the spine still needs to be evenly distributed in the most optimal way, that is, the spine needs to be stable. Panjabi outlined three components of joint stability: 1) passive components (bones, ligaments, discs), 2) active components (muscular tissues), 3) neuromotor control. These three systems have to work together in order to transfer load efficiently and safely along the spinal column.¹⁷ Additionally, Diane Lee, a physical therapist known for co-developing the Integrated Systems Model of Function that is widely used by therapists internationally, describes a fourth component to pelvic stability: awareness and response to emotional stress factors.¹⁸ People with persistent LBP move and breathe differently, perhaps partly due to fear or anxiety, and this can lead to even more reduced or abnormal movement patterns that further feed into the pain cycle. As a result, the nervous system starts to change and the neural pathways that contribute to the pain experience can persist, even when no real damage or threat to the tissues exist.^{12,13}

Clinically, I find that the majority of my LBP clients respond much better to gentle, dynamic, and biomechanically safe movements within pain-free ranges instead of attempting to find and hold a neutral spine. Generally, I find when they are instructed to keep a neutral spine, it seems to perpetuate the guarding, rigidity, bracing, reduced movement, altered breath pattern, and muscular inefficiency by activating more muscle groups than required. This leads me to share my perspective on core strengthening in the context of LBP treatment. We know that cer-

Applying muscle-energy techniques to Rob's hamstrings is only a small part of how Shelly addresses his back pain. Persistent back pain is a biopsychosocial issue and should be treated as such.

Photo credit: Punctum Photography



tain muscles of the core activate just prior to limb movement¹⁹ and that training the timing of the core is more effective than strengthening; however, there are no conclusive studies that I could find that show core training is significantly any more effective for nonspecific persistent LBP treatment compared to other forms of exercise.²⁰

In my experience with LBP clients, I find that when they attempt core-stability exercises, the result is more of a “bracing” of the spine. Chronic LBP patients have been found to evince an abnormally increased co-contraction muscular force with regular movement,²¹ one that can potentially contribute to an even more abnormal movement pattern, reduced movement, muscle inefficiency, and even increased spinal compression.²¹⁻²⁴ I find that traditional core exercises tend to feed into the abnormal and reduced movement pattern that persistent LBP clients are already experiencing. I find that introducing biomechanically safe, gentle, slow movements in a pain-free range and in conjunction with efficient breathing patterns seems to yield more favorable outcomes in pain reduction and functional abilities than core strengthening. Biomechanically safe spinal movement patterns are those in which the forces acting along and within the spine are at a minimum. In other words, the spine still must remain relatively stable as it is moving. However, what may be biomechanically safe for one person may not be for the next. The components of spinal stability as discussed above by Panjabi and Lee must all be

considered for each individual in order to determine what movements would be safe. I sometimes forget that my training, knowledge, and skills as a physical therapist are not necessarily shared by other yoga therapists. Yoga therapists can learn more about biomechanically safe patterns in their training programs and ongoing continuing education courses. I also recommend that yoga therapists communicate with the client's physical therapist for guidance regarding the physical component of treatment, just as I would communicate with the client's psychologist for guidance on precautions, contraindications, or areas of mental health to focus on during the yoga therapy treatment.

I commonly initiate the introduction of movement by asking clients to explore and allow their normal and natural breath pattern to emerge. I may follow with a mindfulness meditation that consists of observing the abdomino-diaphragmatic breath, or belly breath, followed by gentle hip, shoulder, or spinal range-of-motion assessment while promoting concepts of “less is more” or “letting go and getting out of your own way.” I find that giving a client several instructions such as “engage this muscle, then lift this, then hold that while keeping this in” typically results in abnormal and inefficient movement patterns, breath holding, and frustration, all of which exacerbate the pain cycle. When the client is practicing asanas, I tend to keep the asana very “alive” and moving, either with small oscillations in timing with the breath pattern or moving into and out of the asana in a safe and enjoyable way for

each client. The asanas or movements I choose depend on the assessment findings and are continually being reassessed and modified as the session unfolds. All five *koshas* are taken into consideration, as well as the *gunas* and *doshas* as appropriate.

3) Address the breath.

In my clinical experience, I have noticed that dysfunctional breath patterns are a common denominator in the majority of the LBP clientele. An inefficient apical breath pattern results when the accessory muscles of respiration are habitually used. The respiratory diaphragm excursion is reduced with such dysfunctional breath patterns. The respiratory diaphragm is an important contributor to spinal stability,²⁵ and it has also been shown that breathing exercises can be used as a component of spinal stability exercises.²⁶ One study compared breath therapy (defined as “a Western mind-body therapy integrating body awareness, breathing, meditation, and movement”)²⁷ and high quality, extended physical therapy in a group of thirty-six chronic LBP patients for twelve sessions over six to eight weeks. The results showed that the chronic LBP patients improved just as much with breath therapy as with extensive physical therapy.²⁷ Also, I have noticed that reduced rib expansion and poor thoracic mobility are also common in my LBP clientele. Clinically, I have witnessed an improvement in thoracic and rib mobility and a subsequent successful reduction in LBP in many clients who have been instructed to use ujjayi breathing as part of their LBP management program. However I do not know if the success in reducing back pain is due to improved biomechanics of the breathing pattern (including mechanical efficiency and spinal stability), changes in overall movement patterns as a result of improved breathing pattern, reduced fear and anxiety resulting in increased confidence to move, changes at the level of the nervous system that are responsible for pain modulation, or a combination of the above. What I do know is that breathing somehow plays a significant role in the treatment of LBP. Research supports some of what I found clinically: that breathing pattern disorders such as hyperventilation syndrome or use of accessory breathing muscles can reduce chest wall movement and reduce diaphragmatic function.²⁸ Science also shows us that an inefficient breath pattern causing an over-stimulation of the sympathetic nervous system response can further increase anxiety, muscle pain, and fatigue.²⁹

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4) Encourage pleasure.

It is likely not a huge surprise to yoga therapists that there is a strong correlation between psychological factors and chronic LBP.³⁰ When LBP clients focus on the stories surrounding their unpleasant and stressful personal or professional situations, there is a reduction in movement, change in breath pattern, and an increase in pain complaints, but when they arrive for treatment just after experiencing something that brought them profound joy, they seem to focus on that rather than the pain. They move and breathe with more ease, as if joy has permeated every cell, and their symptoms and complaints significantly reduce. *Manomayakosha*, *vijnanamayakosha*, and *anandamayakosha* are important to address in any plan of care, but they are particularly essential for clients suffering from persistent LBP. I refer clients to mental health care professionals or to their spiritual counselors as appropriate. Sometimes I encourage, or even help, clients make a list of things that bring them joy in their life that they can feasibly access, such as listening to music, spending time in nature, visiting a grandchild or friend, having a phone conversation with a loved one, and so on. I try to carefully observe clients' emotional responses to different treatment modalities. I may notice a certain asana or pranayama practice resonates on a pleasurable level for some clients. Or I may even ask clients to observe how a practice makes them feel and to share their feelings with me if they choose. I think it is important not to force joy or try to make someone feel something they are not feeling. We have a tendency to want to fix the client, instead of listening and discovering what the client needs. However, introducing joy and pleasure can be very healing, particularly for persistent LBP clients who may be stuck in patterns of negativity. This fosters a mindful presence and sense of observation throughout their home practices as well.

5) Develop trust and confidence.

I recall a presentation I gave to PT students about fourteen years ago. I was asked to speak about the factors that I thought were most important in contributing to successful patient treatment outcomes. I had only been practicing for about two years. I spoke from my heart and my two years of experience—I did not do any research for the presentation. My last slide had one big word across the screen: T R U S T. I spoke about how important it was to develop a strong rapport with clients and how I thought that if clients gained trust in their therapists, then they could more easily trust in themselves

Treatment methods that restore confidence have been shown to reduce LBP by addressing clients' emotional factors such as fear or anxiety. As yoga therapists, we have many tools at hand to help build rapport and restore confidence in our clients.

and feel confident about what they were doing. Consequently, they seemed to have a better chance of improving. I continue to believe this today. There is also now some research to support this hypothesis as it relates to LBP. Treatment methods that restore confidence have been shown to reduce LBP by addressing clients' emotional factors such as fear or anxiety.³¹ As yoga therapists, we have many tools at hand to help build rapport and restore confidence in our clients. Here are a few of mine I would like to share:

Listen. Many people with chronic pain feel they just need someone to listen to them and understand. Developing a strong rapport can start with taking the time to listen. Once good rapport is developed, it is more likely the clients can start to relax, let go, and begin to trust in you and themselves. **Observe.** Paying close attention to body language and other subtleties can improve communication. Maintaining your own meditation practice will help with clarity so that your observation and critical-thinking skills are optimal. **Educate.** Keeping up on the recent literature of evidence-based practices and being able to share the information in a clear way will help your clients to trust you and the treatment approach and process, and from there, ultimately, to trust themselves when it is time to perform movement. **Provide.** To the best of your ability, ensure that the physical, energetic, emotional, spiritual, and mental space you are providing makes clients feel safe. If they do not feel safe, they will not be able to let go or trust. **Guide.** Use your knowledge, skills, talents, specialized training, and experience as authentically as you can. I always set an intention prior to seeing each client, and I ask the client to set one as well (we don't share these with each other, although you

may wish to). This seems to serve us both well. I also meditate briefly with the client prior to setting the intention.

I hope this perspective has shed some light on the management of non-specific LBP using a therapeutic yoga approach. I have consistently seen an overall improved outcome in movement, function, and pain reduction in my LBP clients by using this approach. Yoga therapy can be very effective in managing a biopsychosocial issue such as nonspecific LBP because the assessment and treatment modalities are also biopsychosocial in nature. **YTT**

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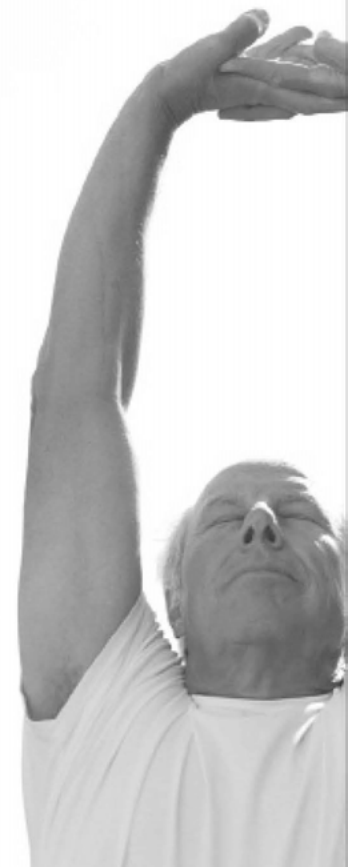
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The Process of Creating an Adaptive Class Partnering with Allied Health Professionals and Forging Community Alliances

By Cyndi Kershner

As the students wheeled in one at a time, my co-teacher and I looked nervously at each other and checked our notes for the last time to make sure we were in agreement about what each of us would be teaching. The group of volunteers hovered, anxious to begin assisting. Caregivers came in as well, curious to see how exactly we were going to do yoga with this group of students, all of whom had profound movement differences and some of whom had little conscious movement or sensation in their entire physical bodies. We had five students with wheelchairs, four volunteers, two teachers, one caregiver, and a bunch of props in Beth's conference room, which was about 120 square feet. We started with a body scan and breath awareness practices. As the students began to settle into the yoga practice, we felt the energy in the room begin to shift the way it always does in a yoga class when the students settle into the experience of their bodies in the present moment. We were thrilled that we had finally reached our goal and created this healing community.

This class had been two years in the making. My co-teacher Beth Reite, OTR/L, and I had met because she saw a previous *Yoga Therapy Today* article I had written about developing a hospital-based class for students with MS, and then contacted me to see if we could co-develop a class for students with spinal cord injuries. Both of us were interested in adapting yoga practice to make it safe and accessible for people with movement differences, including paralysis. This process of modifying activities for people who can't perform them in the usual manner has come to be known in the disabilities community as "adapting," and it is common to hear people in these communities speak of "adaptive skiing" or "adaptive rugby." After meeting, Beth and I decided to explore developing an adaptive yoga class together.

At that time, Beth was an occupational therapist working with people with new spinal cord injuries at the local trauma hospital, Harborview Medical Center, and was also training to be a yoga teacher because she felt there was something missing in traditional rehabilitation prac-



Photo credit: Chris Wade

Teachers and assistants press on the knees to provide an experience of grounding through the sitting bones and a sense of reference to where the body is in space. This is a helpful practice for students who have limited or no sensation in their legs.

tices. Traditional rehabilitation for spinal cord injuries teaches the injured person practical compensatory skills but does not include mind-body integration as part of the rehabilitation process. Beth had observed and been inspired by Matthew Sanford's yoga classes for people with spinal cord injuries, and she wanted to create something similar in the Seattle area. From studying and practicing yoga herself, Beth believed that yoga could provide her patients with the mind-body integration that was currently lacking in the dominant rehabilitation paradigm and offer them a level of healing that would be unavailable to them in traditional rehab, which only emphasizes the physical levels of healing.

Meeting regularly to get to know each other, we began dreaming about creating an adaptive yoga class together. We observed each other's classes to see if our styles were compatible and gave each other feedback. We agreed we wanted to work together and create a class, yet had no idea where to start. Beth initially wanted to start the class at Harborview, but soon after decided she wanted to leave the stressful pace of hospital work and start a private practice. In the meantime, I went to Minnesota to train with Matthew Sanford, a pioneer in adaptive yoga, whose book *Waking* had deeply inspired

me during my own teacher training at the Samarya Center. Matthew's training turned all of my notions of adapting yoga on their head; before this training I had thought teaching an adaptive class was simply a process of modifying poses to be accessible to student's bodies. Matthew taught me to go much deeper by helping me to experience in my body—both in movement and in stasis—the subtle flow of prana and how prana is not limited by the physical form. This experience of subtle energy and inner awareness is how it is possible for a paralyzed person with very little sensation in their physical body to experience yoga asana.

Seeking Allies

To begin the process of developing the class, we scouted locations and spread the word in the rehab and yoga communities that we were starting a class and were trying to find students and volunteers to help. In modeling our class after Matthew Sanford's, we wanted to be able to transfer people from wheelchairs onto the floor, which can require several people per student to complete the transfer, so we knew we were going to need lots of volunteers. We talked to everyone we knew and even reached out to many people and organizations where we had no connections. I did the majority of outreach

in the yoga community while Beth focused her energy on the local rehab community. I emailed and called yoga studios; if I didn't have any connections there, I just used the general email or phone contact for the studio. I talked to students, teachers, and the local yoga therapy training programs; I also posted frequently on social media outlets, particularly Facebook, to groups run by yoga teachers.

Nothing much came back at first and we were discouraged. Both of us were very busy with our regular schedules, and putting a class together from scratch with no real support or encouragement from existing yoga or rehab communities was difficult! Beth had originally hoped that her old employer, Harborview, might be interested in hosting the class, but after reaching out to staff she knew, she did not hear anything back. In our naiveté we had expected that because of the nature of what we were doing and the current popularity of yoga outreach to underserved communities, yoga studios would be excited about the work and eager to participate by hosting the class or spreading the word for volunteers. This was not the case, however, and all of the people who joined

In adaptive classes, a certain level of chaos is a given: bodies with disabilities are unpredictable, unexpected things often happen, and chair-to-floor transfers don't always follow a script.

us as volunteers were people that we had some personal connection to; the cold calling and emailing did not end up being an effective mode of outreach. Our most effective marketing for the class was sharing, in person, what we wanted to do with all the people we knew, and asking them to help, either as a volunteer or by spreading the word to help us find a space.

In scouting potential locations, I got quite an education about what it actually

takes to host a class that is accessible so that people with wheelchairs can safely attend. We had to find a space that was either on the ground level with no stairs or that had an elevator; with doorways and bathrooms designed to accommodate wheelchairs; and with parking that had designated spaces for wheelchair users. We also needed a space that was appropriate for yoga and with storage for lots of props because adaptive yoga is very prop-intensive. We eventually found an accessible space at a yoga studio and negotiated a reduced rate because the studio owner was impressed that we would be meeting the needs of an underserved population and wanted to support that work. After securing the location, we got the class started by Beth inviting a few of her current patients to come. At our very first class, we had only two students. We continued putting out the word to everyone we knew, hopeful that once the program got off the ground, we would get a big break, as I had gotten when Swedish Hospital approached me to lead a class for students with MS. We were hopeful that a larger organization such as a University of Washington healthcare training program, the local spinal cord



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injury patient network, or a yoga therapy training program would take an interest in us and provide support with student or volunteer referrals. At this point in the program, we were actively recruiting students, volunteers, and teaching the classes.

Soon after starting the class, we held a training for our volunteers. The type of yoga we were teaching required holding and supporting students' limbs in different positions. The first training yielded a few volunteers, but it was difficult to keep them engaged with such a small group of students. We continued on in this manner for three months with no more than two students per class, at which point we decided to take a break to regroup because we weren't attracting anyone new. Even though the students were paying for class, we still didn't make enough to cover our expenses and were financially subsidizing the class.

Moving Ahead

Two months after our hiatus from teaching, we got our big break. One of the people Beth had previously reached out to in our marketing efforts, a former colleague and recreation therapist at Harborview, contacted her and expressed interest in sponsoring a class as part of Harborview's Transitions program. The purpose of the Transitions program is to encourage newly injured patients to re-integrate back into community classes and activities after extensive inpatient rehab. This was exactly the kind of opportunity we had been hoping for! The Transitions program was seeking new community-based activities for patients to become involved with and yoga was a program that they wanted to try. This program is coordinated through Harborview Hospital and is funded through a combination of private donations and foundation grants. Beth met with the recreation therapist and presented a proposal for regular yoga classes, including reimbursement of \$75 per class, which was accepted. Harborview would refer patients to us and would pay for the program, which included three six-week series of classes. Students would be able to attend the classes for free.

We gave ourselves three months to find a larger space and recruit volunteers. After much discussion and weighing of options, we decided to temporarily hold the class in the conference room at Beth's new office. The space was ADA accessible, which is very hard to find in Seattle, and free. We decided we would continue to look for more optimal situations without any time pressure.



Photo credit: Chris Wade

A teacher and an assistant help a student to come into a forward fold with the use of a prop and then give the student an experience of reference into his back body. This provides the student with a sense of stability in the pose and guidance as to where his body is in space.

Each class series would have five students, and we wanted to have enough volunteers so that each student could get lots of support and assistance while we focused our attention on teaching the class. We began recruiting volunteers in earnest, reaching out to the local yoga and rehab communities, as well as the University of Washington. We got more interest this time around, most of it coming from yoga students who were looking for service opportunities in the local yoga community; some interest also came from students of a local yoga therapy training program that wanted to get some hands-on experience. We led a free orientation to adaptive yoga, which included training on how to transfer students from wheelchair to floor, a technique that we had both learned from Matthew Sanford's work and was an important part of our class plan. Being on the floor is an especially healing activity for those who spend the majority of their time in wheelchairs, and we were both excited to give the students this opportunity.

In training the volunteers in transfer skills, Beth patiently guided the group for over two hours and gave everyone a chance to experience the roles of both student and volunteer so they could understand the mechanics of the transfer from all angles. The volunteers were enthusiastic and excited to practice their new skills on actual students under our supervision. At the end of this training session, we felt we were ready to start the class.

A Community of Healing

The first class came together seamlessly. Although we had prepared, planned, and strategized ad infinitum, we were still unsure how the students would receive our work and how the class itself would unfold. In adaptive classes, a certain level of chaos is a given: bodies with disabilities are unpredictable, unexpected things often happen, and chair-to-floor transfers don't always follow a script. It's absolutely vital to bring your complete presence to the human being right in front of you because their safety—and yours—depends on it. In this particular class, the student group was harmonious, the volunteers were spot-on, Beth and I hit our marks with teaching, and, most importantly, the students all left with smiles on their faces and an intention to continue with yoga classes.

After two years of hard work, Beth and I had created a valuable working partnership and an alliance with Harborview that was beneficial for their patients and their rehabilitation program. We currently have an agreement with the medical center to continue classes through 2014. Now that we have successfully completed our first session, we are in the midst of starting an additional community-based class that will be open both to graduates of the Transitions class and to other people from the larger community who have movement differences.

One additional thing that has come out of this work that was unexpected for me was the start of a small community of dedicated volunteers who love and are inspired by this work. In my connection with the adaptive students, I have experienced deep and profound healing, and I see the same thing happening with the volunteers. I am so grateful to be able to provide opportunities for service within the local yoga community and to keep expanding the circle of healing. **YTT**



Cyndi Kershner, CYT, E-RYT, is an Adaptive Yoga teacher in Seattle, WA, who has partnered with local hospitals to create yoga programs for their

patients. Her work focuses on bringing yoga into healthcare environments and she trains and mentors yoga teachers and healthcare professionals in Adaptive Yoga. She can be reached at cyndi.kershner@gmail.com and www.fullcircleyogaarts.com.

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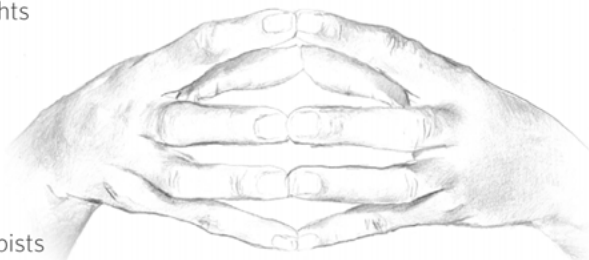
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with Richard Miller A Conversation with IAYT's Co-founder

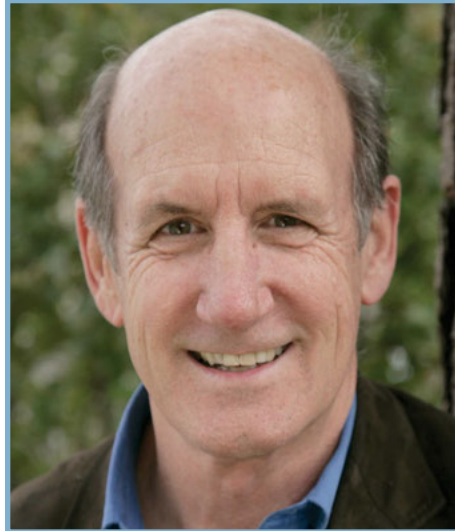
By Kelly Birch

Richard Miller, PhD, is a clinical psychologist, researcher, yogic scholar, and spiritual teacher who has devoted his life to integrating Eastern and Western traditions of awakening and psychology. He is the founding president of the Integrative Restoration Institute, co-founder of the International Association of Yoga Therapists, a senior advisor for the Baumann Foundation, and co-founder and past president of the Institute for Spirituality and Psychology. Richard has authored Yoga Nidra: The Meditative Heart of Yoga (Sounds True) and The iRest Program for Healing PTSD: Yoga Nidra Meditation for Deep Relaxation and Overcoming Trauma (New Harbinger, Winter 2014). Richard conducts trainings and retreats internationally and engages in research on the iRest Yoga Nidra meditation protocol he has developed for health, healing, and awakening.

I met Richard at the first-ever SYTAR in 2007 and over the years that I have known and trained with him, I have always been deeply inspired by his wisdom, integrity, and approachability. It was a great pleasure and honor for me to have this conversation with Richard, which touches on some profound aspects of yoga therapy as well as Richard's innovative iRest yoga nidra protocol.

Kelly Birch: This year is the twenty-fifth anniversary of the founding of IAYT. Would you talk a little about your vision for yoga therapy when you cofounded the organization with Larry Payne? How did the term “yoga therapy” come to be used?

Richard Miller: Larry and I came together in 1980 in what was then Madras, now Chennai, India, when we were studying with T.K.V. Desikachar. We both recognized that there was an emerging field within the United States that we saw as, for lack of a better term, “yoga therapy.” I liked the term “yoga education” better, but realized that as I moved around different yoga circles in the Western world, “therapy” was replacing the word “education.”



Around 1982 we settled on the name the International Association of Yoga Therapists. We had the vision of creating an organization where the yoga community could come together for dialogue and dissemination of information. Larry and I agreed that I'd be the founding editor of the professional journal and Larry would move the administrative aspects of the organization forward—membership, funding, board of directors, advertising, etc.

The journal was an idea that I'd conceived of years before with the idea of publishing Eastern and Western research that was pertinent to the field of yoga where it could be available to yoga therapists and yoga teachers who might otherwise not have access to such articles from the fields of medicine, nutrition, physical therapy, and other fields related to the practice of yoga.

KB: So right from the outset it was important to you to be integrated with other disciplines?

RM: Absolutely.

KB. Can you share your thoughts on where the organization stands now in relationship to your initial vision?

RM: Let me start with the journal. My vision was that it would become a peer-

reviewed journal, which it has now thanks to Kelly McGonigal, who also got it indexed in PubMed, and the hard work of many people. We now have a professional journal that's gaining respect in all quarters.

I feel the vision that Larry and I had for IAYT as building community has also been achieved, through the hard work of John Kepner and the IAYT board. While IAYT has changed presidents over the years, Larry's and my vision has been advanced to where it stands today. One of our original desires was to develop a working definition of yoga therapy, as well as standards for becoming a yoga therapist. I'm delighted to see that now coming to fruition after many years of meetings that started in the kitchen of Amy Gage, where she and I, Judith Lasater, Jnani Chapman, and others met and began the process that has now grown into an organized body of teachers who have been coming together to work out these standards.

KB: I hear a lot of people saying that “we know yoga works” and that research is only necessary to convince the medical field and others. What are your thoughts on that?

RM: The view that “we know yoga works” is a naïve view. Through research we've come to understand that certain assumptions that we thought were true, for instance how a particular pose works, are false. Research is honing our ability to truly say, “This is how yoga works.” At the same time, I agree that in the Western world, which is quantitatively oriented, we need research that shows that yoga does work and how. Like it or not, we need research that enables the world to view yoga as a credible intervention. Without research credibility, the field of yoga, and yoga therapy specifically, isn't going to move forward in the Western world. At the same time research may never be able to study some aspects of yoga, such as awareness, because it's impossible to study awareness directly, as awareness isn't an object. All this is to say that we have a responsibility to keep finding ways

to inform the other fields of the full breadth, depth, and effectiveness of yoga.

KB: You incorporate both the dualistic view of Samkhya-Patañjali and the non-dualistic perspectives of Advaita and Kashmir Shaivism in your teachings. How important is it for yoga therapists to understand the various philosophical underpinnings of yoga?

RM: I think there are two issues here. First, how much does the student need to understand, and second, how much does the *teacher* need to understand. For me, to really be a teacher in the field of yoga we need to hold a comprehensive understanding, both experientially and philosophically. What we pass on to our students depends on the student, who they are and their specific needs in the moment. They may or may not need philosophy. But as yoga therapists and teachers, I think it important that we possess a broad and in-depth understanding that includes both dualistic and nondual perspectives. As we bring forward schools and standards I think our standards need to include sufficient breadth and depth so the teachers we're turning out can hold the base knowledge. My experience and training as a yoga therapist has always been concerned with what the individual needs. We never want to impose teachings on our students. We're always working to discover what they need and deliver interventions accordingly. Every student wants to know how to end his or her suffering. For some, a philosophy intervention may be most useful. For others, they just want to know how to pull the arrow out. They don't need to know who made it and how it got there.

KB: What if a yoga therapist has an understanding of yoga history and philosophy, but doesn't yet have a level of self-realization or even the desire for it?

RM: There will always be a continuum of understanding amongst teachers. I don't think we can hold teachers to the highest realization that yoga speaks to. That said, I think that a teacher needs to be exposed to the breadth of what's possible, what yoga truly can enable us to realize. We're all interested in particular domains of understanding at different developmental phases of our life. But I strongly believe that as educational schools we want to

expose our teachers to the entire breadth of yoga. Where they gravitate to is then going to depend on their developmental phase.

I've tried to make yoga nidra a very personal and secular enquiry that anybody can do, whatever their cultural or religious background. That's been very important to me in all the elements of yoga that I teach.

KB: And so in that context, should yoga therapists specialize in a particular area of interest?

RM: All teachers need to be exposed to a general knowledge, but then most teachers are going to find a specialty. Just as we see in other fields such as psychology, medicine, chiropractic, nutrition, etc., practitioners tend to specialize in their area of interest. Then developmentally, over the years, they may expand and embrace more and more specialties. I think that's how we mature as students of yoga. Coming out of a yoga therapy school or training our teachers should have the basic tools so that they can begin the practice of yoga and yoga therapy. We know it takes decades for a student to mature fully into their field. I don't think we can expect that coming out of any particular school a student should possess the maturity of someone who has been teaching for thirty, forty, or fifty years. The adage of our schools should be something like, "We graduate you with the understanding that you have achieved a level of competency so that you understand the scope of your training, who you can help, when you need to refer, and when you need to get supervision or additional mentoring."

KB: I want to ask a "big picture" question. What are we offering society as a whole that's unique to yoga therapy?

RM: Yoga is that which enables us to heal

our felt-sense and belief of separation that we experience within ourselves and/or with all of life. Yoga recognizes that we are always and already whole, but that we've lost touch with our wholeness. We're interested in addressing the entire person: body, mind, soul, and spirit and understanding where separation is occurring. When we work with an individual who is coming to us, we, as yoga therapists, have a set of tools that helps us address and enable our students to heal their suffering. We have a complementary knowledge that works in concert with the other fields, but we understand that for true healing to take place, some aspect of separation within the person must ultimately be resolved. We may be working at what looks like a physical level, i.e., helping a person heal through back pain, high blood pressure, or other seeming physical symptoms. But we are always keeping in mind that they are already whole and healthy. As we give them what they want, we also keep in mind the "something else" that is at a deeper level, helping them realize their essential essence that is already free of suffering.

KB: We spoke earlier about the tendency of "medical yoga" to focus on what's wrong and needs fixing. I also hear people say that, "it's the trauma that connects us." Can you comment on this?

RM: Yes, I think you're making an important distinction. Yoga at its heart sees and understands that there's nothing about us that's broken that needs fixing. Yoga, instead, recognizes that there's a basic misperception of understanding that needs to be clarified. Yoga, at its heart, is an educational process. We're helping people understand that their basic essence is okay. Their basic essence is a sense of well-being, and connectedness with themselves and the universe where they don't feel separate. People under duress, stress, or some kind of wounding can feel disconnected from themselves and the world around them. As yoga therapists we're trying to help people re-establish that sense of connectedness with themselves and the world around them. When they realize that their basic essence isn't broken, their perspective changes. Then we can all look at what is broken and does need fixing, like a bad back or neck, or some misperception they're having about themselves or the world. Yoga is different this way from Western medicine, which is based on separation and subject-object relationship. Yoga is

based on non-separation and understanding our interconnected wholeness. We're always working to help our students recognize their underlying wholeness.

KB: Would you say that healing is possible without that sense of connectedness?

RM: At one level, yes. At another level, no. Because the basic core of suffering that yoga emphasizes is our fundamental disconnection from self and world. Until our basic sense of separation is truly understood, there'll always be a core aspect of suffering that remains.

KB: Would it be accurate to say there's a continuum of healing?

RM: Yes. There is a developmental continuum to understanding and healing. At first it may be at the purely physical or psychological level. But when the experience of non-separation and unitive consciousness comes in, it turns our life in a new direction. As we live our understanding of unitive consciousness, it expands through our entire life, relationships, and all our interactions in the world. Through our practices of meditation, body sensing, and breathing we orient to subtler and subtler elements of dissatisfaction, misunderstanding, and disconnection. The process of healing is ongoing across many levels. And there comes a critical moment where all sense of doubt drops away, enlightenment comes and eliminates our search for happiness. Then, as a human being with a human body, we'll always have physical issues or pains to be worked with. But at a phenomenological level, suffering is totally eliminated. Yoga therapy, at its heart, is concerned with the ultimate cure, the ending of suffering.

KB: Some people hold the belief that if you haven't experienced what your student is experiencing, you can't truly feel compassion or be able to fully help them.

RM: As human beings we've all experienced disconnection, separation, and suffering to one degree or another. To the degree that we've faced suffering within ourselves, to the degree we've healed our own inner sense of lack and disconnection, to the degree we feel our own sense of wholeness and connectedness within

When troops started coming back to Walter Reed, doctors were overwhelmed because they didn't have adequate interventions to meet the challenge they were facing with so many warriors returning with these signature wounds.

So, creatively, they had wise thinkers who said, "Let's open the door and study interventions we would not normally have recommended."

and with the world around us, is the degree to which we can have empathy and compassion towards those we work with. As yoga therapists we are holding space for those we work with to experience and meet themselves. As we're able to meet ourselves, so we are able to help those we work with meet themselves.

KB: We see this in the life of Buddha. He was someone who saw the suffering of those around him and became devoted to ending suffering, first within himself, then in those around him.

RM: Buddha was a yogi. He is someone who looked around, saw suffering everywhere he turned, and then went inside and met the suffering and disconnection within himself. Yoga therapists are people who have seen the suffering within themselves and through their own inquisitiveness to self-enquire within themselves have developed a capacity to help others. As yoga therapists with specialized tools, we can help a person enquire into what they come to us for, whether it's to heal their back, solve a psychological issue, or

ultimately, relieve their disconnection with themselves. We give them yoga poses, breathing, and/or meditation exercises. Each intervention we give is an educational process that's ultimately designed to help ease their suffering. They think we're helping them heal their back. Ultimately, we're helping them learn how to enquire into themselves, just as Buddha did. Buddha was the ultimate yoga therapist.

KB: I'd like to talk about your work with iRest. You have people engage in body sensing but you don't necessarily incorporate asana. Can you talk a little bit about that?

RM: Early on I saw that many of the groups that I approached resisted the hatha yoga component of yoga nidra—they didn't want to engage in movement for one reason or another. As a result, they were throwing the entire practice out. So I intentionally split off the hatha yoga portion and focused on the meditative aspect of sensing the body while lying still. When I work with an individual they may need movement to develop a greater capacity to welcome their body, so then I teach them a moving body sensing that's akin to hatha yoga, which, by the way, I always do when teaching retreats. As yoga therapists, we're always interested in what works best for the individual, what they'll actually take home and practice.

They may come in with a particular want, and our job is to figure out what they actually need to reduce their suffering. But we have to understand that if we don't give them enough of what they want, they'll go find it somewhere else. Sri Desikachar helped me recognize this understanding. He taught me to "teach to what a person wants as you're helping them to get what they need."

KB: Can that be modified for groups of people with similar issues?

RM: Absolutely. I always interview my groups to find out what their wants and their needs are and then design the classes so each individual get what he or she both wants and needs in the midst of a group session. This entails a certain skillfulness, which we grow into understanding how to do as we mature as

teachers. Where initially I taught everybody in a group the same thing, now I can teach a group many different things all at once, where everybody's going away with what they need, not what the person to their left or right needs.

KB: What's particularly appealing to me about iRest is that you don't direct people in the way that occurs in more classical forms of yoga nidra. How did your formulation of the iRest protocol evolve?

RM: I first learned yoga nidra as a cookbook approach. Everything was scripted, and everyone received the same practice. As a beginning teacher, that was helpful. I did what I was told. But I didn't really understand the why behind what I was teaching. My teacher said, "Trust me, this works. Do it this way." At first this was useful. But I have a skeptical mind, and when somebody says "trust me," I always want to understand how and why something works. Over the years, beginning in the 1970s, I began separating out the cul-

tural archetypes of India that were embedded in the practice. Instead of imposing an image, for instance, I began asking my students to enquire as to what they were experiencing within themselves. The yoga nidra I began to teach became client-driven rather than teacher-directed. My early mentors, Laura Cummings, T.K.V. Desikachar, Krishnamurti, and Jean Klein all asked me to not impose what I felt my students needed, but rather to help them enquire and tell me what they were experiencing and needed. For me, the integrity of yoga nidra lies in its ability to help a student enquire. I've removed the cultural impositions and tried to make yoga nidra a very personal and secular enquiry that anybody can do, whatever their cultural or religious background. That's been very important to me in all the elements of yoga that I teach.

And, more recently, as I became involved in research on my iRest yoga nidra protocol, I was asked to have a protocol that could be duplicated, was manualized, and that had a certification process for teachers. This was necessary in devel-

oping an iRest research protocol that is both reliable and valid. Each group we teach in every research study receives essentially the same protocol, which is crucial for research. That said, my aim is always to have the individual, even in a research study, enquiring as to what they need so that they're learning how to adapt the practice to suit their needs in the moment. When the protocol is used outside of research, it is quite flexible—practitioners can focus on different parts of the protocol that seem to be the most helpful for individuals in the moment.

KB: Your focus on the process of self-enquiry seems to relate to the concept that you as a yoga therapist are not "fixing" anybody.

RM: Right. I like to feel that as a teacher I'm working together with my students to discover what they need and what particular interventions work. I do have interventions that I use as starting points, based on prior experience. But I think of every intervention I give as an experiment. I'm



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Miller, Richard, PhD, President, Integrative Restoration Institute; **Manoj, Jain, MD, MPH**, Rollins School of Public Health, Emory University, Contributing Writer: Washington Post; **Jon Kabat-Zinn, PhD**, Center for Mindfulness Medicine, Healthcare, and Society, University of Massachusetts Medical School; **Dean Ornish, MD**, Preventative Medical Research Institute; **Tina Tchen**, Chief of Staff to First Lady Michelle Obama; **Christina Lagdameo**, Deputy Director, White House Initiative on Asian Americans and Pacific Islanders

trying to see what works, what doesn't work, and how the person responds. I want to feel that we're working together to come to the right intervention.

KB: You're not saying that teaching is amorphous and anything goes.

RM: Right. In iRest, as in all my teachings of yoga, I have specific interventions that I start with. I always ask, "What brings you here?" I'm fishing for their intention. I ask, "When you turn your attention into your body, what draws you? Is there a sensation, an emotion, a thought, an image that draws your attention?" When I do this I'm asking them to hold their attention within their body. That's a specific intervention with an open invitation. It's directive, but flexible.

Our three main tools as yoga therapists are our ability to listen, welcome, and get out of the way so we can truly see what is the action that the student needs to take. Not what I think they should do.

KB: Great, and that's applicable across all of yoga therapy, not just iRest.

RM: Right. While I started out as a hatha yoga teacher, from the beginning I was interested in enquiry. I was always interested in how do I help my students who were coming with very different issues. So the practice of yoga therapy was interesting to me from the very beginning. In the mid 70s I became interested in the teach-

ings of Krishnamacharya and traveled to India in 1980 to study with his son, Sri Desikachar. From my very first lesson with Desikachar he let me know, "I don't know what you need. Let's find out together." We were doing enquiry together in the

As yoga therapists with specialized tools, we can help a person enquire into what they come to us for, whether it's to heal their back, solve a psychological issue, or ultimately, relieve their disconnection with themselves. We give them yoga poses, breathing, and/or meditation exercises. Each intervention we give is an educational process that's designed to help ease their suffering.

hatha yoga, in the pranayama, in chanting, and in meditation. The first practice he gave me actually made me feel worse. I came back to him the next day and said, "I feel worse from what you gave me." And he actually said, "Great! Now we know what doesn't work. Now try this." And so we began a period of experimentation that enabled us to come to the right methodology that ultimately healed the various physical issues that I had when I came to him. We also sat together and examined various case studies of the people I was working with back in the U.S. We went through them one by one, looking at the interventions I was using, where were they working or not working—and what might be better interventions? I have tremendous gratitude for the skillfulness and open mindedness that he brought to me, my students, and every person I saw him work with.

KB: I'm always looking for what didn't work in case reports for YTT. It's of equal importance to understand what doesn't work, as to what does.

RM: Yes. All my teachers taught me to "Be a light unto yourself, and help others be a light unto themselves." Learn what works, and discard what doesn't. But be careful. If you throw something away with one person, the next person who shows up may need what you just threw away. So teaching and yoga therapy are always a process of listening, openness, discernment, and flexibility.

(continued on page 46)

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Richard works with a student in a demonstration of iRest in a dyad format at a Level I training.

KB: Switching gears now, where do you see the field of yoga therapy moving toward?

RM: It's an amazing moment for yoga therapy. I see it coming into all sorts of new places where it's being received with open arms where I wouldn't have imagined that ten years ago. For instance, my work with the military has taken off. We went from a feasibility study at Walter Reed Army Medical Center—which is amazing in itself that we actually did a feasibility study with active duty wounded service members using yoga nidra—and now we're in over thirty VA centers, six-plus department of defense active-duty sites, and are expanding into new ones on a regular basis. As a result of the research we've been doing, yoga nidra is now recognized as a Tier I intervention for chronic pain in military settings, and has been recommended for continued studies with PTSD, TBI, and sleep issues.

KB: Why do you think yoga has taken off in the military?

RM: If we look back historically, great strides in treatment are always made in times of war. In World War II we saw incredible advancements in plastic surgery, hand repair, and psychological treatment because of all the wounds that soldiers returned home with. During the Vietnam War, we encountered a whole new set of injuries and saw tremendous advancements in medicine. In recent

wars, the signature wound has been traumatic brain injury and post-traumatic stress. When troops started coming back to Walter Reed, doctors were overwhelmed because they didn't have adequate interventions to meet the challenge they were facing with so many warriors returning with these signature wounds. So, creatively, they had wise thinkers who said, "Let's open the door and study interventions we would not normally have recommended." Hatha yoga, pranayama, meditation, and yoga nidra have gained significant approval, along with guided imagery, eye movement desensitization processing (EMDR), and cognitive behavioral psychology. The whole field of alternative treatments opened up. The military saw that yoga and yoga nidra interventions were working, so they said, "OK, let's open the doors to these types of interventions. They seem to work."

KB: Work in what way?

RM: They help reduce suffering. They help people heal through their post-traumatic stress and other war-related injuries. Yoga helps them develop a sense of inner resilience to overcome their disabilities. What's also been interesting to me is that while the military and VA are research-driven, I've been told that "research takes five to ten years to complete and come out in the literature, and we don't have the time to wait. If your protocol looks like it's working, we're going to put it into the field, even before we're able to prove it beyond

a doubt through research." The military knows that there's a tremendous need. If something looks like it's working, based on feasibility studies or by testimonials coming back to them from service members or veterans, they're putting it into the field in ways they wouldn't have before. But they do know that ultimately they want the research to prove that each intervention does work.

The other arena that yoga therapy is moving toward is the general population, as people are leading more and more stressful lives. While living a stressful life may bring a better lifestyle, more money, a nicer house, etc., people are discovering that they're unhappy. Traditional interventions haven't helped. So people are turning to alternative resources such as yoga, yoga nidra, and meditation. Yoga is becoming mainstream and more and more medical practitioners are also taking up these practices, and then they're turning around and giving them to their patients. Interestingly, back in 2004 when I was holding conferences with higher-ups in the military, they were all telling me they'd secretly been doing meditation and yoga for fifteen and twenty years! Now the closet doors have swung open and they can come forward and say, "This has worked for me for years. Now we can talk openly about it."

KB: This has been wonderful spending time together. Is there anything else you would like to say?

RM: I have a profound gratitude for the board, the advisors, the executive directors who have come and gone and who are now present and for all who've moved IAYT forward as an organization. It takes many people to move a vision forward through its cycles of ups and downs. It feels like IAYT is in a lovely up-cycle at the moment. But the vision that Larry and I had was that it is the community of yoga therapists and teachers who ultimately drive the organization forward. So I feel tremendous gratitude! Gratitude for you, for all the key players, and for our yoga community.

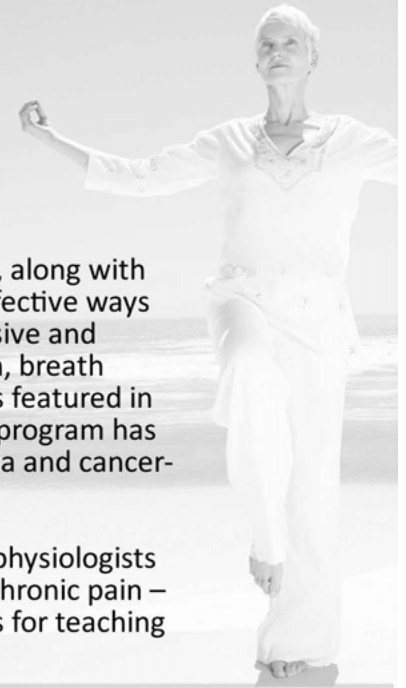
KB: Thank you. I'm so grateful to you!

YTT

Richard Miller's website is www.irest.us

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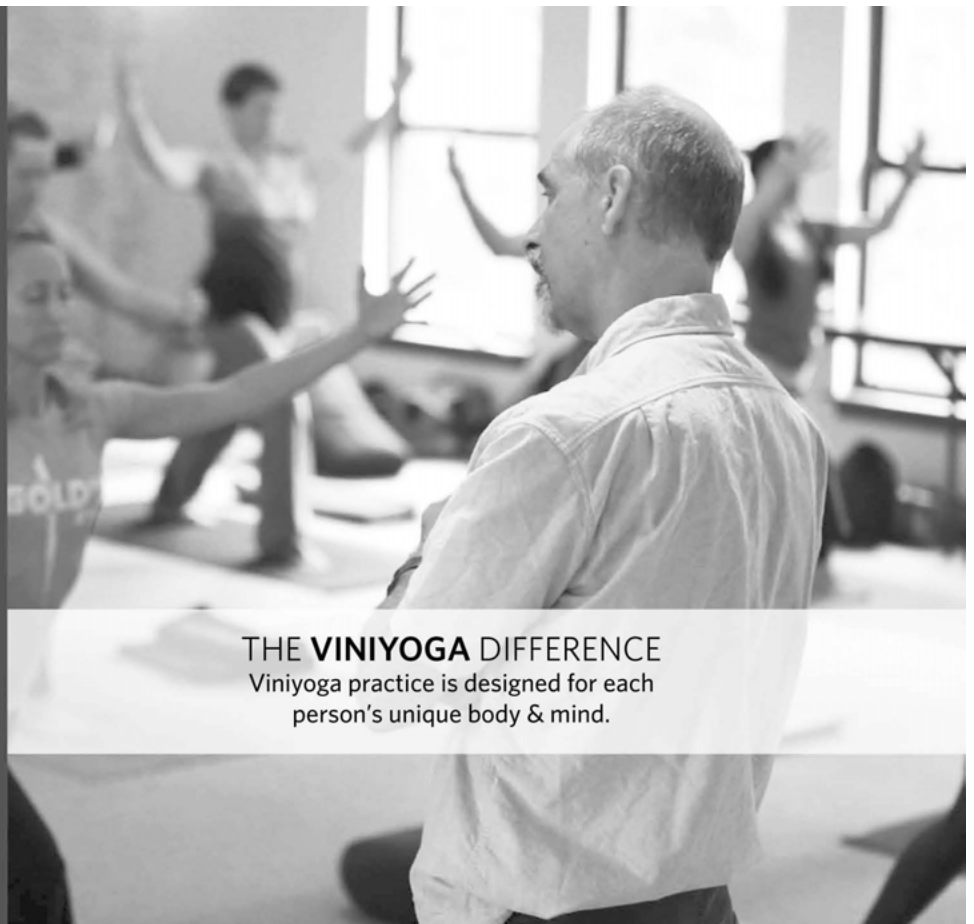


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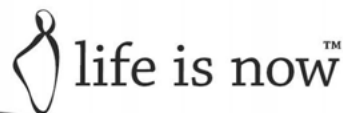
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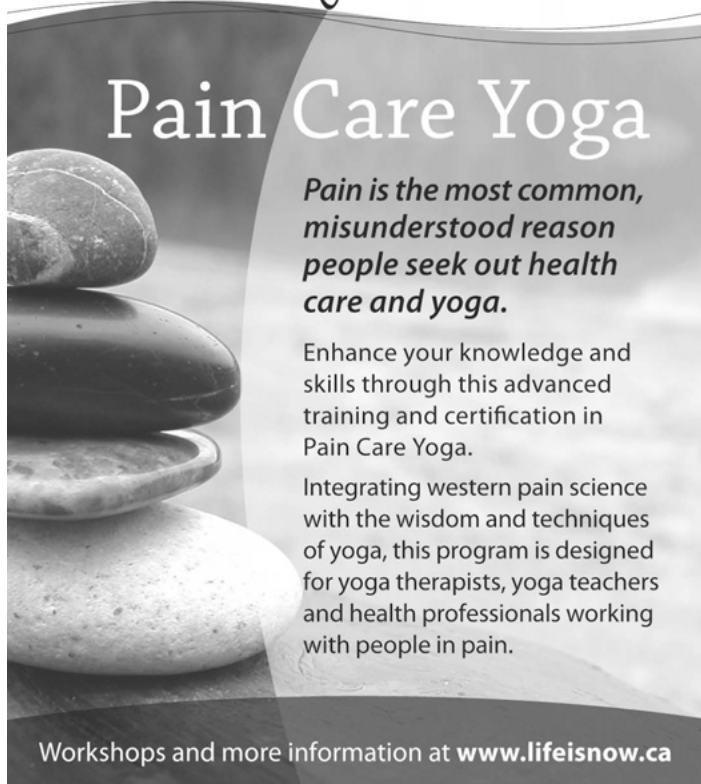


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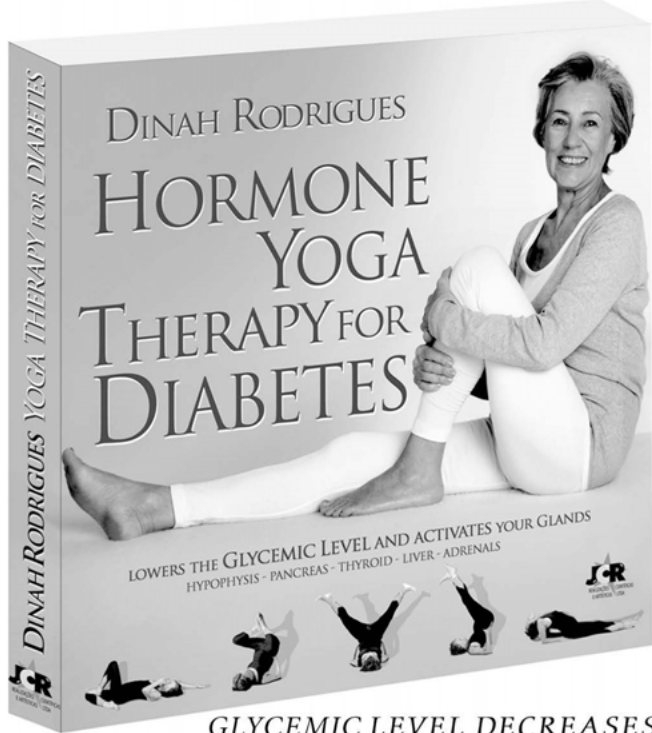
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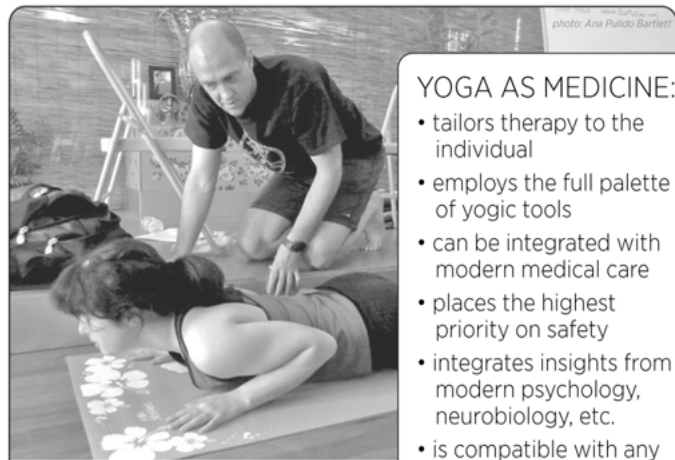


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Etowah Valley Yoga

600 hour Yoga Therapy Training
Susan Hopkins ERYT-500, PY

Foundational Knowledge Yoga Psychotherapy

Foundational Knowledge: Yoga Psychology, Modern Ps
Karen Armand

Functional Synergy Yoga Therapy

Functional Synergy Therapeutic Yoga Training
Susi Hatley

Gentle Therapeutics Yoga

200, 300 and 500 Hr Therapeutic Yoga Certification
Allaine Stricklen E-RYT-500
Dorit Mordehay

Glenmore Yoga and Wellness Center

Glenmore Yoga Therapy Training 800 hr
Nancy Glenmore Tatum

Guru Ram Das Center for Medicine and Humanology

International Kundalini Yoga Therapeutics Teacher
Shanti Shanti Kaur Khalsa
Navneet Kaur Khalsa

Healing Yoga Foundation

Yoga Therapy Training Program
Kate Holcombe

Heaven on Earth Yoga Institute & Integrated Health

Yoga Therapy Yoga Therapist Training
Karen Claffey

Holistic Yoga Therapy Institute

200/500/800/1000 HR Therapeutic Yoga Teacher Training
Chrys Kub
Melanie Snyder

Hot Yoga Wellness

350/500 Hr. Yoga-Qigong Therapy/Teacher Training
Sujun Chen

Inner Peace Yoga Therapy

Inner Peace Yoga Therapy Certification Program
Michele Lawrence

Institute for Yoga Teaching, Therapy & Research

Yoga Developments
Veronica Zador

Integrative Restoration Institute

Integrative Restoration (iRest) Yoga Nidra
Richard C. Miller
Rick Echler

Island Yoga Vista PAYTA

Professional Ayurvedic Yoga Therapist Apprenticeship
Sandra Shotton

KC Fitness Link

Yoga Therapist Training Program
Darryl Olive

Kingwood Yoga and Wellness Center

300 Hr. Therapeutic Yoga Training
Marita Gardner-Anopol
Venkata Ponnaganti PhD

kula-kamala-yoga

800 Hours PYT (Professional Yoga Therapist) A & H
Sudha Allitt

Life in Yoga Institute

Life in Yoga 5-fold Therapy
Dilip Sarkar, MD
Dr. Rajan Narayanan

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liv-ing-yoga with jasmine lieb, hatha yoga teacher
Jasmine Lieb

Marianne Wells Yoga School

300 Hr. Yoga Therapy Training
Marianne Wells ERYT-500
Marguerite Heie MPT, OCS, RYT-2

MindBody Centering Yoga

MindBody Centering Yoga Therapy Training
Nina Be

Mindfulness-based Yoga Therapy

Mindfulness-based Yoga Therapy Programme
Cathy-Mae Karelse

Mount Madonna Center

Ratna Jenna Sturz
Brajesh Friedberg

Mount Royal University

Yoga Therapy Certificate
Brad Robinson
Donna Palmer

New England School of Integrative Yoga Therapeutics

Integrative Yoga Therapeutics
Bo Forbes

Niroga Institute

Niroga Institute Yoga Therapy Specialist Training
Bidyut K. Bose

Nosara Yoga Institute

Self-Awakening Yoga Therapeutics Training
Don and Amba
Brahmanand Stapleton

Novato Institute of Somatic Research and Training

Somatic Yoga Professional Training Program
Eleanor Criswell

Nydia's Yoga Therapy Studio

Nydia's Yoga Therapy Yoga Research Team Training
Nydia Tijerina Darby MS, P

One Aum Yoga Center

1000 Hour Therapist Training Program
Shannon Sharma Sean FM

Paramanand Institute of Yoga Sciences and Research

300 Hr. Yoga Therapy Certification Training
Dr. Guruji Omanand
Dr. V.P. Bansal

Phoenix Rising Yoga Therapy

PRYT Practitioner & Teacher Trainings
Beth Triano
Jen Munyer

Pose by Pose Yoga

Pose by Pose Yoga
Jennifer Leavy

Pranakriya School of Yoga Healing Arts

Pranakriya Yoga Therapy Yoganand/
Michael Carroll
Marlysa Sullivan

PranaYoga & Ayurveda Mandala

Yoga Cikitsa
Hansa Knox

Pranayoga School of Yoga and Health

1000 hr Yoga Therapy and Ayurveda Teacher Training
Dani Vani McGuire

Prema Yoga Therapeutics

Prema Yoga Therapeutics 500 hour Teacher Training
Dana Slamp
Laina Jacobs

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Purusha Yoga Therapy Certification
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Sarasvati Buhman, PhD.

Sacred Rivers Yoga for Every Body

500 Hr. Teacher Training with Yoga Therapy Emphasis
Paula Scopino

Samadhi Yoga Institute

Yoga Clinica—Samadhi Method 200/300 Hr. Yoga Teacher
Lizelle Arzuaga

San Diego College of Ayurveda

NAMA reviewed Ayurveda Yoga Therapy Health Educator
Susan O Connor
Monica Groover

Scottsdale Community College

SCC Yoga Therapy Certificate Program
Carlyn Sikes

Sivananda Ashram Yoga Retreat

500 hr. Advanced Yoga Teacher Training
Rukmini Rukmini

Sivananda Yoga Vedanta Center—Yoga Farm

200 and 500 hr. Teacher Training Programs
Swami Sitaramananda

Soul of Yoga Institute

800 Hr Yoga Therapist Training and 300 Hr. Advance
Monique Lonner
Dawn Castillo

Stress Management Center of Marin

200/300/500 hr. Teacher Training in Yoga Therapy
Robin Gueth

Subtle Yoga

Subtle Yoga Teacher Training for Behavioral Health Professionals
Elizabeth Flemming LPC
Kristine Kaoverii Weber MA, eRYT-500

Subtle Yoga

Subtle Yoga Therapeutic Teacher Training Program
Kristine Kaoverii
Weber MA, E-RYT-500

Surya Chandra Healing Yoga School

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JJ Gormley-Etchells

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Svastha Yoga and Ayurveda

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Ganesh Mohan

Tensegrity Center Yoga Therapy

300 Hr. Yoga Therapist Internship
Sherry Brouman

The Wisdom Method School of Yoga

700 Hr. Wisdom Method Yoga Therapy Level I
Kellie Adkins M.Sc, ERYT-500, CYTher.

The Yoga and Wellness Studio

300 Hr. Yoga Therapy Program
Darlene MacLachlan E-RYT-500

Transformation Yoga Trainings

500 Hr. Yoga Therapy Training with Healing Our Back
Director Lillah Schwartz MS, CYT, ER

Trinity Yoga Center

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Harshad Jeff Thomlinson
Uchita Sonya Thomlinson

TriYoga Boston

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Brahmi (Beth) Gold-Bernstein
Lorrie Jacobsohn

Union Yoga Ayurveda, Singapore

500 Hr Certificate in Yoga Therapy and 850 hr Cert
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Dr Satyam Tripathi MD
Ong Pei Jia Monalisa DYT

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yama therapeutics
Diane Divyamani
Finlayson

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North America YATNA Yoga Therapist Training
Dolphi Wertebaker
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YCat Yoga Therapy in Cancer and Chronic Illness
Jenni Chapman RN
Devi Pat Fitzsimmons

Yoga 4 Cancer—y4c

Yoga 4 Cancer Specialty Training Program
Tari Prinster
Jennifer Price

Yoga Energy Studio

Ayurveda Yoga Therapy Certification
Timothy Ganley
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Yoga For Arthritis

Yoga for Arthritis
Steffany Haaz Moonaz, PhD

Yoga for Seniors

Therapeutic Yoga for Seniors Teacher Training
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Robin Rothenberg,
Certified Viniyoga Therapist,
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