

Issues in Yoga Therapy

Perspective

Training Issues in Yoga Therapy and Mental Health Treatment

Bo Forbes, PsyD, E-RYT-500,¹ Fiona Akhtar, MBA, RYT-200,¹
Laura Douglass, PhD²

1. New England School of Integrative Yoga Therapeutics, Cambridge, MA; 2. Lesley University, Cambridge, MA

The field of yoga therapy is in the midst of a paradigm shift that will affect our education and clinical practice. Some yoga therapists are seeking additional professional training to work with special populations, while others prefer to conduct treatment in much the same way they have for decades. Some yoga therapists have chosen to align with IAYT's move toward accreditation, and perhaps to explore third-party reimbursement and licensure, while others elect to solidify their identity as "renegade" practitioners or educators. The fields of psychotherapy and psychiatry have also entered a period of transition. Many clinicians now acknowledge the body's integral role in transformation. Some have begun to study yoga or incorporate yogic interventions into treatment,¹ while others choose to practice psychotherapy and support yoga therapy as a valuable adjunct treatment. Yoga has also made its way into psychotherapy training programs,² and has become a hot topic at psychology conferences. IAYT's membership reflects this significant trend toward the integration of yoga and psychology. Of its nearly 3,000 members, 40% hold a medical license, and almost half those licenses are in mental health. The great wall between yoga therapy and mental health treatment is crumbling.

In part, this new integration of yoga and psychotherapy is consumer-driven. A 2007 study by the National Center for Complementary and Alternative Medicine (NCCAM) notes that more than 38% of Americans now seek out complementary and alternative methods of treatment.³ NCCAM lists body-centered interventions such as yoga, breathing, and meditation as the fastest-growing CAM methods.

Both yoga therapy and mental health treatment, then, are in a liminal space. They are poised between their former scopes of practice and standards for training, and their new (and, we hope, consumer-centered), evolving skill sets and standards. The growing interchange between psychology and yoga has immense potential. At the same time, it creates a unique set of challenges for consumer and professional alike. At this juncture, it is critical that we understand and respond mindfully to the complex needs of individuals with mental health issues.

Recently, IAYT created new guidelines for the training of yoga therapists. These guidelines potentially create positive alliances among psychotherapists, yoga teachers, and consumers. Yet many individuals who seek out yoga therapy have long histories of mental unrest, and look to yoga to create the emotional well-being that has eluded them. IAYT's new standards do not adequately prepare yoga therapists to work with individuals who have moderate to severe mental illnesses. These authors have extensive experience working with such individuals. We are concerned that the new standards do not accord mental health treatment its own category within yoga therapist training. Instead, they require only a basic knowledge of psychological concepts and commonly occurring mental health conditions. The decision to classify emotional illness as another presenting problem in treatment is an oversimplification that potentially endangers the consumer of mental health-related yoga therapy services.

Whether we are mental health professionals using yoga, yoga therapists, or a blend of the two, we have a

responsibility to protect the consumer of our services. We would like to invite our colleagues in IAYT to consider the following questions: (1) What kind of yoga training do *psychotherapists and psychiatrists* need in order to ethically and effectively use yoga in the treatment of clients with mental health issues? (2) What kind of specialized training in psychology do *yoga therapists* need in order to treat people with mental health issues? (3) Is a “basic knowledge base” in mental health enough for yoga therapists to effectively treat people with serious emotional illness? (4) Or would the consumer be better served if yoga therapy for mental health issues were a subspecialty of yoga therapy, with attendant training requirements that differ from the basic yoga therapist certification guidelines? These authors believe that to relegate mental health treatment to the broader, undifferentiated category of yoga therapy presents difficulties for consumer and professional alike. We outline these challenges briefly here.

The Training of Psychotherapists Who Incorporate Yoga into Their Work

Some mental health consumers come to treatment via psychotherapy. These clients see talk therapy (and/or medication) as the primary medium for healing. Traditionally, best practices in psychotherapy have encompassed a wide range of talk therapy modalities. However, psychotherapy has long considered the body to be forbidden territory. In the 1970's, this prohibition began to soften with the advent of the Hakomi method of somatic psychotherapy (its contemporary offshoot is known as sensorimotor psychotherapy).^{4,6} But the biggest change has occurred in the past decade; the number of psychologists who understand the value of the body in the psychotherapeutic process has risen dramatically. Recently, a psychiatrist colleague marveled at the difference he saw between the yoga practitioners and non-practitioners who came to him for help. In every case, he said, yoga practitioners seeking help for anxiety and depression communicate more clearly about their emotional pain. They can differentiate between their physical and emotional symptoms. They can describe internal sensations with greater accuracy. “Their self-awareness,” he concluded, “makes me a better physician. I can diagnose and treat yoga practitioners much more accurately than patients who don't practice yoga.” Such observations, together with consumer demand and a growing body of research on yoga's effectiveness for mental health conditions,⁷⁻¹³ have further lifted the prohibition against working with the body in psychotherapy. Many psychotherapists have begun to study yoga, and

some even use it in their clinical practice. Without a doubt, psychotherapy can benefit from incorporating the body in treatment. Yet important questions remain: What kind of training do psychotherapists and psychiatrists need to successfully use yoga with their clients? Is a longstanding yoga practice, studying with a yoga teacher, or informal training such as workshops or yoga conferences enough to successfully integrate yoga into treatment?

The rigorous clinical training that licensed psychotherapists undergo can generate a sense of absolute faith that even without formal yoga training, the psychotherapist is equipped to handle whatever might come up while using yoga in a session. Last year during a weekend workshop on yoga for the nervous system, we led participants through a simple breathing intervention: 1:2 breathing. In this *pranayama* technique, the practitioner exhales for twice as long as the inhalation, which helps to slow the heart and balance the nervous system. A psychotherapist in the group asked, “So, when I try this with my anxious clients on Monday, for how many minutes should they do it?” Surprised by her question, we counseled against using this tool right away. It would be better to develop a thorough knowledge of the background behind this intervention, and alternatives to use in case symptoms worsened, we counseled. “Are you saying I can't use this next week?” she challenged. So we asked, “Let's say you try this with an anxious client, and the client gets worse immediately. Can you identify the reasons for symptom intensification? And do you know at least three interventions you can use to address them?” She had no answer for us. This exchange highlights the perception of some psychotherapists that simply practicing yoga themselves, having direct experience of their bodies, or culling tools from a weekend workshop is enough to incorporate yoga into psychotherapy.

We understand the psychotherapist's frustration; in some ways, the continuing education model in psychotherapy embraces a “learn a tool today, use it tomorrow” approach. This approach, however, puts clients at risk. It is certainly true that psychotherapists have a finely tuned ability to establish a collaborative relationship with clients. Research has demonstrated that this therapeutic alliance is the most curative aspect of treatment.¹⁴ And beyond this alliance, psychotherapists are also well-versed in addressing the patterns, or *samskaras*, of the mind and emotions.

Yet these authors believe that in order to successfully integrate the body into psychotherapy, mental health therapists need extensive, formalized yoga training. To do therapeutic work involving yoga requires, at the very least: a solid background in *asana*, alignment, and sequencing; a detailed

understanding of the body (in both stillness and movement); knowledge of yogic models of the mind as outlined in Samkhya philosophy and Patanjali's Yoga Sutras; and additional familiarity with the use of therapeutic interventions for special populations (such as trauma survivors or people with chronic pain disorders). This indicates a need for training at least at the 500-hour level, plus additional training in yoga therapy.

The Training of Yoga Therapists Who Work with Mental Health Issues

The second category of mental health consumer comes to treatment via yoga therapy. The client may seek out yoga therapy as an adjunct to psychotherapy or medication management. The client may also receive a referral for yoga therapy from a psychotherapist. In contrast to psychotherapy, there are currently no established best practices in yoga therapy for the treatment of anxiety, depression, and other mental health issues. Yoga therapists may have comprehensive training in a tradition such as Viniyoga or Ayurveda. Alternatively, they may receive training from mental health professionals who are also trained in yoga therapy. Or they may have developed a hybrid approach to yoga therapy that incorporates some interventions from each field. As a result, yoga therapy's approach to mental health issues is wildly diverse.

Some mental health therapists are concerned not only about this diversity of approaches, but about yoga therapy's training standards and lack of established best practices. Recently, a psychiatrist colleague expressed alarm about the rapid influx of yoga into medicine. "The thing about you guys," she said, referring to yoga therapists, "is that you seem to believe yoga can cure anything." She worried that people with anxiety, depression, and other mental health issues would abandon proven methods of psychotherapy and medication in favor of yoga therapy.

Her worries are not without cause. We have heard many colleagues in yoga and yoga therapy express the conviction that yoga is so powerful, it enables them to address any treatment challenge in clients with psychological disorders. Yoga therapists who position yoga as a universal panacea for anxiety and depression do their clients a disservice. In our therapeutic teacher training at the New England School of Integrative Yoga Therapeutics, a recent graduate (a psychotherapist) shared the catalyst that compelled her to seek out a combined yoga and psychology training. During a weeklong workshop on yoga for depression at a well-known retreat center, a workshop leader (a yoga teacher with no

clinical background) encouraged participants to process their emotional trauma without setting a strong container. "It was almost catastrophic," the psychotherapist reported, "even for me. It took days for people to put themselves back together again, and they had to bring in an emergency counselor." And in a breakout session at a yoga therapy conference, a young yoga therapist put her arms around a client with posttraumatic stress disorder (PTSD) to "communicate the universal love that is yoga." When we suggested to her that touch may be contraindicated for clients with PTSD, the yoga therapist maintained that her client liked it. It was clear to us that, even as the client was nodding her head in obedient assent, she had become dissociated.

Just as training in yoga would enrich psychotherapists' arsenal of tools, specialized training in mental health treatment can help yoga therapists better understand scope of practice and avoid accidentally harming clients who come to them for help. Yet yoga therapists may view their yoga teachers and lineage of yoga therapy with incredible reverence. This reverence may feed the dangerous perception that they need very little additional training in mental health to diagnose and/or treat people with moderate to severe psychological challenges through yoga therapy. At the meeting of schools at SYTAR 2009, nearly two-thirds of the yoga schools present voted that yoga therapists did not need training in or even a solid understanding of the dynamics of interpersonal relationships in order to do one-on-one work. While the 2011 guidelines for yoga therapy reflect a positive change in this perception, this change does not sufficiently address the significance and complexity of the therapeutic dyad in working with clients with mental illness. The therapeutic dyad is a living, breathing entity. Clients bring their own *samskaras* into treatment (a process called *transference* in psychotherapy). This can also evoke therapists' *samskaras* (a process referred to as *countertransference*). One of our jobs as yoga therapists is to safely metabolize, contain, process, and feed back our clients' *samskaras* in a healthier form than clients initially present them. To do this, yoga therapists would derive vast benefit from additional training and supervision in psychology. Certainly, some yoga therapists have incredible technical skill, depth of experience, and compassion. Yet their therapeutic work can be compromised by insufficient boundaries, a less-than-fluid navigation of interpersonal dynamics, or a lack of fluency in symbolic language.

Working with mental health issues often requires yoga therapists to collaborate with a team of mental health providers. Some yoga therapists may be the only treatment provider of a client with emotional instability; this can

endanger both client and therapist when illness becomes severe. And many presenting problems today involve more complex issues such as disordered eating, addiction, bipolar disorder, chronic pain, and physical anomalies, which merit specialized training. It also involves working with complex and sometimes differential diagnoses (for example, differentiating between anxiety, depression, or comorbid anxiety and depression). Yoga therapists will also face situations in which yogic practices can—either temporarily or for a longer time—exacerbate psychological distress. In fact, some studies have shown that the practice of yoga can trigger manic episodes or exacerbate disordered eating, among other side effects.¹⁵⁻¹⁸ While many of these are case studies, they highlight the possibility for a client to become disorganized during a session, leaving a lesser-trained yoga therapist ill-equipped to assess the situation and make emergency recommendations. Several years ago, for example, one of these authors taught a weekend workshop at a retreat center on yoga for anxiety and insomnia. During the Sunday morning session, she had to coordinate the complex hospitalization of a suicidal woman, while at the same time conducting the morning meditation for over ninety other participants. Yoga therapists who enter the delicate psychological milieu of mental illness without proper tools overreach their scope of practice, and may well draw to our field the negative attention of concerned groups in healthcare.

Future Considerations

Yoga therapy is gaining more credibility in healthcare and garnering approval from clinicians, hospitals, managed care companies, and the medical field. The *International Journal of Yoga Therapy's* recent inclusion in PubMed is an extraordinary accomplishment that exemplifies this hard work and newfound acceptance. At the same time, these achievements draw attention to yoga therapy from medical organizations such as the American Medical Association and the American Psychiatric Association.

As yoga therapists and mental health professionals, we can celebrate these accomplishments. We can also honor our newfound standing by re-examining our accepted paradigms of healing, no matter how long we have held them or how much energy we have invested in them. Whether our personal beliefs about healing stem from venerated traditions, revered teachers, psychological practices, or contemporary somatic theories, we can still acknowledge that some of our current training, practice, and continuing education standards need to change to better serve those with mental illness.

Considering the potential problems of working with individuals with mental illness, what choices should yoga therapy make as a field? These authors feel that the lens through which IAYT currently views yoga therapist training, although improved, needs to widen its angle to accommodate the complexities of mental health. We believe that psychotherapists need formal training in yoga and yoga therapy to effectively introduce yoga into the context of psychotherapy. We also believe that yoga therapists need specialized training to treat people with mental health issues. This training should transcend the basics to include research-based concepts, psychopathology, and clinical issues central to the health and safety of those with mental illness. We ensure the integrity of yoga therapy when we consider mental health treatment a subspecialty of yoga therapy, and require specific clinical training and supervision of yoga therapists.

A new, integrative paradigm might incorporate the best of mental health treatment (such as an understanding of the etiology of mental illnesses, the use of effective language and mental processing, and an understanding of the psychological dynamics that affect the therapeutic relationship and outcomes) with yoga's therapeutic offerings (among them meditation, breathing, mindful movement, and relaxation). And yet, therapy and teaching are therapist- and educator-focused, and not client-focused concepts. As we deepen our training and scope of practice, we may find that the question "Are we yoga therapists or yoga educators?" becomes a springboard to a new inquiry. We can consider the question "Are we instilling in our clients a lifelong *samskara* of investigation and self-study?" And when we co-create a learning environment with our clients, we offer them tools to create a therapeutically sustainable, lifelong process of exploration and growth.

Bo Forbes is a clinical psychologist, yoga teacher, and integrative yoga therapist who teaches internationally on the integration of psychology, yoga, and science. **Fiona Akhtar**, a yoga teacher and health policy and information technology professional, is currently pursuing a Masters in Public Health at Tufts University School of Medicine. **Laura Douglass** is an adjunct faculty member at Lesley University and teaches yoga at a residential center for individuals with eating disorders. Direct correspondence to bo@boforbes.com.

The authors wish to thank Cassandra Horii, PhD, RYT-200, for her contributions to this article.

References

1. Valente V, Marotta A. The impact of yoga on the professional and personal life of the psychotherapist. *Contemporary Family Therapy: An International Journal*. 2005;27(1):65-80.
2. Schure MB, Christopher J, Christopher S. Mind-Body Medicine and the Art of Self-Care: Teaching Mindfulness to Counseling Students Through Yoga, Meditation, and Qigong. *Journal of Counseling & Development*. 2008;86(1):47-56.
3. National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM). Study: 2007 Statistics on CAM Use in the United States. Available at: <http://nccam.nih.gov/news/cam-stats/2007/>. Accessed on July 11, 2011.
4. Ogden P, Minton K, Pain C. *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: WW Norton & Company; 2006.
5. Rothschild B. *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: WW Norton & Company; 2000.
6. Levine P. *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* Berkeley, CA: North Atlantic Books; 2010.
7. Shapiro D, Cook LA, Davydov DM, Ottaviani C, Leuchter AF, Abrams M. Yoga as a Complementary Treatment of Depression: Effects of Traits and Moods on Treatment Outcome. *Evidence-Based Complementary & Alternative Medicine (eCAM)*. 2007;4(4):493-502.
8. Subramanya P, Telles S. Effect of two yoga-based relaxation techniques on memory scores and state anxiety. *Biopsychosocial Medicine*. 2009;3:8.
9. Dale LP, Mattison AM, Greening K, Galen G, Neace WP, Maticin ML. Yoga Workshop Impacts Psychological Functioning and Mood of Women With Self-Reported History of Eating Disorders. *Eating Disorders*. 2009;17(5):422-434.
10. Khalsa SBS, Shorter SM, Cope S, Wyshak G, Sklar E. Yoga Ameliorates Performance Anxiety and Mood Disturbance in Young Professional Musicians. *Applied Psychophysiology & Biofeedback*. 2009;34(4):279-289.
11. Yoshihara K, Hiramoto T, Sudo N, Kubo C. Profile of mood states and stress-related biochemical indices in long-term yoga practitioners. *Biopsychosocial Medicine*. 2011;5(1):6.
12. Telles S, Singh N, Joshi M, Balkrishna A. Post traumatic stress symptoms and heart rate variability in Bihar flood survivors following yoga: a randomized controlled study. *BMC Psychiatry*. 2010;10:18-27.
13. Baldwin SA, Wampold BE, Imel ZE. Untangling the alliance-outcome correlation: exploring the relative importance of therapist and patient variability in the alliance. *Journal of Consulting and Clinical Psychology*. 2007; 75(6):842-52.
14. Douglass L. Yoga as an intervention for eating disorders: Does it help? *Eating Disorders: The Journal of Treatment and Prevention*. 2009;17 (2):126-139.
15. Johnson DB, Tierney MJ, Sadighi PJ. Kapalabhati pranayama: breath of fire or cause of pneumothorax? A case report. *Chest*. 2004;125(5):1951-1952.
16. Walsh R, Roche L. Precipitation of acute psychotic episodes by intensive meditation in individuals with a history of schizophrenia. *American Journal of Psychiatry*. 1979;136(1085-1086).
17. Yorston GA. Mania precipitated by meditation: a case report and literature review. *Mental Health, Religion & Culture*. 2001;4(2):209-213.