Interview

with Bo Forbes, PsyD

By Kelly Birch

Introduction

Bo Forbes is a scholar and a healer, yet also a maverick. As a freshman at the University of Chicago, Bo took classes at the graduate school of social work. She earned her bachelor's and master's degree at the age of 21, after taking a brief detour into biopsychology, stress management, biopsychosocial behavior, and sleep research, and received her doctorate at 25. Her experiences led her to understand the emotional brain as not simply thoughts and feelings, but as an intricate mind-body network that determines neural, physical, and emotional health. As a psychologist, and then later as a yoga therapist and teacher, Bo's awareness of this network influenced her understanding of anxiety and depression. She is the founder of Integrative Yoga Therapeutics, a method that utilizes the tools of yoga to engage and transform the mind-body network, and she directs the New England School of Integrative Yoga Therapeutics and their training Center in Boston, which offers yoga therapeutics to clients with physical and emotional issues. In many ways, as we'll see from this discussion, the foundation of Bo's early study and training served as a springboard for her search for more innovative treatments by integrating the fields of psychotherapy, yoga, and yoga therapy.

I first heard Bo at her SYTAR plenary presentation in 2011, What is Mental Health Missing that Yoga Provides (and How Does Yoga Do That)?[1] I was fascinated to hear her talk about the integration of psychotherapy and yoga therapy. In the following discussion, we explore this topic and its implications for both fields.

KB: What about the conventional ways of approaching mental health is unsatisfactory?

BF: The World Health Organization has predicted that by the year 2020, depression will be the second biggest health problem on our planet, and by 2030, it will be our number one global disease burden. These astonishing statistics have serious implications for global healthcare. Anxiety and depression are becoming worldwide epidemics. Our current treatments of choice, psychotherapy and medication, aren't doing enough to stop them.

Photo credit: InterPositive Media

Anxiety and depression aren't just mental, emotional, or biochemical; they're mind-body issues. And here's the dilemma: psychotherapy addresses the mind and to some extent the emotional regions of the brain, while including a rich therapeutic alliance. Medication targets the emotional regions of the brain and to some extent the physical body. But when we use just psychotherapy and medication, we're addressing patterns in only two or three areas, while the rest of the mind-body network, as I call it, practices the old patterns of anxiety and depression.

What do you mean by the "mind-body network"?

The mind-body network contains the mind and physical body, plus several elements that play integral roles in depression and anxiety: the autonomic nervous system, immune system, and enteric nervous system (our belly brain), for example. It also houses our fascial web: the information superhighway of connective tissue that's found throughout the body. Our pain pathways belong in the mind-body conversation as well; we know that pain disorders are intimately connected to anxiety and depression. Anxiety and depression, then, aren't simply "biochemical illnesses." They're neuro-emotional patterns that are reflected in and often reinforced by each part of the mind-body network.

It feels to me that we are poised to experience a paradigm shift in the way we conceptualize the origins and treatment of emotional illnesses such as anxiety, depression, and chronic pain—and in the way we view the process of healing. We're starting to acknowledge what isn't working in our approach to emotional health, and that's the first step in any paradigm shift.

Please talk a little more about this paradigm shift.

A sea change is occurring in psychotherapy, psychiatry, and even medicine. We're starting to expand our view of healing to encompass more than allopathic interventions such as psychotherapy and medication. Two-thirds of all people on antidepressants aren't getting better. That is, 66% percent of all people on antidepressants aren't experiencing satisfactory symptom relief. In a medical setting, to continue to use interventions that don't work 66% of the time would be considered at the very least to be outside the realm of best practices. Currently, over 40% of Americans now seek out complementary and alternative medicine, and that number is growing. People are starting to believe, along with their physicians and therapists, that there's more to emotional balance than mental processing or biochemical interventions. We're coming to the understanding that we all possess within us a bio-available technology for emotional health: the mind-body network. This network should be addressed as a complement to psychotherapy and medication—and the more elements of the network we can involve in healing, the more fully we heal. So we're stepping into the first stages of this paradigm shift, which is a backdrop to changes occurring in the fields of yoga and yoga therapy.

Paradigm shifts tend to be threatening to people. How is the psychotherapy community responding to this?

Well, I think part of my dharma or life purpose is to be a paradigm-challenger. That's not an easy role to play: most people respond with ambivalence. First, there's an excitement, a sort of quickening.

If we acknowledge the importance, and I'd say the imperative, of bringing the body into psychotherapy, we have to come to terms fully with what isn't working in our profession.

Psychotherapists seem to love the concept of bringing the body into treatment—they feel it's the next step in the evolution of therapy. But their excitement is often tempered with defensiveness, and understandably so, when they consider what the role of the body in emotional health means for the future of talk therapy. And then there's the issue of additional training that a psychotherapist might need to integrate the body into treatment. So there's where the ambivalence often comes into play—and I can relate to that.

But I'm optimistic: psychotherapy is in a rich transition right now. Decades ago, pioneers in therapy introduced body-centered methods such as sensorimotor integration and Hakomi therapy. They were the first to say that the body played a role in emotional healing. They offered exploratory, process-focused techniques to psychotherapists, and their work planted seeds that are now growing in new ways.

We've begun to take steps toward a more integrated mind-body approach to emotional healing. Jon Kabat-Zinn's seminal work has brought mindfulness-based stress reduction (MBSR) into mainstream psychotherapy. My colleagues at the Institute for Meditation and Psychotherapy based here in Boston have played an integral role in furthering this work; they train psychotherapists in bringing meditative practices into psychotherapy.

You know, psychotherapists experience a high rate of burnout and emotional contagion from their work. More psychotherapists are turning to yoga and meditation to help with stress resilience and rejuvenation. And that's a great beginning. It's getting us to start thinking, "How can we integrate these techniques into psychotherapy?"

The dilemma is that as psychotherapists, we've been trained our entire professional careers not to go anywhere near the body. Meditation is much easier to integrate than yoga, because it doesn't involve touch.

Alongside these changes, more psychotherapists view yoga therapy or group classes as a valid adjunct to psychotherapy. But I wonder if psychotherapists in general accept how effective and even necessary it is to integrate yoga (or yoga therapy) directly into the actual session. Our current paradigm shift will likely change this, but it may take another eight to ten years before we see widespread acceptance for a structured and integrative body-centered approach to psychotherapy.

If we acknowledge the importance, and I'd say the imperative, of bringing the body into psychotherapy, we have to come to terms fully with what isn't working in our profession. This reckoning compels us to seek training in yoga and the body. So when I say these things to psychotherapists and the initial "glow" of the message wears off, I often encounter a primal sense of upset. And I can empathize; I've been there myself. It's what caused me to explore this integrative work in the first place. But it's earth-shattering to realize that one's career needs to take such a radical shift in trajectory, especially given the time and resources we've invested in our training.

When and how did you start to integrate yoga into your psychotherapy practice?

As a young psychotherapist, I worked with clients who had suffered from eating disorders, substance abuse, and mood disorders, among other issues. I worked in psychiatric hospital and outpatient settings. Throughout this time, I felt like there was something missing in psychotherapy. This ignited a long search in which I experimented with different forms of complementary and alternative medicine, including hands-on healing and acupuncture. But my first yoga class was an epiphany: I asked myself, "If yoga can make me feel this emotionally balanced, this connected to a deeper part of myself, what might it do for people suffering from anxiety, depression, and chronic pain?" I began to study yoga more deeply, including yoga philosophy, Sanskrit, and the Sivananda, Iyengar, and Vinyasa systems. I had a small psychotherapy practice, and slowly began to integrate yoga into that practice.

Later, I transitioned from "integrative psychotherapy" (psychotherapy that incorporated yoga) to yoga therapy with less processing. The impact of this work was more powerful than I ever would have imagined. I began to accept referrals from colleagues, mostly psychiatrists and holistic physicians, and saw their clients as an adjunct yoga therapist. They began to give me feedback that as a result of this work, their clients began to access places in treatment that they'd been working together to reach for many years. More and more psychotherapists and physicians became excited about the possibilities of yoga therapy: one of my psychiatrist colleagues told me that his patients who did yoga had a greater ability to self-regulate and to give him feedback about how medications were working. Meanwhile, many of the trainees in our teacher-training program brought Restorative Yoga into their psychotherapy sessions, with tremendous results. Several psychotherapists contacted me to say that the fifteen minutes in which they did restorative poses without processing was incredibly powerful, but in a way that differed distinctly from the verbal breakthroughs they experienced. They wanted to know what this "restorative therapeutics stuff" was, and how it worked. All these signs told me that we were on to something really transformative.

Over the last decade and a half, with the help of my community here in Boston, I've developed and fine-tuned an approach to emotional and physical healing that I call Integrative Yoga Therapeutics (IYT). We have a center in the Boston area where we've worked with a variety of clients and special issues, including oncology, chronic pain, and mood disorders. Our school, the New England School of Integrative Yoga Therapeutics (NESIYT), has a 200-hour and 500-hour teacher training and a yoga therapy training program. We teach large and small group classes and offer yoga therapeutics group sessions as well as individual sessions.

(Continued on page 30)

IYT is a living, breathing system: it has structure and consistency, but it also continually adapts to the feedback of our community's teachers, trainees, students, and clients. You could say that the system is the result of an ongoing collective effort. And we've had multiple clinical settings and a large clinical base through which to practice and refine our work.

What specifically prompted the shift from using yoga as an adjunct to psychotherapy to using yoga as an integral part of the treatment?

Early on in sessions, when I first began to integrate my yoga and psychotherapy work, I'd have clients drop in to restorative postures and talk from that deeper place. They had life-changing insights during restorative sessions that differed from the mental "aha" experiences we've all witnessed or experienced. Then they'd jump up to process the insight and would completely lose contact with the "felt" sense of the experience. I began to realize that the talking part of the session fosters mental insight—which is valuable, but on its own doesn't lead to lasting change. Through restorative yoga people experience embodied insight, which to me is the key ingredient in transformation. I've since begun to minimize the processing part, and use it mostly at the beginning as a check-in, and at the end to wrap up.

Bo Forbes teaches the art of propping supported reclining twist pose in her Integrative Yoga Therapeutics teacher training.

Photo credit:
Leili Towfigh © 2013

What is "embodied insight"?

There are two types of embodied insight: we experience the first kind when mental insight or understanding "trickles down" into the body and becomes integrated on almost a cellular level. The second is a more visceral, body-based insight or gnosis which can "trickle up" to the conscious mind, but may not necessarily do so—and it's fine if the mind never comprehends what's happened. Embodied insight, to me, signals that the neural and even the "pranic" wiring in our mind-body network has changed. This kind of change is utterly life-transforming. The two states (mental understanding and embodied insight) are markedly different and sometimes mutually exclusive. I find that the process of Integrative Yoga Therapeutics works better when there is a carefully choreographed dance between the two.

So, psychotherapy without the body, in my opinion, can be incomplete, and may risk wiring in more deeply the mental patterns that reinforce anxiety and depression. And when we practice yoga therapy without some form of training or specified focus on emotional health, we're assuming that yoga therapy can heal any emotional issue. Both feel, to me, like extreme as well as limiting approaches.

Can you give me an example of how psychotherapy can be limiting?

As psychotherapists, we are trained in the art of interpretation, of capturing a story in words. We connect our clients' stories to similar stories in the past to solidify themes in the hopes that mental understanding can bring about change. And sometimes it does! The storytelling function can be useful, especially the first several times; it helps us bring themes and concepts to conscious awareness. It allows our stories to be heard and embraced by others. The risk in psychotherapy is that we can reinforce our stories and even build on them.

Recently I interviewed Joseph LeDoux, a neuroscientist at NYU; he shared some compelling research with me. Studies show that each time we retell a story or retrieve a memory, a specific kind of protein synthesis occurs in the brain. This means that we've added to our story in some way and reinforced the neural networks connected to that story or memory. There may be times when telling a story may be therapeutic. And there may be other times when it reinforces the

(Continued on page 32)


2013
Yoga Therapy
SUMMIT
A 3-DAY SUMMIT IN THE
BLACK HILLS OF SOUTH DAKOTA
SEPT. 13-15, 2013
Kate Holcombe | Leslie Kaminoff | Gary Kraftsow | Richard Miller
Sonia Nelson | Larry Payne | Keynote Speaker: John Kepner
Register at WWW.YOGATHERAPYSUMMIT.COM

very patterns we're trying to change. As psychotherapists, it's important to ask ourselves whether a story is constructive and novel, or whether it's repetitive and counter-productive. In trauma survivors, for example, they can find telling the story to be helpful. But they also need to enter the field of the body (and re-wire the nervous system) for change to take place.

And what would be a limiting approach to yoga therapy?

Classical yoga can ignore the body in a different way than psychotherapy. Some of my dearest colleagues in yoga therapy, for instance, feel that asana is limited in its therapeutic scope. I don't agree. I think asana can be a vehicle to liberation. The body is sentient and intelligent. It infuses its presence into each limb of yoga. We can't reach enlightenment, or even emotional health, without involving the body—not in an accidental way or as an accessory to meditation, but in a conscious and sophisticated process.

Also, classical yogis and yoga therapists sometimes seem to take the position that yoga will handle everything—that we don't need to do any other emotional work ourselves. I've directly asked some of my colleagues who've been dedicated and long-term practitioners of Raja Yoga and mantra meditation if yoga is taking care of their emotional issues. Most have said something like, "Well, I haven't found the emotional balance I expected, but my practice has been a support." They tell me their challenging patterns are still present, though yoga has helped them manage these patterns more effectively. Other yogis don't feel that they have any emotional issues to work on. But if a yoga therapist hasn't done any emotional "excavation," the resulting blind spots will affect the clinical work.

Can you describe a situation in which a yoga therapist might be lacking in knowledge when working with a client who has mental health issues?

One situation comes immediately to mind: treating someone with severe (or vegetative) depression. Through yoga therapy, they may begin to feel better. Yoga therapists often view this increase in energy as an encouraging sign that yoga therapy is on the right track. But as psychotherapists, we know that when the vegetative symptoms of depression begin to lift, there's actually *more* cause for worry. In fact, a slight lift in energy can increase the risk for suicidal ideation and intent, so we need to do risk assessments at this point in treatment. My concern is that without more extensive training, yoga therapists treating depression will encounter suicide ideation and attempts without the tools with which to handle them. And medical and psychiatric associations may challenge us for scope-of-practice issues. Now that yoga therapy is making forays into managed care, these scope-of-practice issues become an emerging concern.

Bo in scapula hang, a therapeutic heart-opening pose from the Integrative Yoga Therapeutics system. Photo Credit: Simone Jowell Photography

I often mention to clients that I'm not a psychotherapist, and I've had to be very clear on my scope of practice.

That's a great position, and one that requires courage and humility. I know that specialty issues exist that someone else might address with more efficacy than I could, and it's my responsibility to get my client to that person.

Our dilemma is that most clients don't disclose the full picture to us in the first session, when the complete intake happens and we can say "let me refer you to someone else." They disclose their history in bits and pieces, when they know it's safe. And by the time they trust us, the therapeutic alliance has already formed, and we have two choices: we can continue to see them and deal with scope-of-practice issues, or we can refer them out to someone else, which ruptures the therapeutic alliance.

What kind of training do you recommend for yoga therapists who want work specifically in mental health?

I believe that we need a wholly integrated approach both to our clinical training and to our *sadhana* [spiritual path]. If you look at IAYT's educational standards on mental health, it only says "basic knowledge of mental health concepts." That's it! So as yoga therapists, we'll be not only adjunct therapists but often primary therapists for people with serious mental health issues. Two colleagues, Fiona Akhtar and Laura Douglass, collaborated with me on writing a position paper for the *International Journal of Yoga Therapy* in 2011 on just this topic.[2] I believe strongly that yoga therapy should declare mental health a subspecialty with its own attendant requirements. If you have enough psychology training embedded in a yoga therapy training program, you may not need a structured training, but I feel that we have to be so careful with what we're doing. I love the idea of a master's program, or a one-year intensive in counseling, something like that.

I'm well aware that my position can frustrate yoga therapists who don't have specialized training or background in psychology. But in the beginning stages, as we really start to fuse this hybrid work, more structure is better. In our 500-hour teacher training, for example, we built in several mental health modules: addictive disorders, bipolar disorder, chronic pain disorders, eating disorder, anxiety, insom-

nia, and depression. I brought those into our training, and then added clinical practica, so that our yoga therapists could do this integrative work in mental health issues with confidence. Even with this background, we added group supervision, because clinical experience brings to light many issues in the development of yoga therapists, and we wanted an effective way to layer their experiences of supervision and practice.

You mentioned earlier that the practice of yoga can't always illuminate to us the areas in which we need growth (our blind spots). What about supervision for the supervisors themselves?

It would behoove us to borrow from the psychotherapy tradition and psychiatry this essential concept of supervision. If we're not receiving supervision, no one is there to tell us of our blind spots, or where we're missing the boat. I can't tell you how humbling and growthful it is to have people who do that for me. In my teacher-training program I have a psychologist from the Institute of Meditation in Psychotherapy who meets with my students and with me as well. Issues come up in both the yoga and yoga therapy trainings that can elicit defensiveness in me, where I could easily dismiss concerns. But supervision helps me to reflect, to see where I'm not being as present or as graceful as I can be. It highlights my blind spots. And by definition, blind spots are blind! We all have them. And we can all benefit from the "super" vision that helps us identify and work through them.

> Through restorative yoga people experience embodied insight, which to me is the key ingredient in transformation.

Any closing thoughts?

We have the potential to be forerunners in the field of mind-body medicine. This requires a grandness of vision and humility of spirit. Psychotherapy needs to incorporate the body and honor the body's role in emotional transformation. And yoga therapy should be prepared to address emotional issues in a grounded way—and there is room there for processing. In much the same way, our asana practice should have meditative aspects, and our meditation practice can be more effective when it incorporates the body. Part of the challenge here is discernment, to know when do we move, when do we do yoga nidra or restoratives, and when might we want to put words to the process and hammer a frame around it. And this is where we all want to evolve to as clinicians. YTT

References

1. Symposium on Yoga Therapy and Research, September 1-4, 2011. Asilomar Conference Grounds, Pacific Grove, CA.
2. Forbes, B., Akhtar, F., & Douglass, L. (2011). Training issues in yoga therapy and mental health treatment. *International Journal of Yoga Therapy,* 21:7–11.