

SYTARReports

Moving Toward Expansion, Integration, and Freedom

By Durga Leela

Much has changed in the United States—and the world—since last year’s Symposium on Yoga Therapy and Research (SYTAR) in Newport Beach, California. This year we were in Reston, Virginia, which happens to be around 108 miles from Charlottesville, where last August we saw chilling signs of how unresolved many of America’s race problems are. In this year’s conference we looked at our own race relations within the yoga therapy world. It was a deeply interesting event for many reasons. What I picked up on was that the people within our field naturally want to include discussion of larger society issues within the context of how we offer yoga therapy, and we heard from many of them at the conference.

From Integration to Inclusion

This felt like a change to the theme of our ongoing discussion, which usually has centered around yoga’s integration into the Western medical model. Many are thoroughly behind this move and many, too, are uneasy with it—and there are good reasons for both sides. One of the things that makes people uneasy is that as we integrate into the allopathic model we tend toward treating the disease, whatever its given allopathic name, rather than the unique individual manifesting the imbalance. Both Timothy McCall, MD, (“Treat What You See, Not the Diagnosis”) and Yogacharya Ananda Balayogi Bhavanani, MD(AM), C-IAYT, touched eloquently on these ideas in their presentations to the general session—more on Bhavanani’s keynote address below. The more casual conversations at SYTAR also made clear that our membership is drawn to considering the culture in which modern diseases manifest and how yoga therapy can help at that level.

“We understand that it may not be possible politically right now to do research truer to yoga therapy’s holistic nature because of the insistence on standardized protocols based on medical diagnosis.”

—Dr. Timothy McCall on “evidence-based” yoga therapy

IAYT is, right from its “I,” an international organization, and each country has its own history of mistreatment and crises that have affected its citizens for generations. I know from my own work that some debates around the current DSM-V center around how the United States would like to move toward more effective biomarkers of mental health problems, whereas the British Psychological Society has indicated that they feel more broad social issues must be taken into account.

Yoga is an ancient wisdom system now available for all people—regardless of gender, race, or other characteristics—and the fundamental instruction of Patanjali is to get our social and personal behavior in order so we can balance the body-mind and then tran-

scend them. It was good to see the topics discussed, including how our clients are affected by the culture they live in—particularly Gail Parker, C-IAYT, PhD’s afternoon session on Race-Based Traumatic Stress Injury and the Common Interest Community (CIC) workshop on Social Activism and Community Healing. I’m immediately drawn to such topics, as I believe they allow us to expand our reach to the underserved in our society: If we too narrowly follow the medical model in the hope of being accepted as an integrative therapy, we may miss the legions of people who are underinsured or uninsured, those who are undocumented, those whose health issues may lead to legal repercussions, and those who want to find bigger answers because they see in people strength of spirit and compassion that transcends the lower side of our human nature.

I had no medical training before I trained in yoga, ayurveda, and yoga therapy. I am glad to have colleagues who have been medically trained, and I listen to their stories of how they often needed to come to yoga therapy when their own system offered a researched cure but did not give them any option for more compassionate care, or when the medical model’s prescriptions and surgeries helped relieve symptoms but did not help with answers that met their deeper questions and yearnings. When we reach out to people who have experienced institutional racism or sexual trauma or who are refugees, prisoners, or veterans, we hopefully come from a place where we can share how yoga brought us (back) to our wholeness after experiencing the suffering in our world. In her plenary presentation “Aim to Inspire—Awaken, Transform, Give Back,” Ann Richardson Stevens, CYI, C-IAYT, shared the Give Back Yoga Foundation’s work in many of these areas.

It was also heartening to hear, in the community healing CIC, of Irene Hauzinger’s work: a longitudinal study on yoga in a women’s prison that included both qualitative and quantitative questions. Hauzinger, a yoga researcher whose PhD work included this study, asked the inmates what they wanted yoga professionals “on the outside” to know. They wanted us to know this:

1. They love yoga,
2. they say, “Thank you,” and
3. they want their whole family to have access to yoga!

Love, gratitude and sharing: That is the spirit of yoga already within these women. Yoga offers freedom from suffering even while



All SYTAR 2018 photos by Andrea Killam



the individual and societal problems remain—and the reminder that we change ourselves first and then the world changes. For many, Uma Dinsmore-Tuli, C-IAYT, PhD’s delightful afternoon session, which included two yoga nidra experiences, powerfully embodied both of these ideas.

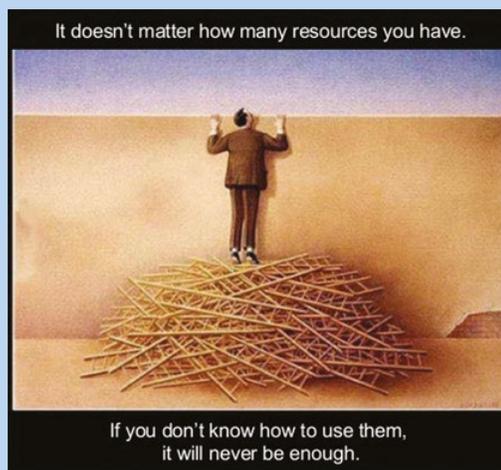
Jana Long, E-RYT 500, C-IAYT, of the Black Yoga Teachers Alliance (BYTA), stated a truism of service in this yoga field as she described BYTA’s Yoga as a Peace Practice curriculum: “We’re committed to the initiative. We don’t hold onto the outcome, and we concentrate on our ability to keep the initiative moving forward. Yoga therapy is not just for the victims of violence but for those that perpetrate and perpetuate violence. It’s about contemplative work in the community with each other.”

Arlene Schmid, PhD, an occupational therapist and yoga researcher, recommended that we focus on the mind-body interaction, as no one else in rehabilitation settings is thinking of this. She told us that many OTs use yoga personally but have never considered offering it to their clients. She reminded us of the importance of our ability to offer tools to help the **person** suffering with the disease. Many of the employees in the allopathic medical model have a very personal understanding of how both the *staff and the patients* of that system need the kind of help yoga therapy can offer—to enable everyone to cope with the stress of life, the disease suffered, or the medical insurance coverage system!

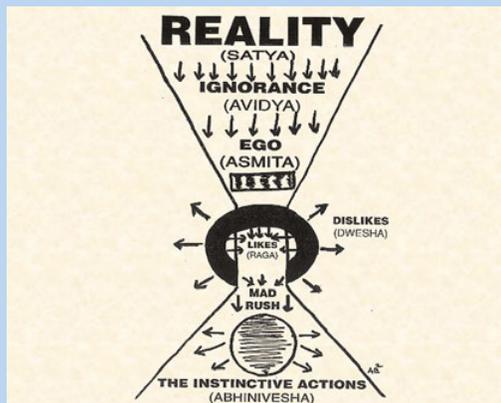
We all laughed as Schmid talked about how people often refer to their “bad arm,” but this simple statement shows our mind-body disconnect and how this plays out on the societal level, too. If we can re-integrate and *include* the “bad arm” with the whole person, we can also begin to make our societies whole—welcoming all people into our communities and into the experience of yoga therapy, both within and outside of the medical model.

And Back to Integrating—Without Compromising Integrity

Many speakers received standing ovations—the most rousing one being for Bhavanani when he reminded us that *yoga* must be kept in yoga therapy, otherwise it will become just yogopathy! We must think in terms of salutogenesis, not pathogenesis; in other words, we must focus on generating health and not just on what generates disease. “[U]nless we aim to correct the manifest psychosomatic disassociation as well as the underlying ignorant, distorted perception of



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reality in the individual,” he counseled, “we are not practicing yoga *chikitsa*” (medicine).

Many people claim they are teaching Trauma-Sensitive Yoga but are unable to describe trauma in terms of the yogic model. Bhavanani alluded to yoga’s understanding of trauma (undigested sensorial life experiences) when he reminded us that not all digestion happens in the stomach. Our suffering starts with our *kleshas* (obstacles), which lead to our mad rush toward our *ragas* (desires), causing us to live in a disintegrated state on both the macro and micro levels.



Another thread running through this year’s SYTAR was the importance of examining the yogic tools we use. The lively CIC workshop on Defining Yoga Therapy and Assessment Tools was well-attended, and Gary Kraftsow’s opening-night keynote speech, “No Roots, No Fruits,” reminded us—again—of the “traditional” knowledge that must inform our clinical practice.

Looking to the Future—And Next Year

The conference offered us guidelines for generative conversations and how we can help our clients regain control of some things in a seemingly out-of-control world. We give people the time to slow down and breathe and move consciously from *dukkha* (suffering, stress) to *sukkha* (contentment).



I was relieved and grateful to find some *sukkha* in the morning yoga sessions, thanks to all the presenters who came to offer classes with a wonderful diversity of perspectives and practices. I chose to attend three: Better than Starbucks, Soaked in *Bhavana*, and The Magic of Yin, and I look forward to more opportunities to learn, renew, expand, and reconnect amidst my colleagues and friends at next year’s SYTAR. **YTT**



Durga Leela, C-IAYT, AYT, E-RYT 500, CAS/PKS, is the founder of Yoga of Recovery (www.yogaofrecovery.com), a comprehensive program that integrates yoga and ayurveda with recovery tools for those affected by addiction and self-destructive behaviors. She is on faculty for several IAYT-accredited schools and has trained hundreds of licensed professionals such as MFTs, LCSWs, and ASAM psychiatrists.