

The Two-Way Street: Integrating Yoga into Mental Healthcare and Mood Management into Yoga Therapy

By Amy Weintraub

Some leaders in the yoga therapy community, trained in psychology, have voiced concerns about two areas of emerging practice: 1) psychotherapists offering yoga-based practices to their clients without in-depth yoga training and 2) yoga therapists offering group or individual classes that address the needs of people who suffer from mood disorders such as anxiety, depression, or trauma-related issues without in-depth mental-health training. It is not my intention to engage in debate with my respected colleagues. In fact, I am in agreement with the argument expressed by Bo Forbes and her co-authors that both groups need training if they are to support clients and students with mood disorders using practices rooted in the 5,000-year-old tradition of yoga.¹ But it is my belief that in articles that have appeared in the International Association of Yoga Therapists' literature,¹⁻³ the need for *in-depth training** has been exaggerated, and in one case the argument is partly based on an anecdote that never actually took place. It is my intention to air a point of view here that has thus far been missing from the articles and interviews on the subject.

In this article, I recommend specialty training of yoga and mental health professionals who wish to serve people suffering from dis-regulated mood. I further suggest that those who argue for the necessity of in-depth training risk creating a split that presents a harmful barrier to the integration of mind-body practices in psychotherapy. This article suggests a teachable set of skills for yoga therapists and psychotherapists who work with people with mood imbalances that specialty training programs for mental health and yoga professionals can provide.

* *In-depth training* is defined as a 500-hour yoga-teacher-training program and an advanced degree in mental health.

Safe Practices and Future Standards

Many clients come to psychotherapy in high states of agitation, unable to focus, relax, or have access to feelings. When a psychotherapist can introduce a simple practice such as what I call "stair-step breath," or *analama krama*, to meet the agitation, the therapist is giving the client an opportunity to reduce the agitation. Offering a yoga-based, non-asana practice that the client enjoys in the session and that he or she can practice on his or her own at home can facilitate the therapeutic process and enhance the therapeutic bond, which, according to a large body of research,⁴⁻¹⁰ accounts as much as the particular treatment for why clients improve—or fail to improve. Specialty training in the aspects of yoga that are appropriate for a clinical setting is vital for the therapist's knowledge of how to safely apply and lead these practices, but training as a yoga teacher or yoga therapist is not necessary.

Nor does the yoga teacher need an advanced degree in mental health to work with students who suffer from anxiety and depression. I am not suggesting that yoga therapists hang out a shingle to treat folks suffering from major depression or with symptoms of post-traumatic stress disorder resulting from complicated trauma, usually the result of prolonged experience of childhood abuse. Nor should yoga professionals without in-depth training in mental health treat serious mental illnesses like schizophrenia, bipolar 1 disorder, and other major psychiatric diagnosis with yoga, unless they are being supervised by a mental health professional. But yoga therapists already work with people in emotional distress, and they can benefit from a training that supports their knowledge of which yoga practices can help or which could aggravate the emotional

imbalance. Yoga and mental health professionals do work together to empower their clients and students to manage their moods. However, I disagree with imposing a future standard that would require advanced training in yoga for mental



Illustration by Sergio Rezek from *Mudras for Healing and Transformation* by Joseph and Lillian Le Page. Used with permission.

health professionals and advanced training in mental health for yoga professionals who are already serving students in behavioral health clinics, hospital settings, recovery, and in regular yoga classes. Such stringent standards as these risk causing greater harm by creating obstacles to sharing the yoga practices that can empower clients and students as agents in their own recovery and mood management.

Should there be future standards set by the International Association for Yoga Therapists for specialty yoga therapy training programs in the area of mental health, those standards must be mindful of how best to safely serve the populations who suffer. Such future standards need to be defined enough to protect the consumer from harm and yet broad enough to allow trained mental health professionals who aren't yoga therapists to offer healing practices from the yoga tradition that empower their clients to be active participants in managing their moods. Those standards also need to be broad enough to allow yoga professionals the ability to serve a broad range of populations with a basic understanding of the underlying imbalance, from both a Western mental health and yogic perspective, while providing them with a compendium of yoga practices that can safely empower their students and clients to use those practices to reestablish a homeostatic balance in all of the *koshas* (sheaths of the body-mind) .

Specialized Training for Mental Health Professionals

It is important that our field of yoga therapy recognize, through IAYT standards, the specialized training programs led by experienced yoga and yoga-trained mental health professionals that offer mood-regulating practices, including their contraindications, and that cover scope of practice issues so that professionals can appropriately refer to each other. Understanding scope-of-practice issues is an important part of any training, be it for psychotherapists or yoga professionals. Psychotherapists who have not completed a yoga teacher training should not be teaching asanas or *kriya* breathing that may have strong effects and numerous contraindications. However, a shorter training can offer mental health professionals skills useful in a clinical setting.

Such training could include the following practices:

1. Safe pranayama breathing and its appropriate application
2. Simple yoga meditations
3. Mudra
4. Mantra or vibratory sound (Nada Yoga)
5. Imagery (*bhavana*)
6. Client-created authentic *sankalpa* (intention or resolve)
7. Nondual self-inquiry practices that allow the clients to experience themselves as more than their stories
8. Yoga Nidra and other body-scanning exercises that allow a safe recovery of body sensation

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The context for learning these practices must be an understanding of *rajas* (anxious mood) and *tamas* (depressed mood), the appropriate application of a practice that meets the client's mood and constitution, and then another practice that moves him or her toward balance. There is a range of observation tools and subtle points that psychotherapists can learn in a specialty training that keep the practices safe and appropriate. For example, the understanding that even a simple breath may potentially activate feelings. If a client who has been a shallow, upper-chest breather is encouraged to breathe more deeply and slowly, the parasympathetic nervous system is activated on the extended exhalation, calming and soothing the body-mind as it quiets the hyper-aroused limbic system. In such a relaxed state, the deeper breath may be all it takes to trigger an emotional release. This might not be appropriate in the client's first session, before the safe container of the

therapeutic relationship has been established. But in ongoing treatment, this can be an opportunity for psychotherapy to progress. Without the addition of the breath, such a client may be in therapy for many sessions before authentic emotions rise to the surface. What better place for feelings to emerge than with a trusted mental health therapist with whom the client has established a safe and therapeutic bond? In one case, I was working through the wisdom of yoga, not psychotherapy, with a client who had developed a strong asana-based practice prior to our meeting, partially as a form of self-medication, and a way not to deal with an issue she was reluctant to take to therapy. The first time she began to breathe deeply in a supine position and tears erupted, she became aware of how much she was trying to repress and was finally receptive to a referral to a psychotherapist.

When we work with a client or a group, we can offer simple non-asana yoga practices that affect all the *koshas* and allow the student/client a deep sensing of his or her true nature, a moment of wholeness, where the victim story momentarily disappears. With specialty training, both yoga and mental health professionals can offer this window out of mood and story.

Specialty Training for Yoga Therapists

Whether the client carries the label of depression or anxiety (psychology model) or *tamasic* or *rajasic* (yoga model), yoga therapists who wish to serve clinical populations should be trained in specialty training programs that prepare them to follow these guidelines. Yoga therapists should

1. know how to establish and maintain a safe and sacred *container*** for the therapeutic work of yoga, whether in a group or individual setting.
2. understand how to establish and maintain proper boundaries with students and clients based on ethical guidelines established by our own IAYT standards.¹¹

**A safe and sacred *container* is a relationship between therapist and student/client based on trust, compassion, acceptance, and nonromantic love.

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3. pay attention to establishing the student/client's sense of empowerment over dependency upon the yoga therapist. This means that yoga therapists need to consciously remove the "expert" hat, while at the same time guiding from the expertise of their knowledge base.
4. know the basics of mental health terminology.
5. comprehend and appropriately apply a range of yoga practices, asana-based and beyond, that can help. Yoga therapists should not diagnose and treat conditions for which they have not been trained in the mode of Western mental health.
6. offer students a set of practices that meet the current mood, as assessed by the student or client, and that empower the practitioner herself to find her way back to a *sattvic* (balanced) state.



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7. be trained to empower the student or client to grow in self-awareness, so that the student begins to notice what mood state is present and can self-regulate with the tools she has learned. In the best yoga therapy, yoga skills are not handed down from the "expert" like a prescription. Rather, there is a discussion about the student's response to the yogic intervention, and a collaborative fine-tuning. Ultimately, we are teaching our students to tune in, to become aware of the body-mind's response to any particular technique, and to give feedback so that the best possible interventions can be utilized for that particular client at that particular time.

8. be aware that when the client wants to tell his or her story, the therapist should redirect the client's attention back to the body.
9. connect with a mental health professional with whom they consult when uncertain about a student's condition and to whom they can refer clients when necessary.

Whether we are mental health professionals integrating yoga into treatment or yoga therapists serving students with self-assessed emotional imbalances, I believe our ultimate goal is expressed by a client who returned to her psychotherapist Sherry Rubin, LCSW, LFYP, mentor after a four-year absence: "When I came before, you helped me understand and get where I wanted to go. Now you show me yoga practices I use to help myself understand and get where I want to go."¹² **YTT**

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