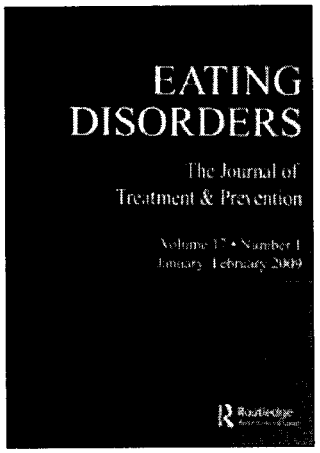

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Thinking Through the Body: The Conceptualization of Yoga as Therapy for Individuals With Eating Disorders

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Yoga has historically been viewed as a discipline that increases self-awareness through body based practices, meditation, self-study, and the reading of philosophical texts. In the 21st century the mindfulness techniques of yoga have been adapted as an adjunct to the treatment of individuals with eating disorders. In an effort to understand the conceptualization of yoga as therapy for individuals with eating disorders, this article juxtaposes how mindfulness based yoga is regarded in three disciplines: sociology, neuroscience, and the "spiritual texts" of yoga.

INTRODUCTION

The body vividly expresses our differences. Through gestures, facial movements and somatic expressions, the body makes explicit our physical ability, age, ethnicity, and many of our emotions and thoughts (Shusterman, 2006). Understanding what the body communicates and needs is central to the concerns of those with eating disorders. While most clinicians would agree that they are committed to facilitating learning through and about the body, it is extremely difficult to design a residential curriculum that engages the body in healthy ways. Consciously or unconsciously, each aspect of treatment addresses the body: regular walks, regulation of food, monitoring of bathrooms, time for dance, music, or other forms of art, and relaxation. In an effort to more explicitly address embodiment, some clinical directors are adding the practice of yoga to their mental health programs (Boudette, 2006; Douglass, 2009; Lavey et al., 2005).

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Only a few studies support the efficacy of yoga for eating disorders and at least one study has shown that yoga has no effect at all (McIver, O'Halloran, & McGartland, 2009; Mitchell, Mazzeo, Rausch, & Cooke, 2007; Scime & Cook-Cottone, 2008). In part, clinical directors are choosing to include yoga as an adjunct to existing treatment based on studies which support its effectiveness for illnesses like OCD, PTSD, depression, and anxiety; disorders that often co-exist with eating disorders (da Silva, Ravindran, & Ravindran, 2009; Shannahoff-Khalsa, 2004; Sharma, Das, Mondal, Goswami, & Gandhi, 2006). The decision to include yoga as an adjunct to treatment may also be based on contemporary psychological texts that are increasingly placing primacy on the body as a modality of healing or on yoga's intimate interrelationship with other mindfulness based therapies (Ogden, Minton, & Pain, 2006; Rothschild, 2000; Salmon, Lush, Jablonski, & Sephton, 2009). Indeed, the justification to include yoga in residential programs is informed by multiple sources, reflecting that our current understanding of yoga is created by a confluence of personal, historical, popular, and academic sources.

Yoga has yet to be fixed by history and thus suffers (and benefits) from looseness (Alter, 2009). In this article I juxtapose how mindfulness based yoga is conceptualized by three disciplines: sociology, neuroscience, and the "spiritual texts" of yoga. Being aware of how and when these divergent disciplines inform my conceptualization of yoga significantly contributes to my own understanding of the limitations and strengths of my role as an educator within the clinical setting. Each discipline that I draw on to make sense of yoga is embedded with its own distinctive cultural assumptions about embodiment. In residential settings, these assumptions become unspoken components by which the individual evaluates the ways in which they use their body. Making the assumptions explicit is important because the practices we engage our bodies in throughout the day reflect what we think is important, what we think we "should" do, and what we think we are capable of.

WHAT IS MINDFUL YOGA?

In North America yoga is primarily associated with a series of physical postures, yet it can also include complex theories of human learning and psychology (Dalal, 2001a; Krishnamurti, 2003). The teaching of yoga is extremely eclectic, but one important commonality is the use of yoga practices to achieve freedom from the way we habitually interpret the world. Mindful yoga is primarily interested in raising an individual's awareness of the patterns of his or her mind; it does this through postures, breathing practices, deep relaxation, and concentration techniques. Mindful yoga can be a powerful tool through which we encounter our inner lives and begin to

understand its effect on our embodied experience. For example, in a mindful yoga class students might rest between each yoga posture to gauge whether they are more comfortable with movement or rest. They become familiar with their own particular mental responses to "rest," and are asked if there are any adjustments they can make (either physically or mentally) to be at ease in both action and inaction. By experimenting with mental responses to something as simple as "rest," the student begins to experience how different types of thoughts actually feel different within the body. Bodily sensations are known to influence our cognitive decision making, thought processes, and body image (Babu et al., 2002; Ogden et al., 2006). Mindful yoga classes are an opportunity for students to learn how to discriminate between "bodily sensations" and "thoughts." Understanding that there are multiple reactions to a single sensation can provide some individuals with an essential tool to work with their eating disorder: choice.

The group yoga classes I teach may have unexpected therapeutic benefits: better ability to sleep, improved digestion, and increased ability to relax, handle stress or tolerate emotion. Yet the idea that thinking which is grounded in the body is "therapeutic" as opposed to "educational" is related to a deeply entrenched philosophical separation of the mind from the body, now infamously known as "Descartes Error" (Damasio, 1999). I do not see the yoga classes I teach as "therapeutic" for my goal is not to provide or assist in a cure. I teach embodied learning. Together, the clients and I systematically engage in the process and action of thinking through the body.

As a practitioner of yoga since 1995, I have a felt sense that the practice of mindful yoga helps me move from "thinking about" states of mind to, literally, "embodying" new ways of thinking. Despite my experience, it is important that I not impose my own learning on individuals with eating disorders; they may experience embodiment in completely different ways. Mindful yoga is not prescriptive, but a form of inquiry into how we, as individuals, experience the interplay between our thoughts and our bodies. Mindful yoga calls for the *negotiation* and the *embrace* of multiple meaning over any one single vision of reality. In some ways, accepting multiple meanings is what embodiment is all about. In *Philosophy in the flesh: The embodied mind and its challenges to Western thought*, the authors state:

> Embodied truth requires us to give up the illusion that there exists a unique correct description of any situation. Because of the multiple levels of our embodiment, there is no one level at which one can express all the truths we can know about a given subject matter. But even if there is no *one* correct description, there can still be many correct descriptions, depending on our embodied understandings at different levels or from different perspectives. (Lakoff & Johnson, 1999, p. 109)

SOCIOLOGY—HOW CONTEXT IMPACTS EMBODIMENT

For sociologists, embodiment usually refers to the process by which the body becomes a vehicle for socialization (Bourdieu & Passeron, 2000; Shapiro, 1999). For example, the average person in a residential setting receives positive regard for not moving (movement may be described as "disrupting") and bathroom breaks are frequently regulated. This regulation provides a sense of safety that is essential for those struggling with eating disorders, as unregulated time becomes a temptation to purge a recent meal or exercise. Despite the compassionate necessity of such regulation, the cultural message is that the body should be subordinate to both the mind and authorities. Disciplining the body that cannot "sit still" or that "compulsively exercises" unconsciously teaches that the body, when not controlled, leads to alienation and suffering. It is necessary to help individuals with eating disorders understand that some of their actions consistently lead to suffering. As a yoga teacher one of my goals is to broaden the sociological conception of the body from something that must be "disciplined," to an integral part of the self that needs to be listened to, cared for, and communicated with.

A central paradox of residential treatment settings is that they both mirror the societal expectation that individuals should control their bodies (as is evidenced in the regulation of walks, bathroom breaks, etc.) and encouragement for individuals to question this societal norm (as is evidenced in the inclusion of yoga, other mindfulness techniques, and therapy). Mindfulness in the clinical setting requires recognizing such ambiguities and helping individuals who may have a rigid way of conceptualizing embodiment relate to the multiple, and sometimes contradictory, ways in which people think about body. The curricula of residential programs reflect our culture's unconscious and conscious hopes, frustrations, assumptions and contradictions about embodiment. Educator Ross states that the body ". . . has been absorbing lessons we weren't even aware were being taught. Responding in ways direct and obvious and hidden and recondite, it has shown itself as a product . . . few were aware was being produced" (Ross, as quotedin Peters et al., 2004, p. 169). Whether or not we address our assumptions, the body is always present and learning.

The Privatization of Stress

Underlying the presence of yoga in the clinical setting is the 21st century discourse which imagines the "self" as stressed and envisions therapeutic spaces in which this stress can be handled (Hoyez, 2007). Practitioners of yoga often capitalize on this dominant discourse by referring to the practices of yoga as a set of "stress management" and "self-care" tools (Kelly & Colquhoun, 2005). The practices of yoga do seem particularly effective in

assisting individuals to handle stress; in fact, stress reduction is one of the most consistent findings in yoga related research (Brown & Gerbarg, 2005; Smith, Hancock, Blake-Mortimer, & Eckert, 2007). The integration of progressive relaxation (*yoga nidra*) and breathing practices (*pranayama*) into the mindful yoga classes I teach are intended to help the individual experience how cultivating self-awareness and self-care can positively impact their lives. The group yoga class is a safe environment in which the clients, themselves, learn to recognize what does and does not elicit the relaxation response. The same individual may experience a breathing practice as profoundly relaxing one day and intensely irritating the next. The reasons for this shift in experience are varied; a particularly persistent negative thought, gas, abdominal cramps, new medication, or a simple shift in the teacher's voice can all influence the embodied experience. Seeing how one's own thoughts and visceral reactions shift the experience of a yoga practice may help the individual have insight into their inner lives and their own personal response to internal and external stressors.

As a yoga teacher, I am concerned with how an individual thinks about the experience of stress and how it feels within the body. I am also concerned with the way in which individuals embody unquestioned cultural assumptions about stress and wellness. Clients, clinicians, and yoga teachers alike may see the value of using yoga to manage stress, but it may be unrealistic to assume that every individual can handle the multiple pressures of society, family, school, and work. Imagining that it is the "self" alone which experiences and must manage stress contributes to the creation of a societal context in which a "profound burden of responsibility" is placed on the individual (Kelly & Colquhoun, 2003, p. 201). We must question whether our culture's emphasis on the individual management of stress serves to take the responsibility off of the larger cultural intuitions which generate stress in the first place. Researchers are beginning to question what makes it possible, at this moment in history, to link success with the management of stress (Kelly & Colquhoun, 2003).

Some studies show that adding educational classes on the sociological issues that may contribute to the high rise in eating disorders within affluent societies may be helpful in preventing the disorder (Scime, Cook-Cottone, Kane, & Watson, 2006; Seid et al., 1994). From a sociological perspective, untangling the intimate relationship between self, society and eating disorders is imperative; it is seen as the missing link to understanding the "modern disease" of eating disorders. Of course, relying on sociological constructs to describe mental illness is controversial. If taken to an extreme, this approach can inadvertently downplay the role that neurobiology has in the etiology of the disorder. In 2001, when Harvard University opened its Brain Imaging Center, my interest in the sociological constructs of eating disorders was momentarily replaced by an enthusiasm that neuroscience could, finally, reveal why (or if) mindfulness was effective for those with eating disorders.

NEUROSCIENCE: THE BIOLOGY BEHIND YOGA IN THE CLINICAL SETTING

Neurobiologists view embodiment quite differently than sociologists; here embodiment is specifically related to the biology of the human experience. Recent findings in neuroscience confirm that the body is essential to all forms of learning (Zull et al., 2006). Neurobiologists now view the mind as an inseparable aspect of the body—a view long held in the yogic traditions of psychology (Dalal, 2001a). For example, cortisol, an important hormone to help individuals deal with stress, is produced in excess for those under chronic stress. This is particularly troublesome for individuals with eating disorders, as prolonged high cortisol levels are known to have many adverse physiological and mental symptoms. These include: lowered immunity, decreased bone density, decreased muscle tissue, and poor cognitive functioning. The somatic practices of yoga are now recommended by many physicians because the regular practice of yoga has consistently been shown to reduce cortisol levels (Carlson, Speca, Patel, & Goodey, 2004; Granath, Ingvarsson, von Thiele, & Lundberg, 2006; West, Otte, Geher, Johnson, & Mohr, 2004). Neuroscience has become an increasingly popular discipline to help explain mindfulness based practices as it seems to offer body-based rationale for what clinicians know intuitively (Siegel, 2010).

Interoception and the Practice of Yoga

We learn about ourselves through movement not only "of" the body, but "in" the body. When we come in contact with our environment the interior of the body is constantly changing: hormonal shifts, digestion, movement of fluids, ligament, and bone. These sensations are the result of "interoceptors" or sensory nerve receptors "that receive and transmit sensations from stimuli originating in the interior of the body" (Ogden et al., 2006, p. 15). For example, in a yoga class information is received by the brain from the muscles and joints (called proprioception) as a result of sensory receptors that are sensitive to stretch or pressure in the tissue that surrounds them (Bundy, Lane, & Murray, 2002). Yoga instructors attempt to help students understand and interpret the different sensations they are experiencing by giving verbal cues as to what may be transpiring in the body; this type of learning is called interoceptive.

One of the most effective means I have found for quieting a particularly restless client in the yoga classes I teach is to engage interoceptive learning. I do this by engaging the student's mind in the physiological sensations of a yoga posture that relieves pressure in the abdomen (many of our clients suffer from gas, constipation, and cramping and desire some relief from these negative sensations). For example, in *setu bandhasana* or bridge pose, students lie on their back and bring their feet close to their

hips. Pressing their feet into the floor, they lift their hips from the ground. I follow this movement with the suggestion that they let their hips drop down one inch from their highest position and reach their knees to the front wall. This lengthening of the abdominal cavity creates a perceived sense of "space" and "lightness" that 1) teaches individuals they have some control over interoceptive stimuli, and 2) in the short moment in which they are holding the pose and exploring interoception, they are experiencing the present moment fully, free of critical thinking or a mind-set that habitually moves to the past or future.

Knowledge of interoceptive experiences has been shown to play a potential role in anxiety management, prevention of panic attacks and the prevention of substance abuse (Goldberg, 2001; Meuret, Ritz, Wilhelm, & Roth, 2005; Wald & Taylor, 2008). Many of these illnesses coincide with eating disorders, but I found no research that specifically addresses the role of interoceptive learning for those with eating disorders. Existing research does confirm that yoga classes preformed slowly and with awareness are more effective at dealing with stress (Agte & Chiplonkar, 2008; Michalsen et al., 2005). Neuroscientists recognize that individuals can and do improve their perceptual and motor skills, as well as their knowledge of interoceptive stimuli (Kaas in Babu et al., 2002; Bundy et al., 2002).

The discipline of neuroscience gives primacy to the body because it is a concrete way in which to think about our experience. Understanding how neuroscientists think about embodiment has helped me to have a more sophisticated way of articulating and thinking about what is happening in my mindful yoga classes. Current research on yoga also helps me explain the benefits and contraindications of yoga to clinicians and students. Yet as someone who works with individuals who have eating disorders, I hesitate to completely adopt the perspectives offered by neuroscience. The perspectives of neuroscience are useful, clear, and even beautiful; however, I am often led to think that if only I "do this or that" with the body it will alleviate suffering. That is, once again I have unconsciously adopted a theory that believes if only the body can be manipulated in the "right" way, healing will occur. It is the unquestioning acceptance of this belief about the body that led me to explore some of the more philosophical approaches to healing found in the traditional literature and teachings of yoga.

YOGA: CREATING MEANING OUT OF SUFFERING

When considering the role of yoga within a residential program for individuals with eating disorders it is important to reflect on the fact that yoga was never intended to treat illness. Yogic theories of psychology are concerned with how to reach our full human potential (Dalal, 2001a, 2001b). Yogic philosophy cannot replace the necessity of proper nutrition, medication,

psychotherapy, or family counseling for individuals with eating disorders. The aim of yoga is to understand the nature of regular human suffering, which is often overlaid on top of, or underneath, eating disorders. The value of yoga psychology is that it does not concern itself with the physiological symptoms of disease (the body itself), but with illness—the human experience, or meaning making, about the disease (Desikachar & Cravens, 1998). These theories rarely make their way into my group yoga classes, which are designed to focus primarily on introducing the somatic practices of yoga (postures, breathing practices, and progressive relaxation). They have, however, been quintessential to my own conceptualization of yoga's place within the residential setting.

There are many yogic texts, but I will focus on the *Aittreya* and *Taittreya Upanishads,* which were composed between 1100–700 BCE (Radakrishna, 1998). While yogic theory recognizes the role of nourishing the physical body, this literature also points to the importance of nourishing ourselves with relationships, knowledge, and service to others (Sankaracharya, Suresvaracharya, & Vidyaranya, 1993). According to the *Aittreya* and *Taittreya Upanishads,* part of the human experience is to be born with an intense desire for satisfaction and happiness. In an effort to satiate our deep yearning, we search for satisfaction in relationships, possessions, and position. Often, we achieve the object of our desire only to find that it did not bring lasting happiness. It is the perpetual search for happiness outside of ourselves that later yogic texts would describe as *avidya*, or the basic ignorance which brings us suffering (Satchidananda, 2003). The *Taittreya Upanishads* offers a complex theory of five *koshas*, or false impressions, that veil our innate happiness. In this article I will focus solely on the first of the five koshas: *anamaya,* or the physical sense of self.

The Physical Sense of Self, *Anamaya Kosha*

The physical body, or *anamaya kosha,* is recognized as important because it solidifies our identity. The difficulty, according to yogic texts, is when we begin to solely identify with the body as the sum of who we are. The more we identify with the body, the more we believe that other people cannot ever truly understand one another; you and I are different. Predictably, this line of thinking leads to a sense of isolation that is difficult to penetrate because relationship is not seen as a viable option that leads to satisfaction (Krishnananda, 2009). The individual turns their desire for satisfaction, time and time again, to what does seem viable: "fixing" the body, even when there is nothing wrong with it. What is wrong, from a yogic perspective, is that our deeper yearning for wholeness and relationship is not satisfied. According to the *Upanishads* the fundamental question for all humans, not just those with eating disorders, is for what are we really hungering? (Krishnananda, 2009).

The second difficulty in over-identifying with the body, according to the *Upanishads*, is that the individual suffers from an unconscious fear of death (Sankaracharya et al., 1993). This fear is avoided in three fundamental and predictable ways: endless attention to the body (massage, exercise, facials); dulling of the senses (through alcohol or over/under eating); or an attempt to grasp and control the minute details of life (Krishnananda, 2009). Eventually, the individual may begin to recognize that engagement in these activities is not moving them toward satisfaction, but to a deeper entanglement with suffering. It is at this point that many individuals attempt to live a quieter life, to engage in mindfulness, or other spiritual practices in an effort to "get rid" of suffering. According to the *Upanishads,* this effort is all too often usurped by a long to-do list that supports the idea that we, our physical presence, is wanted. How do we, as individuals, escape this nagging yearning for satisfaction? The *Upanishads* share that it is the human attempt to "get rid" of suffering that is false. We cannot toss our suffering aside, we must nourish it. We must care for and attempt to understand the suffering which comes to us. Yoga, which means "yoke" or "unite," is intended to bring together all aspects of our selves, including our frailty and afflictions.

The *Upanishads* do not outline a theory for individuals with mental illness, but attempts to offer insight into the human experience. The goal of yoga is to learn to be free in the midst of immense suffering and to nourish, not fix, what is wrong. I find this reframing to be pivotal to the small work that I do teaching yoga in a residential center. Stepping out of the melodramas evoked by the illness of eating disorders is not easy. I am often tempted to move into a critical state of mind that rejects the possibility of any good that I can accomplish with the simple somatic practices of yoga. Certainly, yoga alone cannot "fix" what is wrong with people who find themselves wrestling with the complexities of eating disorders, but the *Upanishads* offer me, as a teacher, freedom from the necessity to fix anything. What it asks me to do is to nourish; to see that affliction exists and to create a space in which suffering is a welcome part of the human experience. This slight shift in meaning making (from fixing to nourishing) allows me to see the residential setting as an opportunity for these individuals to be nourished by the counselors, therapists, social workers, art therapists, nutritionists, and yoga educators who work with them. The residential setting is an opportunity to see that we (the treatment team and clients) are not that different. We can understand one another.

The group yoga class I teach in the residential setting is not explicitly about meaning making. In part, this is because meaning making is deeply personal. It may be helpful for me, as a yoga teacher, to conceptualize the "problem" of eating disorders as one of consumption: which opportunities to accept, which to reject; which relationships to nourish, which to let go of; which cultural messages should we embody, which to ignore. It would be arrogant to impose this, or any meaning on those who attend my group

classes. I do not know how yoga, as an embodied way of knowing, clashes with the existing discourse(s) around the body held by individuals in the residential program. Certainly, there is an implicit meaning in the group yoga classes I teach: it is safe to relax, it is okay to respond to the sensations of the body (adjusting or coming out of the poses altogether).

Viewing eating disorders with philosophy (instead of with the multiple lenses of neurobiology, psychology, and sociology) is too simplistic. It also contains several very serious dangers. One of the hazards is the possibility that some individuals will view people with eating disorders as responsible for creating their disorder, independent of biology. Or that the disorder is "simply" one of meaning making. Meaning making is not simple. The creation of meaning is one of the most significant ways in which we express our individuality and humanity. It is the social worker or therapist's role to help those with eating disorders unlock the meaning that they believe their eating disorder holds; yet the need to finding meaning in tragedy is not something unique to those with eating disorders, but something which they have in common with the rest of humanity.

CONCLUSION

As humans we have a visceral knowledge that when we change what we do with and to our bodies, our experience changes. What we eat, the medications we take, how we exercise or relax all impacts our embodied experience—how we feel. It is the primacy I give to my embodied experience that leads me to rely on neuroscience as offering the most significant conceptualization of mindfulness practices. While research is just beginning that aims to determine yoga's specific place in mental health settings, embodied mindfulness techniques are clearly relevant to the extent that they align with contemporary models of cognition and learning. The exact mechanisms by which yoga practices enhance learning has yet to be worked out. There is a genuine need for a cohesive model that explains the complex way in which yoga should and should not be integrated into the treatment of individuals with eating disorders.

If neuroscience develops a clear conceptualization of yoga's effectiveness for those with eating disorders, it still may not hold all the answers. Each human experience of suffering is a unique and disordered confluence of biological distress, personality, and cultural demands colliding to create feelings of isolation, fear, and terror. As someone who is interested in understanding yoga within the context of a residential program for people with eating disorders, the work that I do is, of necessity, interdisciplinary. I cross traditional boundaries of "disciplines" and combine schools of thought in an effort to solve or understand the problems which arise in my classes. The irony of rejecting a specific "discipline" as holding the key to conceptualizing mindful

yoga for individuals with eating disorders has not escaped me. Individuals with eating disorders wrestle with the concept of discipline all the time; when do they provide regulation and order? When punishment, correction and control? Recognizing that this paradox is inherent to all disciplines may help us to find the unstated assumptions underlining our work.

Interdisciplinarity cannot provide the incisive insights of sociology, the detailed research of neuroscience, or the philosophy of yoga; each of these disciplines has specialists with very specific ways of making meaning and generating knowledge. Every discipline requires specialization to enhance thinking within their field; yet suffering is so uniquely human that to crisply define it with a sociological, neuroscience, or yogic perspective does not seem to be enough. Being in the lives of those with eating disorders asks me to stand in the chasm of unknowing. Philosopher Michel Foucault explains the upsurge in popularity of alternative healing as ". . . a sort of muddled resistance to the obligatory medicalization of their bodies and their illness" (Foucault, 1994, p. 155). I want to believe him. I want answers for why people suffer, and are willing to try anything to rid themselves of the agony they experience. As I thought about how I conceptualize yoga for the treatment of eating disorders I realized that I, like so many other researchers and thinkers before me, "had been searching for answers to my questions in terms that made sense to me . . . and that I needed to begin again" (Luebeck in Delamont, 2002, p. 117). The answers that exist may not reflect the understanding of those who are in front of me, so I listen to their requests and as we think through the body, I watch their embodied expressions with great curiosity and a measure of great care.

Understanding when I rely on one conceptualization of yoga and when I rely on another is a significant component, or at least a start, of bringing mindfulness to the use of yoga as a treatment for individuals with eating disorders. Despite the muddled conceptualization of yoga as therapy for individuals with eating disorders, I believe that yoga is a worthwhile addition to the curriculum. Yoga emphasizes the importance that each individual actively engages in self care, which is a way in which some individuals can reclaim a positive sense of self. The inclusion of yoga can balance the diagnostic and medication that is often essential to healing, with a respect for the body's own healing potential and wisdom (Douglass & Tiwari, 2006). Researchers have proven that yoga reduces cortisol levels, resulting in better health and clearer thinking. Perhaps most importantly, yoga has no answers, but is a method of inquiry. Thinking through the body may help the individual stay grounded in the present moment, and listen to the body, even when what needs to be heard is deeply disconsolate. Yoga's philosophy reminds me that I do not need to solve every conflict, but to create a context, a holding container, in which conflicting ideas, positions, and people are invited to play, to not know, and to imagine new ways of being together in the world.

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