

Healing Body, Healing Mind

Hayley O'Brien

A research project submitted to the Graduate Faculty of  
JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements of

Education Specialist

Department of Graduate Psychology

May 2016

---

FACULTY COMMITTEE:

Committee Chair: Debbie Sturm

Committee Members/ Readers:

Lennis Echterling

A. Renee Staton

## Dedication

This project along with the accompanying training manual are dedicated to all people who are committed to prevention, treatment and recovery of eating disorders. May this project be in honor of the millions of men and women around the world who have been affected by this illness, and may it be inspiration to clients, families and clinicians that there is hope for a better life.

## Acknowledgements

This project is the result of the encouragement, support, and love of many individuals throughout the years who have believed in me. People who saw me through my darkest times, who walked beside me through my illness and offered their heartfelt care, compassion, and acceptance when I needed it the most. Without these people in my life, my career as a counselor, my pursuit of yoga and the entirety of this project would not be possible.

I would like to offer my heartfelt gratitude for my parents who supported me unconditionally over the years—who always believed I was capable of recovery and in turn, capable of achieving a life full of happiness and success. I also want to give the utmost thanks to my partner, Ryan Cook, who offered his patience and unconditional support through this journey—through this project and the entirety of my graduate experience. I would like to express my appreciation for my dedicated chairman, Dr. Debbie Sturm, who supported my passion for both eating disorder treatment and yoga over the years. Her guidance, openness and love has meant everything to me—I would not be where I am professionally and personally without her. My heart goes out to the entire Counseling Faculty at James Madison University including my hardworking committee members, Dr. Lennis Echterling and Dr. Renee Staton. Thank you both for helping to make this project possible. I would like to personally thank the following people who have shared in this journey and supported me throughout the years: Andriana Hench, Jamie Surya and Angela McKeown. I love you all. And finally, Dr. Jack Presbury, who proved to me that unconditional positive regard works in incredible ways. My life is better because of you. Thanks, Jack. Thanks, everyone.

## Table of Contents

Dedication .....	ii
Acknowledgements .....	iii
Abstract .....	v
I. Introduction .....	1
II. Review of Literature .....	5
Eating Disorders—Definitions and Prevalence .....	5
Eating Disorder Treatment .....	8
Yoga and Mental Health .....	9
Yoga and Body Image .....	13
Yoga and Eating Disorders .....	16
III. Implications for Counselors .....	19
IV. Recommendations .....	27
Making a Referral .....	21
Yogic Based Interventions in Session .....	23
Trauma Sensitive Mindfulness Intervention .....	24
V. Conclusion .....	28
VI. Appendix A: Yogic Interventions for Eating Disorders.....	43
Asana—Body Postures .....	30
Pranayama—Breathing Exercises and Control of Prana .....	32
Dharana—Concentration .....	36
Dhyana—Meditation .....	50
VI. References .....	54

## Abstract

Relapse is a common phenomenon amongst clients in eating disorder recovery. Although we expect the road to recovery to be challenging, the high rates of relapse are a cause to reevaluate traditional eating disorder treatment. Teaching clients to ignore levels of hunger and satiation during treatment leaves individuals with a disconnect between mind and body. Healing this disconnect is a critical element in long-term recovery. My purpose is to review the literature and link the therapeutic benefit of yoga to eating disorder treatment and recovery. To help develop my Ed.S project, I completed a 200-hour yoga teacher training in the summer of 2015. The training focused on trauma sensitive yoga as well as the mental and physical therapeutics of the yogic practice. My training combined with the literature will help to me to ultimately, design a therapeutic yoga program for eating disorders. The program will focus on decreasing negative self-talk and increasing mind body awareness. I predict that my program will help clients develop greater awareness and responsiveness to bodily sensations, lower self-objectification, greater body satisfaction and fewer disordered eating attitudes. The yogic experience of embodiment will help close the divide between mind and body by encouraging accurate and non-judgmental body awareness. Yoga, along with nutritional advising and mental health counseling, can be a complement to a client's ongoing healing journey.

## Introduction

The purpose of this paper is to explore the potential therapeutic benefit of yoga in complementing the treatment of eating disorders. Being in recovery myself, I have found a deep sense of serenity and peace in yogic philosophy. Not only have the principles of yoga helped me remain grounded, the physical practice in itself has built a tremendous amount of body awareness, and body acceptance. Yoga strives to connect the mind and body as one. Those struggling with eating disorders bear witness to the ongoing battle between their thoughts and their physiological responses. In other words, mind and body are at war with no sign of surrender in sight. My hope is I can use my personal experience along with qualified case studies and evaluation studies to suggest how yoga can be a key element in quieting the mind and loving the body—two components that often feel foreign to someone who struggles with an eating disorder. Along with modifications in diet, self-reflection, and individual and group counseling, yoga can serve as a vital complement to eating disorder treatment and recovery.

Submitting oneself to treatment can feel like jumping into an ice-bath. During inpatient treatment almost all of one's privacy, sense of control and solitude are taken away. Going to the bathroom alone is a sign of the past. Oftentimes for those struggling with anorexia or bulimia, they are prescribed a re-feeding program. Admittedly, these programs are often medically necessary for those who are far below a life-sustaining weight. This approach can require them to eat between 3,000 and 8,000 calories each day over the course of five or six meals. In some cases, clients have to finish eating within a limited time, or they will be force-fed with a naso-gastral feeding tube (Hart, 2013). This experience is often traumatizing for clients who are already in a state of incredible

## HEALING BODY, HEALING MIND

vulnerability. Moreover, the process of force feeding only widens the gap between mind and body even more. This approach encourages clients to ignore their fullness levels, and can set them up for further distorted eating after treatment.

Leaving behind eating disorder behaviors, and introducing new styles of overeating, can induce detrimental amounts of anxiety. For many, these feelings become overwhelming and they may choose to leave treatment prematurely. Treatment dropout rates are high for eating disorders. For example, one study showed that dropout rates for those struggling with anorexia were at 46% (Neumark-Sztainer, 2009). And, for those who complete treatment, it is estimated that about half will relapse (Neumark-Sztainer, 2009). Another study looked at 64 adult inpatients struggling with anorexia nervosa. The patients were hospitalized in a specialized eating disorder unit and before the completion of the study, 19 patients had dropped out (Pham-Scottet et al., 2012). Although studies are still in their infancy, some experts and clinicians are starting to think the missing element to long-term recovery may be in the rebuilding of body awareness (Neumark-Sztainer, 2009). Some suggest those struggling with eating disorders may experience a shortage of what neuroscientists call introspective awareness: the ability to sense internal bodily states including hunger and fullness cues, emotions, pain, thirst, and heart rate (Neumark-Sztainer, 2009). Yoga, as a complement to therapy, can help to develop a more healthy and realistic body perception. This alone may help to revive client's introspective awareness which is so desperately needed for long term recovery.

This holistic approach to treatment is still fairly new. However, the limited research that is available is encouraging. For example, one study showed that those who practice yoga had more body awareness and responsiveness to body sensations than those

## HEALING BODY, HEALING MIND

who didn't practice (Dittmann & Freedman, 2009). In other words, yoga allows practitioners to experience their bodies in a different way. In another study on yoga's effect on eating disorders, many of the participants reported becoming much more aware of the body for how it feels, rather than how it looks—which then opened a window into a new experience of the body off the yoga mat (Boudette, 2006). Yoga's impact on mental health disorders is documented in the literature. We can see studies on yoga's effect on PTSD, anxiety and depression. Because these diagnoses are often comorbid with eating disorders, more research is being done to suggest that yoga can have a similar impact on eating disorders.

Often times, eating disorders encourage false perceptions of self. Yoga's inherent ability to promote self-awareness and self-acceptance can play a role in reconnecting the mind and body (Boudette, 2006; Dittmann & Freedman, 2009; Douglass, 2009, 2011; Mehling et al., 2011; Neumark-Sztainer, 2012). Over the past several years, I have built my life around recovering from this illness. It was during this time that I began to deepen my yoga practice and build self-awareness. My experience has been that yoga equips individuals with skills that pharmaceuticals, talk therapy, and other traditional forms of treatment simply do not provide. Most of the time, people seek treatment because they are aware that something in their life needs work. Clients come to a mental health professional for guidance and sometimes answers. However, in yoga there is an understanding that you do not to seek answers outside of yourself. Because eating disorders can have both psychological and physical effects, mental health professionals need to move past a place where we solely rely on talking. In his book *The Body Keeps the Score*, Bessel van der Kolk (2014) discussed this idea when he says, "It's great to be



## HEALING BODY, HEALING MIND

able to put your feelings into words, and feeling that somebody understands your suffering is enormously comforting. But it doesn't make your body know that you are safe. The real method is resetting your physiology (p. 208)." Van der Kolk supports the practice of yoga as a way to promoting a sense of peace within the body. After studying the effects of yoga on trauma, he wrote, "Yoga turned out to be a terrific way to regain a relationship with the interior world and with it a caring, loving, sensual relationship to the self (p. 273)." This is at the crux of what clinicians are looking to attain through eating disorder treatment. When we bridge the gap between psychological sciences, humanities and philosophy, everyone benefits. But most especially, our clients benefit from this truly holistic approach to care.

## Review of Literature

## Eating Disorders

“Eating disorder” is a term we seem to see everywhere we go. From popular calorie restricting diets to critiques on how America’s waistline is infinitely expanding, we cannot escape the constant discussion surrounding what we eat. Social media has a large impact on society’s access to this normalized obsession. One thing is clear, our society is bombarded with messages about what our bodies should look like. Because of this, it is often difficult to tease out what has become normal in today’s society and what is pathological. Despite what is propagated in the media, eating disorders are not a choice made in a hope to fit in with the newest diet fad. In fact, having an eating disorder is no more of a choice than any other physical disease. Eating disorders are serious mental illnesses that not only pose severe threat to one’s physical and emotional wellness, but sometimes even their life. Treatment for eating disorders come in many forms. This literature review will identify both the prevalence and common paths of treatment for specific eating disorders. Additionally, this review will discuss the benefit of mindfulness and yoga based treatments for both eating disorders and other mental health conditions.

For the purpose of this literature review, we will be focusing on the four major eating disorders—anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED) and eating disorder not otherwise specified (ED-NOS). Anorexia Nervosa, identified by intense fear of gaining weight, distortion of body image, and an incessant pursuit to be thin, affects .05-1% of the population (National Association for Anorexia and Other Associated Disorders, 2015). Individuals with anorexia nervosa are often severely underweight and malnourished.

## HEALING BODY, HEALING MIND

Similar to anorexia nervosa, bulimia nervosa is marked by a distorted body image and fear of gaining weight. However, bulimia nervosa is distinguished by recurring cycles of bingeing accompanied by feelings of being out of control and purging. This vicious disorder affects 1-2% of the population. Often times those who struggle with bulimia are harder to identify because they are more likely to be a normal weight or even slightly overweight (National Association of Anorexia Nervosa and Associated Disorders, 2015).

Binge eating disorder affects 1-5% of the population and is characterized by insatiable cravings that can occur at any time and often lead to eating abnormally large amounts of food in short periods of time. Most people with binge eating disorder are overweight or obese (National Association of Anorexia Nervosa and Associated Disorders, 2015).

Finally, eating disorders not otherwise specified (ED-NOS) is the term applied for individuals that don't fit cleanly into one of the other eating disorder diagnoses. ED-NOS affects 4-6% of the population, often accounting for close to 50% of all diagnosed eating disorders (National Association of Anorexia Nervosa and Associated Disorders, 2015). It is clear that eating disorders are prevalent in the United States. And regardless of type, people struggling with an eating disorder share a unifying characteristic: their destructive relationship with body image and food.

Millions of Americans are impacted each year from eating disorders. In the United States alone, it is estimated that 20 million women and 10 million men will suffer from an eating disorder such as anorexia nervosa, bulimia nervosa, binge eating disorder, or eating disorder not otherwise specified, at some point during their lifetime (Wade,

## HEALING BODY, HEALING MIND

Keski-Rahkonen, & Hudson, 2011). It is clear that eating disorders are a major cause for concern across our population. Estimates suggest that approximately 3 percent of males and 6 percent of females struggle with an eating disorder (The Emily Program, 2015). Additionally, four out of ten people know someone who is currently struggling with an eating disorder (National Eating disorder Association, 2015). And although society tends to associate the word eating disorder with models and ballerinas, professionals are well aware that this vicious disease takes many forms.

Eating disorders straddle the line between psychological and medical issue. We know how destructive these disorders can be on the mind, but on a physical level they can also be very dangerous. From bingeing on excessive amount of food, to purging, extreme exercising, laxative and diuretic abuse, and inadequate calorie intake, eating disorder symptoms are a recipe for disaster (Douglass, 2009). In addition to the physical threat eating disorders pose, we very often see a comorbid diagnoses with depression, anxiety, post-traumatic stress disorder, obsessive compulsive disorder, bipolar disorder, and personality disorders (Douglass, 2009). These eating disorder symptoms coupled with a comorbid diagnoses put individuals with eating disorder at increased risk for suicide and self-harm (Douglass, 2009). In fact, eating disorders are the most lethal psychiatric disorder (Arcunas, 2011). Anorexia alone has four times the death risk as major depressive disorder (Arculas, 2011). Anorexia's fellow eating disorders follow close behind with above average death rates seen in clients struggling with both bulimia and ED-NOS (Arcunas, 2011). Researchers calculated 5.1 deaths per 1,000 people with anorexia per year, 1.7 deaths per 1,000 people with bulimia per year and 3.3 deaths per

## HEALING BODY, HEALING MIND

1,000 people with EDNOS per year. Eating disorders are far beyond a superficial issue. They are a lethal issue affecting people across the globe.

### Eating Disorder Treatment

Today, a wide variety of treatment methods used for clients with eating disorders are available. These include counseling, nutrition management and consultation, medical management, and medication (Wyer, 2001). However, specific eating disorder diagnoses respond differently to treatment. For example, cognitive behavioral therapy (CBT) is commonly used to treat bulimia nervosa and binge eating disorder (Cook-Cottone, Beck, and Kane, 2008). Anorexia nervosa, on the other hand, is often treated with more client centered forms of therapy. When we look at the treatment of different age cohorts, we find that children and adolescents benefit most from involving family members in their therapy. Several other therapies are becoming more common in the treatment of eating disorders including interpersonal therapy (IPT), dialectical behavioral therapy (DBT), dissonance-based interventions, and positive psychology approaches (Cook-Cottone, Beck, & Kane, 2008).

Little doubt lingers that advancements have been made in the treatment of eating disorders. However, individuals with eating disorders as well as clinical professionals still struggle to find effective treatment. Relapse is a common phenomenon amongst clients in eating disorder recovery. It is estimated in most reports that 35-50% of those who recover from an eating disorder will relapse (McFarlane, Olmsted & Trottier, 2008). Anorexia Nervosa in particular has estimated relapse rates as high as 65% (Eating Disorder Review, 2013). It is clear that relapse rates are high, and even those who do not fully relapse often end up dissatisfied with their recovery. Other reports indicate that only

## HEALING BODY, HEALING MIND

25-40% of people who receive eating disorder treatment have a good outcome where clients are eating normally, avoid bingeing and purging and are psychologically adjusted (Black & Andreasen, 2011). Clinicians would agree that treating eating disorders is particularly challenging because there is still much left unknown about how eating disorders originate and the extent to which they affect day to day living (Dale et al., 2009). And although cognitive behavioral interventions are useful in the treatment of eating disorders, CBT lacks an element of mind-body awareness. Teaching mind-body awareness through mindfulness techniques is important in eating disorder treatment because this connection is usually shattered after years of disordered eating (Dale et al., 2009). For this reasons, many clinicians are making an effort to integrate more progressive, mind-body therapies such as yoga with the intention of providing an additional therapeutic tool that can help increase the chances of long-term recovery (Douglass, 2009).

### Yoga for Mental Health

The research on yoga and mental health is certainly making headways. Several studies have been done to highlight this important therapeutic connection between yoga and mental health conditions such as anxiety, depression and posttraumatic stress disorder (PTSD). It is important to evaluate the research because these diagnoses are often comorbid with Eating disorders (Blinder, Cumella, & Sanathara, 2006). The National Association of Anorexia Nervosa and Associated Disorders states that 50% of people who are diagnosed with an eating disorder also meet criteria for Major Depressive Disorder (The National Association of Anorexia Nervosa and Associated Disorders, 2015). Additional research suggests that Major Depressive Disorder in particular

## HEALING BODY, HEALING MIND

correlates highly with binge eating tendencies while anxiety is seen most often in patients who have restrict food intake (Fairburn, 2008). Furthermore, many clients who are diagnosed with an eating disorder often report having significant life trauma and sometimes even meet full criteria for PTSD. In a National Women's Study, researchers found 36.9 percent of participants with bulimia nervosa, 21 percent with binge eating disorder, and 11.8 percent of participants with EDNOS or anorexia nervosa met full criteria for PTSD (Reyes-Rodríguez et al, 2011). Significant overlap exists between depression, anxiety, trauma and eating disorders. For this reason, it is imperative that we evaluate the impact yoga can have on other mental health conditions.

In one study, researchers assessed the stress, blood pressure and overall quality of life of participants by implementing a randomized trial comparing yoga with relaxation. The researchers implemented ten weekly one-hour classes of yoga or relaxation for one hundred and thirty-one participants with mild to moderate levels of stress from Southern Australia (Smith, Hancock, Black-Mortimer, & Eckert, 2007). After the ten weeks, participants' stress, anxiety and quality of life scores improved. Both relaxation and yoga classes were found to be effective in reducing stress and improving quality of life. Yoga, however, was more effective than relaxation in improving mental health (Smith, Hancock, Black-Mortimer, & Eckert, 2007).

Another study examined the positive therapeutic and neurotropic effects of yoga on depression (Naveen, Thirthalli, Rao, Varambally, Christopher & Gangadhar, 2013). The researchers studied non-suicidal, out-patients struggling with depression. The depression severity was rated on Hamilton Depression Rating Scale (HDRS) at the beginning of the study and after three months of practicing yoga with or without

## HEALING BODY, HEALING MIND

antidepressants (Naveen, Thirthalli, Rao, Varambally, Christopher & Gangadhar, 2013).

An additional control group did not practice yoga and continues taking prescribed

antidepressants (Naveen, Thirthalli, Rao, Varambally, Christopher & Gangadhar, 2013).

The research showed a reduction in HDRS scores in patients with depression in all three groups. However, they found that patients practicing yoga both with and without the use

of antidepressants had a greater reduction in depression scores than antidepressant alone

(Naveen, Thirthalli, Rao, Varambally, Christopher & Gangadhar, 2013). The study

suggest that yoga has the potential to have positive mood effects on patients who struggle with depression.

In 2007, a study was conducted to assess the effect of Iyengar style yoga on the biological, emotional and psychological symptoms of depression. Iyengar yoga is an alignment based practice where postures are held for long periods of time. In the study, 17 men and women participated in 20 classes and were assessed on their symptoms both before and after the 20 classes (Shapiro et al., 2007). Participants were assessed through surveys and clinical interviews. Additionally, each participant rated his or her mood before and after each individual class (Shapiro et al., 2007). The results showed reduced symptoms of depression, anger, anxiety, neuroticism, and low rate heart variability (Shapiro et al., 2007). Additionally, 11 of the 17 participants presented symptoms of remission after the 20 yoga classes (Shapiro et al., 2007). Most importantly, participants showed improved moods after each individual yoga class (Shapiro et al., 2007). This study suggests that yoga can be used in the therapeutic setting for both short and long term effects.



## HEALING BODY, HEALING MIND

Additional literature examined the impact of yoga on anxiety disorders. A study was conducted with 65 women who presented symptoms of anxiety and depression (Javnbakht, Kenari, & Ghasemi, 2009). The participants were divided into two groups—one where they were on a waiting list and the other where they engaged in a 90-minute yoga class twice weekly for two months. To test the efficacy, researchers administered a personal information questionnaire, the Beck Depression Inventory, and the Spielberger State-Trait Anxiety Inventory both before and after the two-month study. The results showed that those who practiced yoga for two months demonstrated a significant decrease in their anxiety symptoms. Additionally, participants in the yoga group also had decreased levels of depression, although not by a clinically significant amount. The takeaway from this study is that yoga has the potential to have positive effects on women with anxiety symptoms (Javnbakht, Kenari & Ghasemi, 2009).

While the effects of yoga on mental health is a growing field of research, the impact of yoga specifically on PTSD is gaining some notoriety. Because trauma is linked with the physical body, a growing number of people—led by Bessel van der Kolk—have been advocating for the integration of body-based techniques into trauma recovery (Van der Kolk, 2014). We will discuss this growing field of study later in the paper. Yoga practitioners have understood the mind-body connection for thousands of years, however, modern day science is just now starting to support the empirical evidence behind this understanding. Researchers evaluated the effects of yoga on a group of forty-seven tsunami survivors in the Andaman Islands (Telles, Naveen, & Dash, 2007). The participants practiced daily yoga for one week. The researchers measured the participant's self-reported symptoms of PTSD like fear, sadness, anxiety, and disturbed

## HEALING BODY, HEALING MIND

sleep (Telles, Naveen, & Dash, 2007). After one week of practicing yoga, participants showed significant decreases in self-rated fear, anxiety, sadness, sleep disturbance and decreases in heart rate and breath rate. This study helps to support the idea that short term yoga interventions can help alleviate symptoms of PTSD.

With the variety of positive effects yoga provides for practitioners, mental health professionals would be wise to consider using it as a tool for treatment. Research suggests that yoga can be a strong therapeutic complement to treating diagnoses like depression, anxiety and PTSD—diagnoses that are often comorbid with eating disorders. The research is clear—yoga has several mental health benefits. By using it as a therapeutic intervention, perhaps we will see a growing number of long term recoveries in the treatment of eating disorders.

### Yoga and Body Image

In addition to important finding regarding yoga's impact on mental health disorders, several studies have examined the influence of yoga on body image and attitudes towards food. This area of study is influential because many people who struggles with eating disorders have unrealistic perceptions of their own body shape and often obsess over feeding times (Fairburn, 2008).

In 2010, researchers looked at the impact of yoga and Pilates on body perception and eating behavior (Neumark-Sztainer et al., 2010). The researchers administered the project Eat III survey to 1,030 men and 1,257 women who had a mean age of 25.3 years. In addition to the survey, participants answered questions about whether they practiced yoga or Pilates as well as questions about their own body image and eating habits. The researchers found that the female participants who practiced yoga and Pilates had lower

## HEALING BODY, HEALING MIND

levels of body dissatisfaction and were less likely to engage in unhealthy and extreme weight control behaviors. There was no difference, however, on binge eating between participants and non-participants. For men, no significant difference was determined between those who practiced yoga and Pilates and those who did not. For this reason, researchers suggested that yoga can help to increase body satisfactions and controlled eating behaviors amongst women. Because we see body dissatisfaction and unhealthy eating rituals in clients with eating disorders, these findings help support the larger idea of yoga being an important therapeutic complement to eating disorder treatment (Neumark-Sztainer et al., 2010).

Additional research has examined the impact of yoga alone. A study was conducted to see how yoga impacts women's body awareness, responsiveness to bodily sensations, self-objectification, body satisfaction, and disordered eating attitudes (Daubenmier, 2005). The researchers studied 139 women, mean age of 37.16. The participants were split into three groups: a yoga group, an aerobic exercisers group, and a control group (43 yoga, 45 aerobic, and 51 non yoga/non aerobic practitioners). Women in all three groups were surveyed on their exercise routines, overall body awareness, responsiveness to the body, self-objectification, body satisfaction and Participants were given surveys that measured extent of exercise participation, body awareness, body responsiveness, self-objectification, body satisfaction, and potential eating disorder symptoms. The survey results indicated that those women who practiced yoga reported greater sense of body awareness, responsiveness, satisfaction and self-objectification than both the aerobic and control groups. Additionally, the yoga practitioners also scored lower on eating disorder symptomatology. Symptoms such as inaccurate body awareness,

## HEALING BODY, HEALING MIND

unresponsiveness to bodily sensations, self-objectification, and body dissatisfaction are warning signs for eating disorders. This study showed that we can help to diminish and even eliminate those warning signs through the practice of yoga. In addition, the research indicated that yoga can help to support healthy relationships with the self by increasing body satisfaction, responsiveness and awareness more than aerobic exercise alone (Daubenmier, 2005).

Additional studies have examined some of the other eating disorder warning signs like negative self-perception, body perception and eating perception. Researchers surveyed 196 women from various yoga studios and gyms throughout California (Dittmann & Freedman, 2009). All the participants had consistent, long-term yoga practices averaging about 12.1 years. Researchers administered a questionnaire that asked about factors related to body awareness, intuitive eating, spirituality, and personal reasons behind their yoga practice. From this initial survey, 18 of these participants reported having a history with disordered eating behavior and body dissatisfaction. The 18 women were asked to participate in a separate phone interview to learn more about how yoga continues to influence the participant's relationship to food and body image. The interviews indicated that the women felt like yoga helped them reclaim propriety of their bodies. Yoga also supported them in rediscovering their body as a functional unit and respecting the body through appropriate diet and exercise. Additionally, researchers indicated that a consistent yoga practice influenced one's ability to exhibit kindness towards the body through words and thoughts (Dittmann & Freedman, 2009). This study is one of many that continues to suggest how regular yoga practice can support those with disordered eating behavior. It is evident through the studies examine above that yoga may

## HEALING BODY, HEALING MIND

support women in developing healthier relationships with their bodies. Although many of these studies were spanned across broad populations, they hold insight into the potential clinical benefits of yoga on eating disorder treatment and recovery.

### Yoga and Eating Disorders

Mindfulness-based therapies have become common practice amongst mental health professionals. More specifically, clinicians have begun using mindfulness as the support of eating disorder treatment (Proulx, 2008). Mindfulness based intervention can be defined as “a systems-based, self-regulation practice that focuses attention on the present moment without judgment and with self-compassion” (Proulx, 2008, p.53). Mindful interventions often include meditation that help to increase self-awareness and build insight. Mindfulness includes goals such as enhancing well-being and awareness of the self and environment, along with disciplining the emotions and the mind (Levine, 2000). Many individuals share the common tendency towards perfectionistic thinking and unrealistic conditions of self-worth. Mindfulness can help to induce relaxation and quiet self-destructive thought patterns. Studies suggest that an increase in mindfulness practice can help to reduce eating disorder symptoms (Butryn et al., 2012). Moreover, Butryn found that with mindfulness practice focused on body awareness and self-acceptance, practitioners reported a substantial decrease in common eating disorder symptoms such as emotional avoidance, drive for thinness and body dissatisfaction.

The ancient practice of Yoga is one example of a mindfulness practice that is gaining support in both the mental health and medical field. Yoga’s popularity continues to skyrocket due to the widespread understanding of its positive impact on both mental and physical wellbeing (Douglass, 2010). Many who suffer from eating disorders possess

## HEALING BODY, HEALING MIND

a strong disconnect between mind and body. Yoga strives to bridge the connection between the physical body and psychological mind and for this reason has gained popularity in eating disorder intervention. It is understood that people who struggle with eating disorders often have a false sense of what their body's needs. For example, "women with eating disorders may exhibit a diminished awareness of basic bodily signals, such as hunger and satiety, as well as energy level and fatigue, or they may perceive bodily signals but ignore or deny the experience of them" (Dale et al, 2009, p.129).

Many people who struggle with eating disorders have strong symptoms of anxiety. An inherent quality of the yogic practice is self-awareness. Clients who practice yoga begin to understand how their body experiences calmness and breathe. This self-awareness can help facilitate relaxation and alleviate symptoms of anxiety (Douglas, 2010). Aside from relaxation, yoga encourages practitioners to become more in tune with their own bodies. Experiencing one's body in a positive way can be a completely foreign concept for those struggling with eating disorders. Robin Boudette, a licensed psychologist and certified yoga instructor, reports that several of her clients who struggle with eating disorders "become much more aware of the body for how it feels, rather than how it looks—which opens a window into a new experience of the body off the yoga" (Boudette, 2006, 168). Yoga can have powerful effects on mental health. With continued practice, yoga has the potential to teach clients not only how to listen to the needs of their bodies, but respect those needs as well (Boudette, 2006).

Using yoga to support eating disorder treatment proves to be beneficial in different age groups. In one study, researchers gathered participants from Seattle

## HEALING BODY, HEALING MIND

Children's Hospital outpatient Adolescent Medicine Department (Carei, Fyfe-Johnson, Breuner, & Brown, 2010). Researchers were curious about the effect of physical yoga practice on adolescents with eating disorders (anorexia nervosa, bulimia nervosa, eating disorder not otherwise specified). Participants were comprised of 50 girls and 4 boys aged 11–21. Participants were divided into two groups: yoga and no yoga. Both groups had their baseline body measurements taken and completed the Trait Anxiety Inventory and Beck Depression Inventory questionnaires, and the Eating Disorder Examination. The yoga group received one on one yoga instruction for one hour twice a week in addition to their standardized care routine while the non-yoga group only received standardized care. After the 8 week study, the Yoga group presented a decrease in their eating disorder symptoms. More specifically, the EDE scores of the yoga group decreased over time while the non-yoga group presented a small decline in the beginning but returned to baseline EDE levels at week 12. In addition to the assessment scores improving, the yoga group showed decreased preoccupation with food after each yoga class (Carei, Fyfe-Johnson, Breuner, & Brown, 2010). These results are important because they suggest that yoga has substantial promise in supporting standardized care of eating disorders.

### Implications for Counselors

It is clear that the yogic practice holds several therapeutic benefits. Whether clients are struggling with a mental illness like an eating disorder, or they are working through the stresses of daily life, yoga can help to support people through their troubles. However, the benefits of yoga are not a cure all. It is important for both yoga teachers and mental health professionals to recognize that yoga is not intended to replace psychological treatment and intervention. Many times clients do require constant medical and nutritional attention that cannot be attained through yoga alone. Nonetheless, yoga can make for a strong therapeutic addition to traditional eating disorder treatment and has the potential to make such traditional treatments even more effective.

Mental health professions should be cautious when introducing any type of yoga practice into eating disorder treatment. This includes mindful meditation, breath control and physical yoga practice. Every client is different and depending on past traumas, current medical and physical conditions, clients can have adverse reactions to these types of interventions. Not to mention, certain styles of yoga have the potential to harm clients who are struggling with an eating disorder by promoting exercise addiction. Because of this, we need to understand that yoga may not be beneficial for everyone in eating disorder recovery. In fact, it is clear while yoga can be beneficial in supporting eating disorder treatment it is certainly not required for long-term recovery. For clients who struggle with severe eating disorder behaviors, the yogic practice can sometimes be stressful. Douglass (2009) addresses this when she quotes Dr. Kelly Gunderson's explanation:



## HEALING BODY, HEALING MIND

The incorporation of yoga [into treatment] is to integrate some awareness of their bodies as living, breathing entities that they are connected to as opposed to the body as a separate thing that they hate and try to manipulate. It is a tricky thing, because while the group leader is trying to increase body awareness, if they focus too much on the body awareness or body parts it can be kind of overwhelming and irritating (Douglass, 2009, 150).

With this, it is important for counselors to make recommendations to more gentle style yoga classes. Such precautions are important for the field of mental health. But they should not steer counselors away from supporting the psychological and physiological benefits of yoga for long-term eating disorder recovery. Yoga works to establish a strong mind-body connection when used to compliment more traditional eating disorder treatments. While the research in yoga therapeutics is still limited, mental health professionals should continue to discuss yoga's potential. The sooner treatment centers and counselors start to introduce clients to yoga, the sooner we will see recovery rates increase. As it stands now, eating disorder recovery rates are low. We need to reevaluate the way we are treating eating disorders. With mortality rates as high as 20%, eating disorders are at the top of the list for deadliest mental illness (Arcunas, 2011). Yoga will not only help to promote overall quality of life for these individuals, but potentially support the longevity of life.

## Recommendations

### Making a Referral

My recommendation for counselors comes in two parts. One of which involves a referral to a yoga teacher or program while the other involves the implementation of yoga techniques themselves. I will start by first discussing the steps to making a referral to a yoga teacher. This is a critical step for counselors and it is a process that should not be taken lightly. As I mentioned above, there are some cautions that mental health professionals should keep in mind. As a counselor myself, when I am thinking about referring a client to yoga class, I first consider all the ways in which yoga will serve this individual client. Keeping in mind that yoga is not always appropriate for every client as we will discuss later. This does not mean a client will never reach a point where yoga can help to support their long term recovery, but rather, a physical practice in early stages of treatment may not serve their immediate needs. If, however, a client has no history of exercise addiction or is far enough along in their recovery that yoga is a safe option, I talk more with the client about how yoga may benefit them.

Because most everyone has a different idea of what yoga means, I ask the client what they know about yoga already—what about the practice seems interesting to them and perhaps what about the practice seems intimidating or unusual. From there, I provide a brief education on my interpretation of the yogic practice. I encourage clients that yoga does not have to be about reaching some type of spiritual enlightenment, connecting with a higher power or changing their religious doctrine. This is something for clinicians to be mindful of especially in more rural areas. Additionally, we discuss how westernized yoga has taken its form in a variety of ways including a hyper-sexualized and performative

## HEALING BODY, HEALING MIND

persona. This is where a counselor will have to conduct their own research. Finding the right type of class and studio is pivotal step in this process. By practicing at different studios, counselors will be able to feel for what kind of atmosphere will be most supportive for a client in recovery. Hot studios where students are wearing minimal clothing shouldn't be advised. Gyms or any studio where teachers are trained in a more fitness oriented yoga can also be troublesome. A client struggling with an eating disorder may be prone to exercise compulsion during early stages of recovery. Because of this, clients should steer away from any fitness oriented activity including certain styles of yoga. A studio that offers different styles of yoga including gentle yoga and meditations should be strongly considered. It is also imperative that the teachers counselors refer to are registered yoga teachers (RYTs) through Yoga Alliance. This information can be found on the studio's website. Ultimately, good clinical judgement and ample research is required to follow through with the best referral. It will be usual for counselors to establish a relationship with local yoga instructors to help support future referrals.

Keeping in mind that a yoga referral is supposed to aid eating disorder recovery, it is important to discuss how some of the client's treatment goals will take form through the yogic practice. Such goals would include fostering introspective awareness, self-acceptance, distress tolerance, and mood regulation. Several physical treatment goals may be achieved as well including muscle building, increased bone density, healthy blood circulation and improvements in sleep. If and when clients agree to this form of intervention, the referral will take place based on the client's treatment goals.

Clients who struggle with anxiety or perfectionism probably would not benefit from a class that is physically demanding, fast paced and heat building. These class types

## HEALING BODY, HEALING MIND

include Ashtanga, Power, or any class that indicates it is a level two or three. These types of classes, although helpful in their own right, may reinforce harmful behavior, thought processes and encourage clients to be overly focused on what the practice looks like rather than how the practice feels in their body. A better fit would be a class that is more gentle and meditative. These classes include Yin-Yoga, Restorative Yoga, Gentle Yoga and anything labeled as Level One, Yoga for Beginners or even Meditation. On the other hand, a client struggling with more depressive symptoms will likely benefit from a higher energy class. This referral will be more challenging because flow style classes dominate western yoga studios. Although we are looking for a higher energy class, the teacher should still be encouraging students to focus on their breath, body and take the flow at their own pace. The added element of meditation before and after the practice is also highly desirable. A good fit may be a class labeled Flow or Vinyasa. As a rule of thumb, clients and counselors alike should steer away from anything labeled level two or three until their practice advances and they consult with their yoga teacher. Ultimately, counselors and clients need to keep their treatment goals in mind throughout this process. The referral process may not always be successful. But like any other intervention, we reevaluate what worked, what didn't work and how we can move forward from here.

### Yogic Based Interventions in Session

Offering therapeutic yoga classes to community members coupled with incorporating the yogic practice into traditional counseling sessions has certainly taught me a lot. By combining my knowledge about eating disorders and recovery with yoga, I have personally found that the two go hand in hand. My idea for this Ed.S project stemmed from an experience I had on my own mat. I have had the opportunity to see

## HEALING BODY, HEALING MIND

what works for me and what works for me clients. Like any other creative intervention, counselors have to be willing to put themselves out there a little bit. But the payoff is yoga can help to support the client's recovery in ways that talk therapy simply cannot. If counselors have not completed a Yoga Alliance approved yoga teacher training, I advise they avoid introducing any physical postures or movements into session. However, there are pieces of the yoga practice that don't require intense movement such as meditation, breath work, mantras and even mudras or particular hand gestures that have some kind of influence on the energies of the body, or mood. It is quite common for clinicians to learn about mindfulness interventions either through supervision, education or workshops. However, a missing link in this training is the focus on trauma sensitive mindful intervention.

### Trauma Sensitive Mindfulness Intervention

As counselors, when we introduce mindfulness based practices into the session, our intention is to make the experience as warm, inviting and non-threatening as possible. It can be helpful to start off a mindfulness practice such as meditation or breathing by encouraging clients to set a goal that joins their yogic experience with a challenge, physical or emotional, that they face in life. This can help clients begin to move away from obsessions surrounding results and focus more on the process. Enduring the potential uneasiness of the yoga practice can be a metaphor for tolerating the hardships of eating disorder treatment—regimented meal support, intense counseling sessions, and the difficulty of developing new coping mechanisms. At the same time, clients who turn down certain mindfulness practices are practicing taking control for themselves and their own needs. Both responses, can be therapeutic discussion points.

## HEALING BODY, HEALING MIND

Such mindfulness interventions are likely to go more smoothly for clients who have not experienced significant trauma or struggle from anxiety (Rubenstein, 2013). This is something we must be aware of when introducing these practices to clients with eating disorders. PTSD is very often a comorbid diagnosis with eating disorders. Clients who have endured past trauma may develop an eating disorder as a way to manage their PTSD symptoms. It is believed that 30% of individuals with an eating disorder have been sexually abused (National Eating Disorder Association, 2012). Therefore, it is important to be trauma sensitive when introducing mindfulness practice with all of our clients. For a traumatized client, however, even our most sincere efforts introduce yogic practices can easily not go as planned. We know that those struggling with PTSD experience distress in their nervous system—robbing survivors of their sense of basic safety and security. By teaching mindfulness skills to our clients struggling with eating disorder and/or trauma, we are helping to them to feel more at home with their bodies. This is a critical part of recovery.

Before offering such interventions, counselors would be wise to follow through with training on trauma informed approaches to mindfulness and yoga. If this is not available, a referral to a yoga instructor trained in trauma sensitive yoga is recommended to help decrease risk of injury or re-traumatization. Peter Levine, the author of *Waking the Tiger*, states “The healing of trauma is a natural process that can be accessed through awareness in the body.” (Levine, 1997, 34) So it seems obvious that we would go about treating trauma, or eating disorders for that matter, by using the body as a critical aspect of treatment. This is why it is important to go about these interventions safely. In my yoga teacher training, we learned about possible triggers for trauma presenting itself on

## HEALING BODY, HEALING MIND

the mat, or in this case in the counseling session. And although there are dozens of ways the aftermath of trauma may present itself through the yoga practice, I will list some common triggers and sensitivities I learned about in my training of which counselors should be aware. Potential triggers include:

- Turning out lights for meditation
- Lack of structure in a mindfulness session
- Not getting permission to share these practices or not giving warning that they will be introduced
- Too much quiet time can prompt dissociation
- Encouraging face paced breathing
- Not practicing along with the client

(Rubenstein, 2013)

Language commonly used in meditation of yoga can also be quite triggering. The following common phrases are to be avoided and substituted with the more appropriate phrases.

- “I want you to...” → “If it’s comfortable/available to you...”
- “Allow your palms to face up” → “Perhaps you’d like to have your palms face up, resting on your knees/thighs or resting them together in your lap”
- “Let go of anxieties/fears” → “Be where you are”
- “Close your eyes” → “Gaze softly down at the floor in front of you, or close your eyes if you’d like”
- “Surrender to/give in to” → “Open to”

(Rubenstein, 2013)

## HEALING BODY, HEALING MIND

Moving towards a place where we better understand how the physical body is an integral part to these triggers can help us provide more informed, sensitive interventions. The trauma sensitive framework discussed above will help build a strong foundation for building more tangible approaches to treatment. However, it can be difficult to know where to start with these yogic interventions. For trauma sensitive yogic techniques counselors can use with clients, refer to the attached appendix of this project where there will be detailed descriptions of yogic interventions for eating disorder treatment. Interventions will include Mudras/Postures (Asana), breath work (Pranayama) and mindful meditations (Dharana and Dhyana).

### Yogic Interventions and Exercises for Counselors

For counselors who are looking to implement yogic techniques in their sessions, the attached appendix provides detailed information about interventions that are trauma sensitive. This summer, I completed two hundred hours' worth of yoga teacher training at Yoga District in Washington, D.C. It was in this training that I gathered information that we see in the appendix. My training covered both mental health therapeutics as well as trauma sensitive yoga. Through my education, I compiled interventions that include Mudras/Postures (Asana), breath work (Pranayama) and mindful meditations (Dharana and Dhyana). Before offering any of these interventions, it is important to assess the specific needs of your client. Many of these techniques require a certain amount of trust established already in the therapeutic relationship. If offering a yogic intervention in session doesn't appeal to the counselor, going back and considering a yoga referral may be the step needed in order to support the client's eating disorder treatment.



### Conclusion

The research in the field of yoga's impact on mental health is limited. When we search the literature for using yoga in eating disorder treatment, it is even smaller. As I shared my Ed.S topic with other yoga teachers and mental health professionals, many of them how difficult it must be to write an academic paper on yoga because of how limited the research pool is. I am aware that yoga is not considered a traditional evidenced-based practice, nor does it hold much weight against other psychological interventions. But the yogic experience is not something that can be fully measured. It can be, by definition, limitless and without boundaries. For thousands of years, Eastern philosophy including yoga was passed down through generations orally. Yoga is an experiential practice that feels different to everyone. This project mostly stems from my own personal experience with the practice and how it has helped shape my recovery for the better.

By incorporating mind-body interventions into eating disorder treatment, we have the potential to give more people a chance at a healthy and full life. Talk therapy serves a tremendous role in recovery from a variety of mental health issues, but we need to get more clients out of their heads and into their bodies. Yoga has the potential to foster growth for both mind and body alike. The mistaken and corruptive mentality that many clients who struggle with eating disorders hold is that their body is the source of their psychological distress. When we introduce yoga, clients can move from a place of resenting their bodies to honoring their bodies. When you honor your body, you begin to provide for it in ways that are nourishing as opposed to destructive.

By accepting a thoughtful referral to a yoga teacher or by following through with trauma sensitive yogic interventions, clients have the potential to come home to their

## HEALING BODY, HEALING MIND

bodies. As humans, our birthright is to feel at home in our own skin. But we live in a world that makes that very difficult. Offering yoga to clients can help make their home a little more inviting, warm and welcoming. The body, or home, is an intelligent entity within itself and if listened to, relaxation, deep self-reflection and inner peace is fully attainable. The body of an eating disorder has no voice. It is numbed in sensation and spirit. Yoga has the potential to revive the body and heal the mind—connecting them once again in a restorative union.

## Appendix A

## Yogic Interventions for Eating Disorders

**Asana—Body Postures**

Sutra 2.46: *Seated posture should be steady and comfortable, (Satchidananda, 1978)*

**To Sit or Lie Down?**

When introducing any type of mindfulness practice in session, it is important that both counselor and client are extremely comfortable. It is very common to go into a mindfulness session feeling comfortable and then begin to feel quite uncomfortable as time goes on. Reminding your client that adjusting their posture to meet their needs can actually be apart of the mindfulness practice. Clients should feel encouraged and supported in their decision to change their posture subtly (like sitting up straighter) or change their posture all together (like choosing to lay down).

Having comfortable furniture and pillows available for clients is also encouraged. Give clients some time to adjust with pillows whether that means putting one behind their low back if they are sitting or one under their head or knees if they choose to lay down. A blanket over top of clients can help them feel safe and warm during more mindful practices. Normalizing the use of props is a good way to help the client feel more comfortable. The more yogic interventions you introduce, the more comfortable the client may feel and in turn, they may feel more comfortable grabbing for props. The counselor should be comfortable as well. In the Yoga Sutras, we learn “*Sthira Sukham Asanam*” or our Seated posture should be steady and comfortable, (2.46)

## HEALING BODY, HEALING MIND

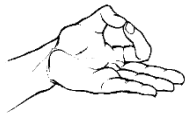



- sthira = steady, stable, motionless
- sukham = comfortable, ease filled
- asanam = meditation posture (from the root ~as, which means "to sit")

It is more important for the counselor to have this balance between comfort and ease because it is their job to hold the space. In other words, if the client falls asleep during meditation, perhaps that is truly what they needed. Counselors leading these interventions should never be so comfortable that they fall asleep. Maintain awareness but easiness at the same time.

### **Mudrās**

What we know as yoga in the western world is primarily based on the physical yoga practice. We see how people make shapes on the cover of Yoga Journal and rightfully assume that is what yoga looks like. This type of practice is called Hatha Yoga — the physical yoga practice beyond seated meditation. Before people started finding these therapeutic shapes with their bodies, people were making postures with their hands alone. A mudra is a gesture or energetic seal that is performed for a particular benefit to one's spiritual or physical health. Although the introduction of mudras can sound religious, it doesn't have to be. Often times you can introduce mudras that appear completely innocuous like "palms facing up" or "hands together in your lap". However, if a client seems open to the mindfulness practice, it may benefit the practice to introduce some of the mudras in the chart below. The following mudras were introduced during my yoga teacher training.

## HEALING BODY, HEALING MIND

Jyana Mudra		This mudra gives a feeling of spaciousness and has a subtle uplifting effect on the body and mind. The thumb and index finger is said to create a kind of circuit by re-circulating the body's vital energy.
Ganesh Murda		Ganesha, is the elephant god who symbolizes overcoming obstacles. This mudra can help clients feel safe and secure as both hands are locking in. It is known to help self confidence, courage and strength
Hakini Mudra		Practicing hakini mudra on a regular basis can help improve concentration and memory. By joining the fingertips together, it is also said to promote coordination between left and right hemispheres of the brain. This mudra can also instill a sense of calmness which can open the mind to clearer thinking.
Bhairavi Mudra		In Bhairavi mudra, the two hands represent the duality of our being. By connecting the hands we harmonize coordination of the right and left hemispheres of the brain and unite all opposites. It is universally used for meditation as it brings a sense of inner balance and peace.

### Pranayama — Breathing exercises, and control of prana

*Sutra 2.52: Pranayama removes the veil covering the light of knowledge and heralds the dawn of wisdom (Satchidananda, 1978).*

Although my career as a counselor is just getting started, spending the past three years in graduate school has exposed me to several lectures, workshops and discussions on introducing breathing techniques to counselors. This is great news for our profession because it means more and more clinicians are becoming comfortable sharing these techniques and in turn, our clients are benefitting. In yoga, there are several types of pranayama that can be beneficial to the average person. But coming from a trauma

## HEALING BODY, HEALING MIND

sensitive approach, and in the scope of eating disorder treatment, I have narrowed down appropriate breathing techniques for this population.

Pranayama translates to the control of breath or prana. In yoga, prana is known as the vital energy within all living things. This pranic energy is considered our life force. We can control this force with pranayama and it is said that practicing these techniques will help to achieve healthier body and mind. Patanjali in his text of Yoga Sutras mentioned pranayama as means of attaining higher states of awareness. This can be an important element in the the treatment of eating disorders. We are looking to rebuild the connection between mind and body. Below are pranayamas that can be used.

### **Nhadi Shodana — Alternate Nostril Breath**

- Sit or lie down comfortably — eyes can be open or find a steady gaze
- Bring your left hand into jnana mudra (refer to Mudra section for example) and rest it on left knee
- On the right hand, bring your peace fingers in, extending the thumb, ring finger, and pinky (Vishnu mudra)
- Gently close your right nostril with your thumb and inhale through your left nostril for a count of six
- Close your left nostril with your ring finger
- Retain the breath for a brief pause
- Exhale out of the right nostril for a count of six
- Follow by inhale right nostril for a count of six, pausing at the top, and exhaling out the left nostril for a count of six.

## HEALING BODY, HEALING MIND

Repeat 5-10 cycles. This pranayama is said to stimulate alternate spheres of brain. With eating disorder treatment, we are looking to reestablish a sense a balance. This practice is said balance the right and left sides of the body and their representative energies. Some believe the right side is the “doer” side and the left side is the more receptive side; imagine that alternate nostril breathing balances your *doing* and *being*. Breathing through the right nostril may be warming and energizing and may trigger the sympathetic nervous system. Breathing through the left nostril may be cooling and restorative and may trigger the parasympathetic nervous system

### **Dirga Pranayama—Three Part Breath**

- Sit or lie down comfortably — eyes can be open or find a steady gaze
- Begin by placing your hands on your belly. Breathe through your nose, if that is comfortable today. Notice whether your belly rises and falls with your breath. Notice the expanding and contracting of the whole body
- Bring your hands just below your rib cage, to the bottom of your lungs. Can you feel your lungs expanding as you inhale? Is your breath reaching the back part of your body? If not, try to breathe into that part of your lungs. Notice and breathe without judgment.
- Bring your hands to the center of your rib cage. If it is comfortable, try wrapping your hands (or one hand) around to the side of the rib cage, under your arms. Notice if the rib cage expands and contracts as you inhale and exhale.

## HEALING BODY, HEALING MIND

- Bring your hands to the top of your collar bones. This is the top of your lungs. Inhale deeply. Notice the breath in this area of the body. Is it expanding and contracting? Notice with curiosity and without judgment.
- Now we'll bring it all together. On your next inhale, expand your belly. Begin to fill the bottom of your lungs, the middle, and the top section of your lungs. Exhale fully through your nose or gently through your mouth.

Repeat this breath up to ten times. Three part breath guides students through the process of breathing fully into the whole lungs and with the diaphragm. The effects of this pranayama can be calming, grounding, and centering. It can also help clients reestablish a connection to the body

### **Sama Vritti Pranayama**

- Sit or lie down comfortably — eyes can be open or find a steady gaze
- Steady breath in for 2 seconds, pause for two, steady breath out for 4 seconds
- The breath in and out are roughly the same duration - it may take a few practices for a client to build up to 4 seconds.
- Can move attention between nostrils and 3<sup>rd</sup> eye as an anchor for the attention

Repeat up to 10 times. This practice is said to have a calming effect and is often thought of as a safe pranayama practice for beginners or trauma survivors

### **Sitkari Pranayama**

- Sit or lie down comfortably — eyes can be open or find a steady gaze



## HEALING BODY, HEALING MIND

- Gently press your lower and upper teeth together and separate your lips as much as you comfortably can, so your teeth are exposed to the air.
- Inhale slowly through the gaps in the teeth and focus on the hissing sound of the breath.
- Close the mouth and slowly exhale through the nose.

Repeat up to 20 times. This practice is called *sitkari*. According to the *Hatha Yoga Pradipika*, in addition to its cooling effects, sitkari balances the endocrine system, builds vitality and can help to alleviate the heating qualities associated with anger and anxiety.

It is important for counselors to practice these pranayamas themselves before introducing them to their clients. The practices are based on energy in the body and so counselors should feel the energetic effects for themselves. I should also note that there is a lot of misinformation on the internet regarding pranayama and its' therapeutic effects. As mentioned before, there are several pranayamas that can be beneficial for the average yoga practitioner. But for clients who are struggling with mental illness, we need to be more selective when it comes to our interventions. Many articles online entitled, "Pranayama to help depression and anxiety" often include the pranayamas listed above, but they also usually include pranayamas that involve fast paced breathing and long periods of breath retention. These breathing techniques are not only inappropriate to introduce in counseling sessions, they can be triggering and harmful.

### **Dharana — Concentration**

Sutra 3.1: *Dharana is the binding of the mind to one place, object or idea*

(Satchidananda, 1978).

I equate the limb of Dharana to the common practice of mindfulness. These practices are quite common in modern day counseling and can be beneficial for clients struggling with an eating disorder. Such practices are inspired by well-known meditation teachers and mental health professionals I have grown fond of over the years. The following practices are either direct excerpts their books or renditions inspired by their writing. Before introducing any of the following guided meditations, counselor and client should spend a few moments centering which is outlined below.

### **Getting Centered**

Begin by choosing to close your eyes or simply rest your gaze down passed the tip of your nose. You can choose a space on the floor to stare at, or anything else in the room. Taking the first few moments here to show up to the present moment. And perhaps even making the conscious choice to let go of anything that has happened so far in your day, or anything that is to come. Of course, the mind will wander towards these things, but we will continue to non-judgmentally bring it back again and again.

Allow your attention now to focus on your breath, traveling in and traveling out. Without feeling like you need to control the pace, or rhythm of the breath, can you just notice it? Where do you feel the breath? Perhaps it's in the low belly, the chest, or even the nose. Breathing in, and breathing out. Allow yourself to feel the support of the cushions beneath you and behind you, the floor beneath your feet. Notice any sensations

## HEALING BODY, HEALING MIND

in your body: places where you may feel tight, relaxed, cool, and warm, emptiness or fullness. All of these sensations are welcome here.

When the mind begins to wander, bring it back to the breath. We will only be here for a few more moments.

### **Mindful Eating**

This is a mindful eating exercise from the book *Savor: Mindful Eating, Mindful Life* by Thich Nhat Hanh (39).

“Are you really savoring your apple?”

An apple meditation

Take an apple out of your refrigerator. Any apple will do. Wash it. Dry it. Before taking a bite, pause for a moment. Look at the apple in your palm and ask yourself: When I eat an apple, am I really enjoying eating it? Or, am I so pre-occupied with other thoughts that I miss the delights that the apple offers me?

If you are like most of us, you answer “yes” to the second question much more often than the first. For most of our lives, we have eaten apple after apple without giving it a second thought. Yet in this mindless way of eating, we have denied ourselves the many delights present in the simple act of eating an apple. Why do that, especially when it is so easy to truly enjoy the apple?

The first thing is to give your undivided attention to eating the apple. When you eat the apple, just concentrate on eating the apple. Don't think of anything else. And most important, be still. Don't eat the apple while you are driving. Don't eat it while you are

## HEALING BODY, HEALING MIND

walking. Don't eat it while you are reading. Just be still. Being focused and slowing down will allow you to truly savor all the qualities the apple offers: its sweetness, aroma, freshness, juiciness, and crispness.

Next, pick up the apple from the palm of your hand and take a moment to look at it again. Breathe in awareness a few times to help you focus and become more in touch with how you feel about the apple. Most of the time, we barely look at the apple we are eating. We grab it, take a bite, chew it quickly, and then swallow. This time, take note: What kind of apple is it? What color is it? How does it feel in your hand? What does it smell like? Going through these thoughts, you will begin to realize the apple is not simply a quick snack to quiet a grumbling stomach. It is something more complex, something part of a greater whole.

Then, give the apple a smile and slowly, mindfully take a bite, and chew it. Be aware of your in-breath and out-breath a few times to help you concentrate solely on eating the apple: what it feels like in your mouth; what it tastes like; what it's like to chew and swallow it. There is nothing else filling your mind as you chew—no projects, no deadlines, no worries, no "to do" list, no fears, no sorrow, no anger, no past, and no future. There is just the apple.

When you chew, know what you are chewing. Chew slowly and completely. Chew consciously, savoring the taste of the apple and its nourishment, immersing yourself in the process one hundred percent. This way, you really appreciate the apple as it is. And as you become fully aware of eating the apple, you also become fully aware of the present

## HEALING BODY, HEALING MIND

moment. You become fully engaged in the here and now. Living in the moment, you can really experience what the apple offers you, and you become more alive.

By eating the apple this way, truly savoring it, you have a taste of mindfulness, the state of awareness that comes from being fully immersed in the present moment. Letting go for those few short minutes and living in the here and now, you can begin to sense the pleasure and freedom from anxiety that a life lived in mindfulness can offer” (Nhat Hanh, & Cheung, 2010).

### **Gratitude for This Body—A Body Scan**

Body Positive by Debora Burgard, Ph.D.

This exercise will move us through the body with mindful awareness. As I bring attention to different parts of the body, listen to all the ways that you may have experienced a gift from that part of the body. This may be difficult, but let the images of gifts come naturally. As you listen, let your mind create pictures of the recent past, pictures that fade in and out, creating a kaleidoscope of images.

Notice any feelings you are having as you let these images come and go. Perhaps you are feeling some positive feelings toward your body, and perhaps there are also some angry or frustrated feelings too. Let all of your feelings be present and just notice them.

- Fought off an infection
- Taken you to the top of a hill
- Stayed awake so you could drive home safely
- Learned a new physical skill

## HEALING BODY, HEALING MIND

- Rewarded you with the sight of a sunset
- Healed a bruise
- Gotten stronger
- Expressed a strong emotion through your face or body language
- Defended you from an attack, or healed from an attack
- Let you know through pain that something needs your attention
- Released you from pain
- Rejuvenated during sleep

Allow your eyes to close, or rest gently. If you lose track of what I'm saying, of any instructions given during this body scan, it doesn't matter. Just continue to concentrate on the sound of my voice. So again during rotation of consciousness or any other part of the practice, try to stay aware but if you lose track just concentrate on the sound of my voice.

First, bring your awareness to your fingertips through your palms. Imagine all the goodness in the universe rushing to both of your hands. Restoring them, rejuvenating them, relaxing them. What gifts have your hands provided you with lately? How have they served on your behalf? Now become aware of the wrists, lower arms, elbows, upper arms, shoulders. The entire arms. All the goodness in the universe rushing into both arms. Both arms are completely restored, rejuvenated, relaxed. What gifts can you appreciate here?

Bringing you attention now to your side body, waist, hips and seat. The whole torso. All the goodness in the universe rushing to the whole torso, completely restored, rejuvenated, relaxed. Noticing the gifts, here. Moving attention to the upper legs, knees, lower legs,

## HEALING BODY, HEALING MIND

ankles, the entire legs. The entire legs are completely restored, rejuvenated, relaxed. How have your legs continue to serve you, day after day? Moving down now towards to heels, the bottom on the feet, top of the feet. Both feet. All the goodness in the universe rushing to both feet, completely restored, rejuvenated, relaxed. Where have your feet taken you over the years? Sending full gratitude towards them here.

Bring awareness to the throat, the lower jaw, upper jaw, teeth, gums, lips, left nostril, right nostril, and both nostrils, all of the goodness in the universe rushing. Left cheek, right cheek, left ear, right ear. Both cheeks, both ears, all of your awareness. Left eyeball, eyelid, eyebrow, eyelashes, right eyeball, eyelid, eyelashes. Both eyeballs, eyelids, both eyebrows, both eyelashes. All of the goodness in the universe rushing to them. The space between the eyebrows, forehead, scalp, hair on the head, space beyond the hair on the head, all the goodness in the universe rushing to the whole head. Completely restored, rejuvenated, and relaxed. The gifts provided here. Full loving kindness here.

Now become aware of the whole body from the tips of the toes up to the top of the head. The whole body. All the goodness in the universe rushing to the whole body, completely restored, rejuvenated, relaxed. The whole body, the whole body. The whole body.

Let yourself feel the specialness of all the gifts from your body, the awe and wonder of them. What would you like to say to your "body self"? Create a phrase that expresses your appreciation. What phrase captures your sense of appreciation for these gifts? Take some time to let this phrase form in your mind.

## **Loving Kindness—Meditation**

## HEALING BODY, HEALING MIND

*A Path With Heart* by Jack Kornfield

This meditation uses words, images, and feelings to evoke a loving kindness and friendliness toward oneself and others. With each recitation of the phrases, we are expressing an intention, planting the seeds of loving wishes over and over in our heart.

With a loving heart as the background, all that we attempt, all that we encounter will open and flow more easily. You can begin the practice of lovingkindness by meditating for fifteen or twenty minutes in a quiet place. Let yourself sit in a comfortable fashion. Let your body rest and be relaxed. Let your heart be soft. Let go of any plans or preoccupations.

Begin with yourself. Breathe gently, and recite inwardly the following traditional phrases directed toward our own well-being. You begin with yourself because without loving yourself it is almost impossible to love others.

*May I be filled with loving kindness.*

*May I be safe from inner and outer dangers.*

*May I be well in body and mind.*

*May I be at ease and happy.*

As you repeat these phrases, picture yourself as you are now, and hold that image in a heart of lovingkindness. Or perhaps you will find it easier to picture yourself as a young and beloved child. Adjust the words and images in any way you wish. Create the exact phrases that best open your heart of kindness. Repeat these phrases over and over again, letting the feelings permeate your body and mind. Practice this meditation for a number of weeks, until the sense of loving kindness for yourself grows.



## HEALING BODY, HEALING MIND

Be aware that this meditation may at times feel mechanical or awkward. It can also bring up feelings contrary to lovingkindness, feelings of irritation and anger. If this happens, it is especially important to be patient and kind toward yourself, allowing whatever arises to be received in a spirit of friendliness and kind affection. When you feel you have established some stronger sense of loving kindness for yourself, you can then expand your meditation to include others. After focusing on yourself for five or ten minutes, choose a benefactor, someone in your life who has loved and truly cared for you. Picture this person and carefully recite the same phrases:

*May you be filled with loving kindness.*

*May you be safe from inner and outer dangers.*

*May you be well in body and mind.*

*May you be at ease and happy.*

Let the image and feelings you have for your benefactor support the meditation. Whether the image or feelings are clear or not does not matter. In meditation they will be subject to change. Simply continue to plant the seeds of loving wishes, repeating the phrases gently no matter what arises.

Expressing gratitude to our benefactors is a natural form of love. In fact, some people find lovingkindness for themselves so hard, they begin their practice with a benefactor. This too is fine. The rule in lovingkindness practice is to follow the way that most easily opens your heart.

## HEALING BODY, HEALING MIND

When lovingkindness for your benefactor has developed, you can gradually begin to include other people in your meditation. Picturing each beloved person, recite inwardly the same phrases, evoking a sense of loving kindness for each person in turn.

After this you can include others: Spend some time wishing well to a wider circle of friends. Then gradually extend your meditation to picture and include community members, neighbors, people everywhere, animals, all beings, the whole earth. Finally, include the difficult people in your life, even your enemies, wishing that they too may be filled with lovingkindness and peace. This will take practice. But as your heart opens, first to loved ones and friends, you will find that in the end you won't want to close it anymore.

Lovingkindness can be practiced anywhere. You can use this meditation in traffic jams, in buses, and on airplanes. As you silently practice this meditation among people, you will come to feel a wonderful connection with them – the power of loving kindness. It will calm your mind and keep you connected to your heart.

### **Guided Meditation—Ending the War With Yourself**

True Refuge by Tara Brach

*Often our deepest suffering in the sense that something we have done, something about us, is fundamentally wrong and unacceptable. Finding a way to make peace with our human imperfections us the ground of all healing*

Find a comfortable sitting position and take a few moments to relax obvious areas of tension in your body. Connect with your intention to open your heart to your own being. Then bring to mind some aspect of yourself that has felt unforgivable.

## HEALING BODY, HEALING MIND

Perhaps you can't forgive yourself for being a judgmental and controlling person, or for how you have hurt others. You might not be able to forgive how you are ruining your life with an addictive behavior. You might feel disgust for your mental obsession. What feels so wrong or bad about your unforgivable behavior, emotion, or way of thinking?

Allow yourself to feel the aversion that you have toward yourself. Now explore more deeply what is driving this unacceptable part of you. If you are addicted to food, nicotine, or alcohol, what needs are you trying to satisfy, what fears are you trying to soothe? When you are judging others, are you feeling fearful yourself? If you have wounded another person, did you act out of hurt and insecurity? Out of the need to feel powerful or safe? Look at yourself and your vulnerability as if through the eyes of the most understanding and loving friend, relative, or deity.

As you become aware of these underlying wants and fears, allow yourself to feel them directly in your body, heart, and mind. Even though you dislike the behaviors, try to hold this underlying vulnerability with compassion. Placing your hand on your heart, send a sincere message of self-compassion directly to the places of fear and unmet needs — to the pain that has given rise to what feels unforgivable.

You might mentally whisper, "I see how I've caused myself suffering, and I forgive myself now." Or you might simply offer yourself the words: "forgiven, forgiven."

Meet whatever arises — fear or judgment, shame, or grief — with the message of forgiveness. You might call on the presence of someone you consider to be deeply loving and understanding, and feel his or her compassion flowing into you, supporting you.

## HEALING BODY, HEALING MIND

Discover what happens when you bring an unconditionally forgiving heart to the parts of you that are wounded and vulnerable.

When you feel unable to forgive yourself, you might believe you don't deserve to be forgiven or fear that if you forgive yourself you'll just do the same thing again. Maybe you're afraid that if you really open yourself to forgiveness, you'll come face-to-face with some intolerable truth.

If these doubts and fears arise, acknowledge and accept them with compassion. Then say to yourself, "It is my intention to forgive myself when I am able."

Your intention to forgive is the seed of forgiveness — this willingness will gradually relax and open your heart.

### **Transforming the Heart of Suffering—Tonglen Meditation**

*When Things Fall Apart* by Pema Chödrön

"In order to have compassion for others, we have to have compassion for ourselves. In particular, to care about other people who are fearful, angry, jealous, overpowered by addictions of all kinds, arrogant, proud, miserly, selfish, mean—you name it—to have compassion and to care for these people, means not to run from the pain of finding these things in ourselves. In fact, one's whole attitude toward pain can change. Instead of fending it off and hiding from it, one could open one's heart and allow oneself to feel that pain, feel it as something that will soften and purify us and make us far more loving and kind.

The tonglen practice is a method for connecting with suffering—ours and that which is all around us—everywhere we go. It is a method for overcoming fear of suffering and for dissolving the tightness of our heart. Primarily it is a method for

## HEALING BODY, HEALING MIND

awakening the compassion that is inherent in all of us, no matter how cruel or cold we might seem to be.

We begin the practice by taking on the suffering of a person we know to be hurting and whom we wish to help. For instance, if you know of a child who is being hurt, you breathe in the wish to take away all the pain and fear of that child. Then, as you breathe out, you send the child happiness, joy, or whatever would relieve their pain. This is the core of the practice: breathing in other's pain so they can be well and have more space to relax and open, and breathing out, sending them relaxation or whatever you feel would bring them relief and happiness. However, we often cannot do this practice because we come face to face with our own fear, our own resistance, anger, or whatever our personal pain or our personal stuckness happens to be at that moment.

At that point you can change the focus and begin to do tonglen for what you are feeling and for millions of others just like you who at that very moment are feeling the same stuckness and misery. Maybe you are able to name your pain. You recognize it clearly as terror or revulsion or anger or wanting to get revenge. So you breathe in for all the people who are caught with that same emotion and you send out relief or whatever opens up the space for yourself and all those countless others. Maybe you can't name what you're feeling. But you can feel it—a tightness in the stomach, a heavy darkness, or whatever. Just contact what you are feeling and breathe in, take it in—for all of us and send out relief to all of us.

People often say that this practice goes against the grain of how we usually hold ourselves together. Truthfully, this practice does go against the grain of wanting things on our own terms, of wanting it to work out for ourselves no matter what happens to the

## HEALING BODY, HEALING MIND

others. The practice dissolves the armor of self-protection we've tried so hard to create around ourselves. In Buddhist language one would say that it dissolves the fixation and clinging of ego.

Tonglen reverses the usual logic of avoiding suffering and seeking pleasure and, in the process, we become liberated from a very ancient prison of selfishness. We begin to feel love both for ourselves and others and also we begin to take care of ourselves and others. It awakens our compassion and it also introduces us to a far larger view of reality. It introduces us to the unlimited spaciousness that Buddhists call shunyata. By doing the practice, we begin to connect with the open dimension of our being. At first we experience this as things not being such a big deal or as solid as they seemed before.

Tonglen can be done for those who are ill, those who are dying or have just died, or for those who are in pain of any kind. It can be done either as a formal meditation practice or right on the spot at any time. For example, if you are out walking and you see someone in pain—right on the spot you can begin to breathe in their pain and send out some relief. Or, more likely, you might see someone in pain and look away because it brings up your fear or anger; it brings up your resistance and confusion. So on the spot you can do tonglen for all the people who are just like you, for everyone who wishes to be compassionate but instead is afraid, for everyone who wishes to be brave but instead is a coward.

Rather than beating yourself up, use your own stuckness as a stepping stone to understanding what people are up against all over the world. Breathe in for all of us and breathe out for all of us. Use what seems like poison as medicine. Use your personal suffering as the path to compassion for all beings.”

### **Dhyana—Meditation**

Sutra 3.2: *Dhyana is the continuous flow of cognition toward that object (Satchidananda, 1978).*

### **Sankalpa—A Heartfelt Intention**

Practicing with a personal “sankalpa” or personal intention can help clients not only establish a sense of calm in their practice, but is also gives them a sense of autonomy in their meditation. This type of intention is a positive statement that can take on one of two forms. One way is by cultivating a heartfelt affirmation of what you already are. For example, “I am already enough,” or “I am at peace with myself.” It can be difficult for clients to come up with a positive statement about themselves, so it is important for counselors to normalize this experience. It is okay to not fully believe this idea about yourself right now, but a san culpa is like a seed that is fertilized and nourished through the effects of a mindfulness meditation. However, a sankalpa can also be a specific goal or intention. Clients can think of an intention for what they want to achieve through treatment or their meditation practice. For example, “Health” or “Self-Acceptance” can be repeated to inspire growth. Counselors can instruct clients to either write down their san culpa or say it silently to themselves. Below are some ways to practice with a sankalpa.

- Finding a comfortable seat, begin to repeat your sankalpa mentally to yourself
- Sankalpa can be recited at the beginning of a particular mindfulness practice or even a traditional counseling session. It is nice to repeat it again at the end.

## HEALING BODY, HEALING MIND

- Encourage clients to place the statement in special areas that only they see such as their computer, in a drawer, or as a note in their bathroom cabinet.
- Create a vision board with your statement in the middle and then have pictures or slogans around it

## **Mantra**

Mantra is a component of yoga and helps transform energy through words and images. Each mantra has a different use and meaning. When introducing mantra to clients, unless they have practiced yoga for a long time, it is better to encourage a silent mantra practice. In the yoga tradition, saying a mantra to oneself mentally is actually known to be more powerful than saying it out loud.

### **So-hum**

- Link breath to “so-hum” = “I am that” = gesture of our unity with all things
- “so” on inhale and “hum” on exhale
- Breath is even
- The tethering of the mind to this mantra can help keep it stable and grounded while allowing it to contemplate one-ness
- Use breath and mantra as anchor for attention
- Can move attention from nostrils to eyebrows
- Alternative: “So Hum, Hum Sa”: I am you, you are me.

### **Om - “Aum”**



## HEALING BODY, HEALING MIND

- Like many ideas or words in eastern philosophy, Om is very hard to define in the english language. But, the general consensus is that the three parts of the sound A-U-M represents Brahma or creation, Vishnu or preservation, and Siva or destruction.
- Exhale: "OMmmmmmmmm..." Inhale: " \_\_\_\_\_ (silence) \_\_\_\_\_ "
- Exhale: "OMmmmmmmmm..." Inhale: " \_\_\_\_\_ (silence) \_\_\_\_\_ "
- Exhale: "OMmmmmmmmm..." Inhale: " \_\_\_\_\_ (silence) \_\_\_\_\_ "
- In this practice, you come to experience the mind and breath connecting in unison.

It is important to note that we should always provide our clients with a specific anchor. Whether that be breath, mantra or mudra. From a trauma sensitive perspective, we want our clients to feel safe. A silent or seedless meditation can be triggering.

### **Processing with Clients**

Whether choosing to introduce Asana, Pranayama, Dharana or Dhyana techniques, processing these techniques with the client is imperative. This is likely something that trained counselors will feel comfortable doing. But below are some process questions that may help to facilitate deeper discussion. These moments of reflection are almost more important than the practice itself.

- What feels different from before we practiced?

## HEALING BODY, HEALING MIND

- What came up for you that felt positive (relief, calmness, relaxation) and what presented itself that was not positive (trauma response, agitation, embarrassment)?
- How are you feeling about the practice - are you open to trying it again?
- Without judgement, what are some things you noticed about yourself?

## References

- Arcelus, J. (2011). Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders. *Arch Gen Psychiatry Archives of General Psychiatry*, 68(7), 724-731. doi:10.1001/archgenpsychiatry.2011.74.
- Black, D. & Andreasen, N. (2011). *Introductory textbook of psychiatry* (5th Ed.). Washington, DC: American Psychiatric Press.
- Blinder, B., Cumella, E., & Sanathara, V. (2006). Psychiatric Comorbidities of Female Inpatients With Eating Disorders. *Psychosomatic Medicine*, 68(3), 454-462. doi:10.1097/01.psy.0000221254.77675.f5.
- Boudette, R. (2006). Question & Answer: Yoga in the Treatment of Disordered Eating and Body Image Disturbance: How can the Practice of Yoga be Helpful in Recovery from an Eating disorder? *Eating disorders*, 14(2), 167-170. doi:10.1080/10640260500536334.
- Butryn, M. L., Juarasico, A., Shaw, J., Kerrigan, S. G., Clark, V., O'Planick, A., Forman, E. M. (2012). Mindfulness and its relationship with eating disorder symptomology. *Eating Behaviors*, 14(1), 13-16. doi:10.1016/j.eatbeh.2012.10.005.
- Brach, T. (2012). *True Refuge: Finding peace and freedom in your own awakened heart*. New York, NY: Bantam Books.
- Carei, T. R., Fyfe-Johnson, A. L., Breuner, C. C., & Brown, M. A. (2010). Randomized Controlled Clinical Trial of Yoga in the Treatment of Eating disorders. *Journal of Adolescent Health*, 46(4), 346-351. doi:10.1016/j.jadohealth.2009.08.007.

## HEALING BODY, HEALING MIND

- Cook-Cottone, C. P., Beck, M., & Kane, L. (2008). Manualized-group treatment of Eating disorders: Attunement in mind, body, and relationship (AMBR). *The Journal for Specialists in Group Work*, 33(1), 61–83.  
doi:10.1080/01933920701798570.
- Crow, S.J., Peterson, C.B., Swanson, S.A., Raymond, N.C., Specker, S., Eckert, E.D., Mitchell, J.E. (2009). Increased mortality in bulimia nervosa and other eating disorders. *American Journal of Psychiatry*, 166(12), 1342-1346.  
doi:10.1176/appi.ajp.2009.09020247.
- Dale, L. P., Mattison, A. M., Greenberg, K., Galen, G., Neace, W. P., Matacin, M. L. (2009). Yoga Workshop Impacts Psychological Functioning and Mood of Women With Self-Reported Eating disorders. *Eating disorders*, 17(5), 422-434.  
doi:10.1080/10640260903210222.
- Daubenmier, J. J. (2005). The Relationship of Yoga, Body Awareness, and Body Responsiveness to Self-Objectification and Disordered Eating, *Psychology of Women Quarterly*, 29(2), 207-219. doi:10.1111/j.1471-6402.2005.00183.x
- Dittmann, K. A., & Freedman, M. R. (2009). Body Awareness, Eating Attitudes, and Spiritual Beliefs of Women Practicing Yoga. *Eating Disorders*, 17(4), 273-292.  
doi:10.1080/10640260902991111.
- Douglass, L. (2010). Thinking Through the Body: The Conceptualization of Yoga as Therapy for Individuals with Eating Disorders. *Eating Disorders: The Journal of Treatment and Prevention*, 19(1), 83-96. doi: 10.1080/10640266.2011.533607.
- Douglass, L. (2009). Yoga as and Intervention in the Treatment of Eating disorders: Does it Help? *Eating Disorders*, 17(2), 126-139. doi: 10.1080/10640260802714555.

## HEALING BODY, HEALING MIND

- Fairburn, C. G., (2008). *Cognitive Behavior Therapy and Eating disorders*. New York, NY: The Guilford Press.
- Hart, S., Franklin, R., Russell, J., & Abraham, S. (2013). A review of feeding methods used in the treatment of anorexia nervosa. *Journal of Eating disorders, 1*(36), 1-10. doi:10.1186/2050-2974-1-36.
- Iyengar, B.K.S., (1979). *Light on Yoga: Yoga Dipika*. New York, NY: Schocken Books.
- Javnbakht, M., Kenari, R. H., & Ghasemi, M. (2009). Effects of yoga on depression and anxiety of women. *Complementary Therapies in Clinical Practice, 15*(2), 102-104. doi:10.1016/j.ctcp.2009.01.003.
- Keel, P. K., Dorer, D. J., Franko, D. L., Jackson, S. C., & Herzog, D. B. (2005). Postremission Predictors of Relapse in Women With Eating Disorders. *American Journal of Psychiatry AJP, 162*(12), 2263-2268.  
<http://dx.doi.org/10.1176/appi.ajp.162.12.2263>
- Klein, J., & Cook-Cattone, C. (2013). The Effects of Yoga on Eating disorder Symptoms and Correlates: A Review. *International Journal of Yoga Therapy, 2*(2), 41-50. doi:10.17761/ijyt.23.2.2718421234k31854.
- Levine, P. A. (1997). *Waking the Tiger: Healing Trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.
- Levine, M. (2000). *The positive psychology of Buddhism and yoga: Paths to a mature happiness*. Mahwah, NJ: Lawrence Erlbaum.
- Levine, M. P., & Marcus, M. D. (2003). Psychosocial treatment of binge eating disorder: An update. *Eating Disorder Review, 14*(4), 432-446. doi:10.1007/s11920-012-0277-8.

## HEALING BODY, HEALING MIND

- Mcfarlane, T., Olmsted, M. P., & Trottier, K. (2008). Timing and prediction of relapse in a transdiagnostic eating disorder sample. *Int. J. Eat. Disord. International Journal of Eating disorders*, *41*(7), 587-593. Doi:10.1002/eat.20550.
- (National Association of Anorexia Nervosa and Associated Disorders. (n.d.). *ANAD*. Retrieved from <http://www.anad.org/>
- Naveen, G. H., Thirthalli, J., Rao, M. G., Varambally, S., Christopher, R., & Gangadhar, B. N. (2013). Positive therapeutic and neurotropic effects of yoga in depression: A comparative study. *Indian Journal of Psychiatry*, *55*(3), 400–404. doi:10.4103/0019-5545.116313.
- Neumark-Sztainer, D. (2009). Preventing Obesity and Eating disorders in Adolescents: What Can Health Care Providers Do? *Journal of Adolescent Health*, *44*(3), 206-213. doi:10.1016/j.jadohealth.2008.11.005
- Nhat Hạnh, T., & Cheung, L. W. (2010). *Savor: Mindful eating, mindful life*. New York, NY: HarperOne.
- Pham-Scottez, A., Huas, C., Perez-Diaz, F., Nordon, C., Divac, S., Dardennes, R., . . . Rouillon, F. (2012). Why Do People With Eating disorders Drop Out From Inpatient Treatment? *The Journal of Nervous and Mental Disease*, *200*(9), 807-813. doi:10.1097/NMD.0b013e318266bbba.
- Proulx, K. (2008). Experiences of Women with Bulimia Nervosa in a Mindfulness-Based Eating disorder Treatment Group. *Eating disorders*, *16*, 52-72. doi:10.1080/10640260701773496.
- Reyes-Rodríguez, M. L., Von Holle, A., Ulman, T. F., Thornton, L. M., Klump, K. L., Brandt, H., Bulik, C. M. (2011). Post traumatic stress disorder in anorexia

## HEALING BODY, HEALING MIND

nervosa. *Psychosomatic Medicine*, 73(6), 491–497.

doi:10.1097/PSY.0b013e31822232bb

Rubenstein, L. (n.d.). Yoga for Trauma Survivors [Web log post]. Retrieved from

<http://www.yogaactivist.org/about/development/thanks/141-2/6786-2/>

Russell, G., Szmukler, G., Dare, C., & Eisler, I. (1986). An Evaluation of Family Therapy

in Anorexia Nervosa and Bulimia Nervosa. *Archives of General Psychiatry*,

44(12), 1047-1056. doi:10.1001/archpsyc.1987.01800240021004.

Saraswati, M. (1985). *Hatha yoga pradipika: The light on hatha yoga: Including the*

*original sanskrit text of the Hatha Yoga Pradipika with English translation.*

Munger: Bihar School of Yoga.

Satchidananda, S. (1990). *The Yoga Sutras of Patanjali*. Yogaville, VA: Integral Yoga

Publications.

Shapiro, et al. (2007) Yoga as a Complementary Treatment of Depression: Effects of

Traits and Moods on Treatment Outcomes. *Evidence Based Complementary*

*Alternative Medicine*, 4(4), 493-502. doi:10.1093/ecam/nel114.

Smith, C., Hancock, H., Blake-Mortimer, J., & Eckert, K. (2007). A randomised

comparative trial of yoga and relaxation to reduce stress and anxiety.

*Complementary Therapies in Medicine*, 15(2), 77-83.

doi:10.1016/j.ctim.2006.05.001.

Telles, S., Naveen, K. V., & Dash, M. (2007). Yoga Reduces Symptoms of Distress in

Tsunami Survivors in the Andaman Islands. *Evidence-Based Complementary and*

*Alternative Medicine*, 4(4), 503-509. doi:10.1093/ecam/nem069.

## HEALING BODY, HEALING MIND

(The Emily Program. (n.d). *Eating Disorder Facts*. Retrieved from

<https://www.emilyprogram.com/about-eating-disorders/eating-disorder-facts>

Van der Kolk, B. (2014). *The Body Keeps the Score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.

Wade, T. D., Keski-Rahkonen A., & Hudson J. (2011). Epidemiology of Eating disorders. In M. Tsuang and M. Tohen (Eds.) , *Textbook in Psychiatric Epidemiology* (343-360) . New York: Wiley.

Wyer, K. (2001, February). Mirror Image: Yoga classes at the Monte Nido clinic are changing how women with Eating disorders see themselves. *Yoga Journal*, 158, 70-72.