

Setting the Standard for Nutrition in Behavioral Healthcare

## Integrating Yoga-Based Treatment into a Medical Model for Eating Disorder Treatment

By Beverly Price, RD, MA, E-RYT

In their lifetime, an estimated 0.6 percent of the adult population in the U.S. will suffer from anorexia, 1.0 percent from bulimia, and 2.8 percent from a binge eating disorder (1), the diagnoses of eating disorders have been made in children less than 12 years of age and as old as age 75. Eating disorders are considered spectrum disorders ranging from anorexia nervosa, to bulimia nervosa, to binge eating disorder. Eating disorders are symptoms of depression and anxiety, along with a host of other psychological issues, including mental health conditions resulting from trauma. Depression and anxiety, along with personality disorders, including borderline personality disorder, are consistently found in individuals with eating disorders. Obsessive-Compulsive Disorder (OCD) is often found in individuals with eating disorders along with substance abuse disorders. Further information on the diagnoses and classifications of eating disorders, along with co-occurring disorders, may be found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR* (2).

Cognitive-Behavioral Therapy (CBT)(3) is widely used in eating disorder treatment; although a wide range of eating disorder therapists have adopted the family based Maudsley(4) approach. Progressive outgrowths of CBT include Dialectic Behavioral Therapy (DBT)(5), Mindfulness Based Cognitive Therapy (MBCT)(6) and Acceptance Commitment Therapy (ACT)(7). Yoga-based therapy is a new modality in eating disorder recovery, which is body centered vs. talk therapy.

### Review of Literature

#### Yoga and Eating Disorder Recovery

Research in the area of yoga and eating disorder recovery is quite limited. Douglass (2009) explored the uses of yoga as an experiential adjunct to other forms of therapy in the treatment of eating disorders in residential and outpatient settings. This article indicated that supported by other treatment modalities, yoga can be an effective method for increasing self-awareness, reflection and the ability to self-soothe. Suggestions were also made as to how therapists can support the practice of yoga in residential and outpatient eating disorder treatment settings (3).

Boudette (2006) taught yoga in a class designed specifically for eating disorders and discovered that bulimics and compulsive eaters found a deep sense of peace and freedom, were able to integrate positive coping strategies and connect with their physical bodies. The article concluded that yoga offers a non-verbal, experiential adjunct to talking therapy. The author discussed the importance of goal setting within the yoga practice designed for eating disorder recovery and cautioned about using the yoga practice for physical measurements (i.e. getting your foot behind your head, etc.)(4).

In a 12-week, randomized study of 90 women ages 25 – 63 years of age with binge eating disorder, by McIver et al. (2009), the yoga-intervention group reported small but significant reductions in binge eating activity and body mass index (BMI) compared to the control group (5). On the other hand, Mitchell, et al. (2007) found no significant post-intervention differences in 93 college women studied that were treated with a discussion-based group vs. a yoga intervention group (6).

According to the *Journal of Adolescent Health* (Carei, 2010), yoga treatment significantly reduced food preoccupation immediately after the yoga therapy sessions. The study included a total of fifty girls and four boys aged from eleven to twenty one. Patients were treated over eight weeks time. Twenty-seven patients received standard care, and twenty-six patients participated in yoga in addition to their standard care. The yoga group showed a greater decrease in eating disordered symptoms when compared to the group that only participated in standard treatment. Food preoccupation was measured before and after each session of yoga and decreased significantly after all sessions. The results of this study showed that individualized yoga therapy could be an effective addition to standard eating disorder therapy (7).



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## Yoga-Based Treatment...

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### Yoga and Body Image

In a study by Jennifer Daubenmier (2002, 2005), Hatha yoga participants reported the greatest degree of body awareness and trust during exercise as well as in daily life. They also reported greater levels of self-acceptance than the baseline condition but equal to the aerobic condition, partially confirming the hypothesis. Hatha yoga participants reported the least amount of internalization of the thinness ideal, the least amount of tendency to compare their physical appearance to those of others, the smallest discrepancies between actual and ideal physical attributes, the least amount of self-objectification, and the most body satisfaction. Hatha yoga participants reported fewer eating problems compared to the aerobic condition. The greater the number of hours a woman practiced yoga in a week was associated with even less self-objectification and greater satisfaction with her body, while the more hours a woman spent performing aerobic activity was linked with greater disordered eating (8)(9).

Dittmann and Freedman (2009) evaluated attitudes about body image and eating in women practicing postural yoga. Results showed significant improvements in body satisfaction and disordered eating due in part to yoga and its associated spirituality (10).

Scime and Cook-Cottone (2008) studied the impact of a primary prevention program for eating disorders in 75 fifth-grade girls. The curriculum incorporated interactive discussion, yoga, and relaxation into 10 weekly sessions. Pre- and post-test data from five groups conducted over two years compared with 69 control group participants indicated that the intervention group had a significant improvement on scores from the Eating Disorder Inventory-2 measuring body dissatisfaction and bulimia, as well as on the Social scale of the Multidimensional Self-Concept Scale (11). Scime et al. (2006) looked at three groups, in a similar intervention over 13 months that showed a significant improvement on scores measuring body dissatisfaction and drive for thinness, as well as media influence (12).

## Yoga Therapy for Eating Disorder Treatment – Best Practices

Yoga therapy is conducted in small or one-on-one groups conducted by a Yoga therapist. Emphasis is on integrating breath and movement with traditional medical or psychological interventions. A Yoga therapist's training incorporates the traditional training

requirements of a registered Yoga teacher through a 200 or 500 hour Yoga Alliance (YA) registered Yoga school. However, their training goes beyond the Registered Yoga Teacher (RYT) certification to incorporate several healing modalities with specific populations in which the yoga therapy school is geared towards. Legitimate Yoga therapy programs are credentialed by the International Association of Yoga Therapists (IAYT). Practitioners entering Yoga therapy programs are generally licensed professionals (physicians, psychologists or other ancillary licensed or registered health professionals) or trained peer coaches, who have been in recovery, for the specific disease that they are treating, for greater than two years.

In contrast, a Yoga "class" is generally held at Yoga studios or gyms in a larger group setting, conducted by a Yoga teacher. Classes emphasize moving from one pose to the next, often in a sequenced method. Many Yoga classes



today are quite westernized, emphasizing the physical body and often accompanied by music typically found in an aerobics class.

Reconnect with Food® Yoga Therapy is a systematic program specifically designed for the population of eating disorders across the spectrum—anorexia, bulimia and binge eating, and tailored to meet individual needs. Reconnect with Food® Yoga Therapy program combines a unique healing modality of Yoga philosophy and a sequenced flow intertwined with traditional psychotherapy. The focus is not exclusively on the Yoga postures. The chakras, along with the eight limbs of Yoga are intertwined as themes in the healing process over a seven week time frame. Yoga Therapy may be conducted in small groups along with one-on-one sessions and can be incorporated into inpatient/residential, day treatment, support groups or individual counseling sessions for eating disorder recovery. The following is a suggested, best

practices integrative Yoga therapy model of treatment that can be incorporated into eating disorder treatment programs:

### The therapeutic Yoga asana practice

Yoga Therapy for eating disorder recovery begins with the asana practice with the lighting very dim, or devoid of light, along with any curtains closed. The temperature is moderate, approximately 75 – 80 degrees. Space heaters are available to warm the room on a cool day or for those who need extra heat to loosen up muscles. There is very little music played, if any, except for possibly light, new-age background music. There may be a song played in savasana (resting pose at the end of the Yoga asana practice), which aligns with the theme of the Yoga therapy session.

The first five minutes of the asana session is spent in meditation, with guidance from the Yoga therapist. Foundations of meditation are brought into the session. Clients are invited to close their eyes and encouraged to keep them closed throughout the entire session. The Yoga therapist will begin to bring in the theme for the session in these first five minutes.

Following this introduction, clients are encouraged to move their body in any way. This may include "cat-cow" postures, "cobra", "downward dog" or just wiggling their hips from side to side.

Whatever feels right to the client is encouraged in these few minutes to warm up the body.

A dynamic sequence of postures is then brought into the session, which is designed to bring clients to their edge quickly. The edge is defined, while clients are also encouraged to soften around their edge. The flow, following this sequence, involves long holding and challenging postures, teaching to the strongest student in the room, while offering modifications. Clients are encouraged to take "child's pose" at any time or simply sit on their mat and breathe if that is what serves them on any given day.

Clear and simple directions are given by the Yoga therapist, while modeling is not done. This is why clear and simple directions are imperative. The flow of long holding postures covers one side of the body, followed by the other side of the body over 35 – 40 minutes. The remaining 5 – 10 minutes of the session ends with Yin Yoga postures, followed by savasana (pose of total relaxation). Seated meditation is also offered as an alternative to savasana by the Yoga therapist.

### Dialogue and word choices

Continuous dialogue is brought into the session, by the Yoga therapist, honing the theme and relating the theme to what the client might be experiencing in the postures. Analogies and metaphors are used, along with studies and benefits explained during

the flow. The Yoga therapist links the breath with postures in every movement and continually reminds the client to come back to their breath. In addition, the Yoga therapist uses the phrases, "Your arm," "Your leg," or "Your body," vs. "the" or "that" limb/body in order to help the client connect more with his or her body. Moments of silence are also given by the Yoga therapist in order to give the client space. Adjustments are given to make "connections" vs. "corrections" and to assist the client in going deeper if the Yoga therapist senses that the client is holding back. In addition, an "adjustment" may consist of the Yoga therapist sitting next to a client during the session and listening for his or her breath.

At the close of the session, the Yoga therapist will offer words of wisdom that bring the theme home. The Yoga therapist may also choose to read a poem to the group. It is important for the Yoga therapist to assess what they see in the client during the entire flow, to not react to any acting out on a given day by the client and to not take anything personally. Feedback is always important from the client along with peers to continually improve the skills of the Yoga therapist.

### **Connecting the asana practice with all limbs and facets of Yoga**

In the PHP and IOP programs, the practice of Yoga is held at the start of the day. The theme of the Yoga practice parallels the Hindu chakras and Patanjali's eight limbs of Yoga, where each chakra and limb of Yoga is covered in order on a weekly basis. The day's activities (group therapy, lunch experiential, creative arts therapy) are held following the Yoga practice and integrate the particular chakra and eight limbs of Yoga of that respective week into all facets of the day's program.

### **The chakras**

Caroline Myss, PhD, developed the field of Energy Anatomy, a science that correlates specific emotional/psychological/physical/spiritual stress patterns with diseases. Caroline Myss has devoted the majority of her life to learning and teaching others about spirituality, human consciousness, energy medicine, and the mystical art of healing using the seven Hindu chakras to create a map of the human "energy anatomy".

Chakra means "wheel" or "circle", and sometimes referred to as the "wheel of life". The chakras are aligned in an ascending column from the base of the spine to the top of the head. In modern age practices, each chakra is associated with a certain color and is associated with multiple physiological functions such as aspects of consciousness and other distinguishing characteristics. These are seen as lotuses with a different number of petals in every chakra.

The chakras not only vitalize the physical

body but also regulate the interactions of a physical, emotional and mental nature. The chakras are the locus of life energy (prana), which flow among them along pathways called nadis. The main function of the chakras is to keep the spiritual, mental, emotional and physical health of the body in balance by spinning and drawing energy.

The modern world has drawn inspiration from the chakras and draws a parallel between the position and role of the chakras and those of the glands in the endocrine system. The modern world also recognizes that there are additional chakras which exist such as ear chakras.

The different parts of the world use different models of chakras such as Chinese medicine, Tibetan Buddhism, western world, etc. The western world mainly adheres to the shakta theory of seven main chakras as translated versions of the Sat-Cakra-Nirupana, and the Padaka-Pancaka, which are two ancient Indian texts.

The body's chakras parallel two chains of nerve bundles located on each side of the spinal cord. By activating these chakras, the emotional pain imprisoned in the body as physical pain around the spinal cord can be released. Yoga involves spinal movements that activate the body's chakras and can easily release a person's physical pain, which then in turn can help rid the body of emotional pain. The chakras are also very useful to help the recovering individual get to the root of eating disordered behavior. Often, when emotional pain is unresolved, this emotional imbalance manifests itself through physical pain based on the emotional energy or block and is associated with a specific chakra. An interesting parallel may be created with the chakras to incorporate discussion on a physical, emotional and spiritual level as it relates to eating disorder behavior (13).

### **Eight limbs of Yoga**

Patanjali, a physician who lived in India between 200 B.C. and 200 A.D., compiled 195 sutras or concise aphorisms that are essentially an ethical blueprint for living a moral life and incorporating the science of Yoga into one's life. The heart of Patanjali's teachings is the eightfold path of yoga. It is also called the eight limbs of Patanjali, because they intertwine like the branches of a tree in the forest. The eight fold path is helpful for individuals to gain insight as to how they treat themselves and others, while working towards personal disciplines and attitudes, withdrawal of the senses, inward focus and letting go of old attachments—including attachment to illnesses—that keep one "stuck" (14). The Yamas and Niyamas (first two limbs) particularly intertwine nicely with eating disorder recovery as many individuals with eating disorders often have other related addictions. In work-

ing with the eight fold path of Yoga, individuals may gain insight into relationships between themselves and others, along with the parallel relationship food.

## **Conclusion**

Most eating disorder treatment facilities and professionals interviewed have not looked at Yoga beyond a class or basic "stretching" in their respective facility. None report integrating Yoga and its philosophy to facilitate healing as most programs are very compartmentalized. Although a model for best practices in integrating Yoga-based therapy into comprehensive eating disorder treatment has been outlined in this article, further research is needed in the effectiveness of Yoga-based therapy on the treatment of eating disorders and is currently underway in our treatment program.

In addition, further studies are warranted in order to understand how the exact mechanism of Yoga affects intricate brain centers and how Yoga can be beneficial in eating disorder recovery along with the many co-occurring disorders involved. Yoga can be a very beneficial adjunct to treatment as illustrated in this article, in order to facilitate healing on a deeper level. Yoga therapists can be a significant adjunct to the eating disorder treatment team as can a licensed psychotherapist and dietitian who are also trained as Yoga therapists. The integration of Yoga into the medical treatment model of eating disorders can make Yoga more powerful in the healing process.

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## Information on Complementary and Alternative Medicine . . . . .

For access to information on Complementary and Alternative Medicine (CAM), including mind-body practices of yoga, The National Institutes of Health, U.S. Department of Health and Human Services presents an overview of the types of CAM, summary information on safety and regulation, the mission of the National Center for Complementary and Alternative Medicine (NCCAM), and additional resources. This information is available on the "Health Information" page of the NCCAM Web site (<http://nccam.nih.gov/health/>). Materials include:

- Fact sheets designed to help you think about the issues involved in deciding whether to use CAM.
- Fact sheets on specific CAM therapies (e.g., Yoga for Health: An Introduction) and on CAM for specific health conditions (e.g., CAM and Hepatitis C: A Focus on Herbal Supplements) including information on safety, the status of evidence-based research on effectiveness, and points to consider in deciding to use the therapy.
- Herbs at a Glance: Information on more than 40 of the most common herbs in popular dietary supplements. Available in a booklet and in individual fact sheets.

The NCCAM Clearinghouse provides information on CAM and NCCAM, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226 TTY (for deaf and hard-of-hearing callers): 1-866-464-3615 Web site: <http://nccam.nih.gov/> E-mail: [info@nccam.nih.gov](mailto:info@nccam.nih.gov)

### Office of Dietary Supplements (ODS)

ODS seeks to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, supporting research, sharing research results, and educating the public. Its resources include publications and the International Bibliographic Information on Dietary Supplements database.

Web site: <http://ods.od.nih.gov/>

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Center for Food Safety and Applied Nutrition Web site: [www.fda.gov/aboutfda/centersoffices/cfsan](http://www.fda.gov/aboutfda/centersoffices/cfsan) Toll-free in the U.S.: 1-888-723-3366

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Source: What Is Complementary and Alternative Medicine? National Institutes of Health, U.S. Department of Health and Human Services. Updated April 2010; <http://nccam.nih.gov/health/whatiscam/D347.pdf>; accessed January 03, 2011

## Phenylketonuria (PKU) and Motivational Interviewing Webinar

**Date:** February 4, 2011 at 11:00 AM (CST)

**Presenter:** Eileen Stollefson Myers, MPH, RD, LDN, FADA - Private Practice, Eileen Myers Nutrition and Wellness Consulting

**Webinar Description:** Providing education and resources to patients and families with PKU may not be enough for them to follow their strict diet. Motivational Interviewing is a style of communicating and interacting that increases the likelihood of compliance while decreasing the RDs frustration. In this webinar, you will learn how to incorporate motivational interviewing into your assessment and counseling of patients and families with PKU.