

## Editorial

# A Renewed, Independent Association

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Since the last issue of this journal, many changes have occurred for our association. Georg Feuerstein has resigned from Yoga Research and Education Center (YREC) to pursue a quieter, simpler life, and YREC is now transforming itself into a foundation.

With the support of YREC and the original leadership of the International Association of Yoga Therapists (IAYT), IAYT has become an independent nonprofit once again.

In addition to continuing to publish and improve this journal and the online journal *Yoga Studies* and redesign and expand the IAYT website, we have three broad goals:

- To renew and grow the association to its potential
- To develop high standards for IAYT registered Yoga therapists
- To develop a better voice for Yoga in integrative health care policy

### Mission

The mission of IAYT is to provide and support education and research in the field of Yoga. It is our goal to elevate the level of awareness of Yoga as an established and respected therapy in the Western world.

As an association, it is also our purpose to bring together and support a worldwide community of Yoga

practitioners, teachers, and therapists, medical practitioners, and researchers interested in the profound potential of Yoga for health, healing, and personal transformation.

### A Big Tent

We have a “big tent” for the many traditions, lineages, methodologies, and styles of Yoga: old, new, and hybrid, including the traditionalists among us who see little distinction between Yoga and Yoga therapy. Yoga has a long history of freedom and innovation, two pillars of its preservation and growth over the millennia. This freedom, however, carries both traditional and modern responsibilities for students, teachers, and especially therapists. Primary among traditional responsibilities are the social restraints concerning relationships with others. From a modern perspective, an established, respected therapy in the Western world requires commensurate accountability.

### A Renewed Association

We are eager to personally meet our members and renew the association. As we travel around the country, we are honored and delighted by the reservoir of goodwill we find for IAYT. This is a tribute to the vision and hard work of many of the early members of the association and the stewardship of YREC during the last six years. It is now our responsibility to maintain and build upon their work during this third “incarnation” of IAYT.

Part of this renewal will be a focus on improved services to members. Initially, much of this will be through upgrading the website to modern professional association and publishing standards. We will expand the site to become an authoritative source for Yoga therapy research and education as well as create improved means to link members and locate Yoga therapists through our professional referral service. We hope that by the time you read this, some of this work will already be reflected on the website. Later, we plan to have a members' only section with selected articles from back issues of the journal and the online journal *Yoga Studies*, additional bibliographies on Yoga and health, forums, and more, including a practical means of publishing the responses to articles and other suggestions we receive. We would love to receive your own suggestions for improved services.

Another part of this renewal will be a revised and expanded role for the IAYT Advisory Council and Senior Teachers Council. This is already well in progress.

### **High Standards for IAYT Registered Yoga Therapists**

High training standards for Yoga therapists are another necessary foundation for Yoga to become established and respected as a therapy in the Western world. We are quite mindful of the challenges, especially with our concurrent goal of respecting diverse methods. This part of our “tent” will focus on depth, not just breadth. Few, if any, current therapist training programs in the United States appear to meet the Illustrative Standards already published on our website. These standards, however, reflect the general level we believe to be minimally necessary

for credibility as Yoga therapists and a starting point for more refined and collaborative consideration.

High standards and in-depth training programs have many elements of “the chicken and the egg question.” They are not something

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that can be implemented overnight. Students need time to plan their investment in training and to gain experience. Schools need time to develop their training and mentoring programs. Experienced practitioners will need a reasonable grandfathering clause. Short-term therapist training programs, however, that are not well grounded in both Yoga and the supporting skills required for therapeutic applications will limit the growth of the discipline and the reputation of Yoga therapy as a profession.

Building upon the recommendation by Georg Feuerstein in his last editorial, we have begun a process to develop high and credible standards for Yoga therapists based upon two principles:

- Yoga therapy is first and foremost Yoga—a long-established holistic discipline that acknowledges the multidimensional nature of the human being
- A Yoga therapist is a well-trained and experienced Yoga teacher with substantial additional training in therapeutic applications and other supporting skills

We anticipate different expectations between those who come to Yoga therapy from the more tradi-

tional Yoga backgrounds and those who come to Yoga therapy from the more conventional health care professions. We do not have answers for this yet—that is the task for the more refined and more collaborative process—but we hope to build upon the relative strengths of each in a spirit of goodwill.

Although this effort is related to and intentionally built upon earlier efforts by the Yoga Alliance in the United States to develop a registry for Yoga teachers and training programs meeting their voluntary standards, there may be some important differences in goals and process. An IAYT registered Yoga therapist and an IAYT registered therapist training program should be a mark of high accomplishment, acceptable to those steeped in the Yoga tradition and credible to integrative health care providers.

We are working closely with two board members of the Yoga Alliance. Despite different histories and goals, it is important for the two organizations to work together in this area. Multiple organizations advocating different and conflicting standards would only sow confusion regarding the concept of “qualified Yoga therapist.”

While the term “qualified Yoga therapist” raises immediate questions and concerns within the Yoga community, the qualifications (and accountability) of Complementary and Alternative Medicine (CAM) therapists is a key issue in integrative health care policy discussions, both in the United States and abroad—where the conventional model is standardized education, credentialing, licensing, and peer review.<sup>1</sup> While we believe Yoga is on a different, non-licensed path with voluntary standards, we also believe there is a strong need to develop credible standards and articulate this path as viable for both Yoga and integrative medicine. Our Advisory

Council will help us select a working committee of knowledgeable Yoga teachers and therapists broadly representative of different approaches and chosen for ability, interest, and a commitment to work together on this diplomatically challenging task.

There is an extensive and growing discussion of this issue on the IAYT website. In addition, we are soliciting and publishing informed opinion on similar efforts internationally. While we may develop much overlap in standards, we also expect to see many country-specific characteristics, given that standards develop within a matrix of many different cultural, regulatory, health care, and organizational considerations.

### **Yoga and Integrative Medicine Policy**

It appears to us that the role of Yoga for both health and healing is still not well understood or appreciated in many integrative, complementary, and alternative medicine policy discussions—partly because we do not have an organized voice. In some professional reports, such as that from the White House Commission on Complementary and Alternative Medicine Policy in 2002, Yoga is mentioned but not actually recognized as a *bona fide* complementary or alternative therapy, much less as a discipline taught by qualified practitioners. In other discussions, such as the recent survey by the Centers for Disease Control and Prevention entitled “Complementary and Alternative Medicine Use Among Adults: United States, 2002,” Yoga is listed among the CAM therapies, and it is estimated that 5.1% of the adult population or over 10 million people have practiced Yoga during the past 12 months.

A closer look, however, reveals that this report has an overly inclu-

sive definition of CAM and a curious, one-size-fits-all definition of Yoga. “The ten most common used CAM therapies . . . were the use of prayer specifically for oneself (43.0%), prayer by others for one’s own health (24.4%), natural products

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(18.9%), deep breathing exercises (11.6%), participation in prayer groups for one’s own health (9.6%), meditation (7.6%), chiropractic care (7.5%), yoga (5.1%), massage (5%), and diet based therapies (3.5%).”<sup>22</sup>

Yoga is defined as “a combination of breathing exercises, physical postures, and meditation, practiced for over 5,000 years, that calms the nervous system and balances body, mind and spirit. It is thought to prevent specific diseases and maladies by keeping the energy meridians (see acupuncture) open and life energy (qi) flowing. Usually performed in classes, sessions are conducted at least once a week and for approximately 45 minutes. Yoga has been used to lower blood pressure, reduce stress and improve coordination, flexibility, concentration, sleep and digestion. It has also been used as supplementary therapy for such diverse conditions as cancer, diabetes, asthma and AIDS.”<sup>23</sup>

This sort of overly broad CAM definition confuses the public policy issue about what therapy is and why so many people are turning to CAM therapies and practitioners as complements or alternatives to the conventional health care system. Similarly, this definition of Yoga does not distinguish practice orientations for

therapy from those for fitness or spiritual support. The potential breadth and depth of Yoga practice does not appear well understood or appreciated. Within Yoga, these practice orientations can sometimes be quite distinct, and sometimes they can be quite intertwined, either explicitly or implicitly.

Our health care system usually makes a sharp distinction between efforts to maintain health and efforts to recover health. There is even more separation from efforts to support moral behavior and spiritual growth. With Yoga, however, these connections may be very important and indeed sometimes distinguish the practice as Yoga. For example, a student may come to a Yoga therapist for the relief of low back pain but stay with the practice because of ongoing health maintenance benefits and perhaps because it provides a link or a portal to something beyond structural and physiological considerations.

Now, multiply this by the many different dimensions of the capacity of human beings to suffer, recover, and grow, and we can see why Yoga therapy can be so confusing, both to the conventional system and to Yoga practitioners alike. I personally sometimes simply define Yoga therapy as intelligently adapting our practice to cultivate improvements in our bodies, our attitudes, and our actions.

In any case, our conventional health care system is slowly recognizing, at least in rhetoric, the importance of respecting and supporting the connections among the many dimensions of our being—a bedrock of Yoga over the ages. In practice, however, this system, with its increasing reliance upon technology and perhaps an overly narrow lens for viewing evidence-based medicine provides too few avenues for genuine holistic care. In part, this is also due to the underlying health care financing system and the

over reliance upon third-party payers (the government, employers who self-insure, and insurance companies). The inherent problems, including disappearing relationships in health care, are well documented elsewhere.

Yoga may not be health care, at least as conventionally defined, but the study and practice provides many tools for preventing and reducing suffering on all levels. In addition, at our best, a relationship with a worthwhile teacher is still available and important. Yoga has much to offer for health and healing both within and outside our health care system today. What appears lacking, however, is a policy voice. To this end we are exploring collaborations with health care policy groups and integrative health care journals in order to both better articulate the issues and develop a voice for Yoga in arenas not well represented today.

### **Paying for Yoga Therapy**

Yoga as *therapy*, but not Yoga for fitness, stress reduction, or spiritual support, already appears eligible for tax-sheltered payment in the United States via existing Flexible Spending Accounts that many large businesses offer their employees. Potentially more important, Yoga therapy is also eligible for payment via the new Health Savings Accounts, which, we are told, should become much more widely available by 2005. These payment methods are *not* third-party—consumers are using their own money. We believe this eligibility is neither well understood nor appreciated by many consumers or providers of complementary and alternative medicine, or by the insurance companies and third-party administrators handling these accounts. This begs the question, however, in a very practical, financial way, “What is Yoga therapy?”

With few exceptions, Yoga therapy *per se* is not covered by health insurance. Many Yoga teachers and therapists and experienced health care practitioners feel that such coverage would prove to be a Faustian bar-

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gain because relationships with students would be threatened, the freedom to practice would be limited, and costs would actually go up, as they have in so many health care professions dependent upon insurance. Others feel this is a necessary goal in order for Yoga to become an economically viable part of holistic care. If this becomes a practical issue at some point, again the question will arise, “What is Yoga therapy?”

In response, and as part of our process for developing standards for Yoga therapists and simply due to perennial interest in this question, we have begun posting on our website concise definitions of Yoga therapy by experienced practitioners and teachers from around the world. We stress that, among many other considerations, the appropriate definition of Yoga therapy depends on the context and rationale for the definition.

### **Practical Policy Issues**

We believe these and other kinds of practical policy issues for Yoga are important for our mission and will be helpful to many of our members, colleagues, and students, in addition to this journal’s historic emphasis on philosophical, practice-related, and research topics. We will continue to

explore these issues in depth via the *International Journal of Yoga Therapy*, *Yoga Studies*, and our website. We encourage readers with expertise and opinions in these areas to help the association by contributing well-reasoned articles. We especially encourage our members from around the world to discuss the practical, philosophical, and policy considerations of Yoga as therapy within the health care and political systems of their countries.

As always your opinions on these matters and more are welcome.

In Yoga,

John Kepner

### **Endnotes**

1. For example, the White House Commission on Complementary and Alternative Medicine Policy differentiated CAM into six categories:

1. Professional CAM practitioners – Healthcare professionals with defined practice standards, accredited education, state licensing or registration, and peer review. This includes such groups as naturopathic physicians, chiropractic doctors, and acupuncturists.
2. “Holistic” medical doctors – Conventionally trained medical doctors who utilize some therapies and philosophies that, at least in the past, have been primarily the province of the “natural” health care professions. With limited formal training programs and no widely established practice standards, these practitioners have varying competency in these therapeutic modalities.
3. Traditional healers – Healers who follow centuries-old traditions and are fully integrated into their community which also provides oversight. Examples include Native American healers and *curanderos*.
4. Emerging professions – Groups of lay practitioners who practice a known body of knowledge but have not moved to the professional stage. They are currently debating or working to establish education, practice, and regulatory standards. Examples include lay homeopaths and herbalists.

5. The self-proclaimed or minimally educated – These individuals have no apparent body of knowledge, education, or practice standards nor are they subject to oversight. They may assert titles or credentials that they have not earned and are typically not recognized by states with regulatory standards.

6. Medical mavericks – These are conventionally trained medical doctors who choose to utilize therapies and practices that are highly controversial, atypical of natural medicine, and excluded from conventional standards of care.

2. Barnes, P. M., E. Powell-Griner, K. McFann, and R. L. Nahin. Complementary and alternative medicine use among adults: United States, 2002. In *Advance Data from Vital and Health Statistics*, no. 343. Hyattsville, Md.: National Center for Health Statistics, 2004, p. 1.

3. Ibid., p. 19.