

Issues in Yoga Therapy

Perspective

Yoga and Change: The Power of Partnership

Molly Lannon Kenny, MS-CCC, E-RYT

IAYT Board, Vice President; The Samarya Center, Seattle, WA

“If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.” Aboriginal Activists Group, Queensland

By July of 2000, I was done with my job as a clinician. Having worked for over six years as a speech-language pathologist at one of the country’s largest HMOs, I felt burned out, turned off, and depleted. It wasn’t that I didn’t like the work—I did. In fact, I loved the opportunity to come into people’s lives and help them with whatever life challenges brought them to my office. What I had difficulty with was the deficit model I felt was propagated by the conventional medical model I was a part of. It seemed to me that the overwhelming culture was one of hierarchy, “un”-wellness, blame, and pity, mixed quite often with a healthy dose of irritation with the client. Of course, I know that this wasn’t everyone, or not all the time, but in general, my experience with the clinical setting was one of high pressure, low return, and an unhealthy obsession with “outcome-driven” therapy.

Now, I still am a clinician and, by training, also an empiricist. I know that we must have measurable goals and objectives in our work with others, especially if we are calling it therapy. I emphasize this strongly in my training of other clinicians and yogis. But I also know that when we focus only on the outcome, we miss important opportunities to celebrate process. It seems to me that this is a little like yoga itself. If we are only interested in getting into that handstand, having that ultimate experience of *samadhi* in meditation, or reaching enlightenment, we clearly miss some of the most sacred and valuable moments in our own evolution.

I will never forget one situation in my clinical practice in which I was seeing an older woman who was experiencing significant memory loss. We worked together for six months, and I provided her with strategies and practices for recalling

names, tasks, and events. Every week we would meet and practice what we had learned and discovered together. We would talk about her grandchildren, her love of gardening and Bonsai, and her relationship with her spouse. We would use all of these conversations to practice the strategies we had settled on as aids to her cognition. She never missed a session, and she reported that the strategies seemed to help her—if not always in actually recalling the information that seemed lost in the packed files of her brain, then in her ability to manage her feelings regarding her memory loss.

One day, my supervisor called me into her office to review my caseload. When we got to this woman, my supervisor frowned. We had not, according to her, been making enough progress to justify continuing therapy. I described the changes I had seen and that the client had reported, and I told my boss how important the sessions were to my client. I was able to provide anecdotal and qualitative evidence of change, but in terms of quantifiable progress, we came up short. My supervisor advised me to discharge my client.

The next week when I saw this client, I told her the news. She began to cry, expressing the same sense of change she had seen in her relationship to herself, her memory loss, her family relationships, and above all, how our sessions were “the highlight of her week.” As I sat with this older woman, with whom I had developed a caring and supportive relationship, and watched her weep, something inside of me shifted. My hands were tied. I had to discharge her—we were not meeting enough goals to warrant therapy in the eyes of the HMO. But I also decided then and there that there was something irreversibly broken in the system, and that I could no longer be a part of it. Our work together

did matter. Our partnership had made a difference, and I truly believed that my “liberation was bound up with hers.” As her suffering was alleviated, my sense of trust, wonder, and acceptance was strengthened. I did not feel like I was so much helping her as simply being with her, setting up the conditions for change, and providing feedback and encouragement on her path.

I left my clinical position shortly after that to develop my own method of yoga-based therapy, a framework that I call Integrated Movement Therapy, which I have now been practicing and teaching for over ten years. In my trainings, many of the students want to know, “What is the right pose for this condition?” or “What is the right breathing exercise for that?” We talk about those questions, and we seek their answers, but more than anything, what I tell my trainees is, “The *yoga* in this therapy is the yoga that is in YOU.” It is in the way we look at people, the way we treat them, the way we find our own liberation to be bound up with theirs, rather than the typical hierarchical model of the smart doctor/therapist/teacher/parent who tells the client/student/child what to do, who is frustrated when they don’t do it, who blames them for their challenges, or who believes that whatever changes the client/student makes is a result of the teacher’s or therapist’s own brilliance. To me, this seems antithetical to the practice and teachings of yoga.

In my work and in my personal practice, I often think of this quote from the Bhagavad Gita (6.29): “The man equipped with yoga looks on all with an impartial eye, seeing Atman in all beings and all beings in Atman.” In one of my favorite translations of the Bhagavad Gita,^{1,p.97} Mahatma Gandhi acknowledges how difficult it is for us to really see others with an impartial eye. Gandhi says, “The yogi is not one who sits down to practice breathing exercises. He is one who looks upon all with an equal eye, sees all creatures in himself. Such a one obtains *moksha*... It is not easy to see all creatures in ourselves...we must see them in ourselves by seeing them and oneself in God.”

To me, the major difference here is in the internal shift we can make, using our own yoga practice, in looking at others and our role in relationship to them and positive changes they might make in their lives. If we can truly train ourselves to see Atman in all beings, we might naturally find ourselves in partnership with others, more inclined as therapists and teachers to follow our own *dharma* of setting up conditions for positive change, and less feeling the separation that comes with the belief that we are the “do-ers,” that we are making the changes, or that we (or our clients) are to blame when the changes don’t come fast enough, or are not the changes we had hoped for.

I still believe we must have goals and objectives, but we also must be open to the incredible healing that happens when we offer what humanistic psychologist Carl Rogers has so famously called “unconditional positive regard” to the people we work with. They, like us, are at once, only human *and* manifestations of the divine. As contemporary psychologist David G. Myers states, “This is an attitude of grace, an attitude that values us even knowing our failings. It is a profound relief to drop our pretenses, confess our worst feelings, and discover that we are still accepted.”²

Sometimes I feel, even with all of my clinical background and my empirically inclined mind, that what I am really offering people is that experience of total love and acceptance—and that, in fact, is the very thing that heals them. I smile at the thought of calling up one of the many volunteer outreach programs where I teach yoga and offering an “experience of total love and acceptance,” just because I know it is needed. I don’t think I would get in anywhere, so instead I offer yoga. In some cases, to me, it is the same thing.

In fact, the other day, I was teaching a group of veterans at the Seattle VA’s outpatient mental health clinic. At the end of class, I put my hands together, bowed my head and said, “Namaste.” One of the vets said, “What was that about? What did you say?” I told him that *namaste* could be thought of as a catch-all term, kind of like *aloha* or *shalom*. He looked at me blankly. “Why did you bow?” he asked. I told him that sometimes people translate it to mean something like “the divine in me bows to the divine in you,” so I bowed my head. He looked at me even more blankly, and with a hint of suspicion. I tried again, “It kind of just means, I *see* you, I really see you.” At that, he brightened up, smiled and said, “Oh. Oh. OH! Yeah. Yeah! Well, thank you, I see you too.”

Molly Lannon Kenny is the founder and executive director of The Samarya Center, Seattle’s only nonprofit yoga center. Direct correspondence to The Samarya Center, 1806 E. Yesler Way Seattle, WA 98122. sangha@mollylannonkenny.com.

References

1. Strohmeier J, Gandhi M, eds. *The Bhagavad Gita According to Gandhi*. Berkeley, CA: Berkeley Hill Books; 2000:97.
2. Myers D., *Psychology: Eighth Edition in Modules*, New York, NY: Worth Publishers, 2007. http://en.wikipedia.org/wiki/Unconditional_positive_regard. Accessed August 1, 2011.