SYTAR Pre to Post

The Third IAYT Symposium on Yoga Therapy and Research (SYTAR) and pre conference was held March 4-8 in Los Angeles. Over 600 people attended this annual educational forum.

15 Yoga Schools Share Views: Agree to Meet Again
The pre conference was open only to member schools of the IAYT Council of Schools initiative.

17 SYTAR at a Glance
A general impression of the meeting and Common Interest Communities, a new feature this year.

General sessions at any conference can usually be counted on to raise important questions, provide exceptional information or inspire the audience. This year was no exception as two articles here affirm.

19 As a Yoga Therapist, This Is What I Do
Three experts take the stage.

21 Yoga and the Evidence-Based Medicine Debate
A response to Dr. Timothy McCall’s keynote address.

For those who were unable to attend or for those who would like to listen to the presentations they were unable to take in at the conference, all of the talks were recorded and can still be ordered until July 1 using the order form on the IAYT website. Many but not all of the SYTAR 2009 PowerPoint presentations and speaker handouts may be found on IAYT’s Digital Resources Library (http://iayt.fmdrl.org). All of the accepted SYTAR research abstracts and Common Interest Community (CIC) proposals may be found on IAYT’s MetaPress site, free to members after logging on to the IAYT website.


Yoga Schools Share Views:

Representatives of 41 Yoga therapy schools from throughout the United States, Canada, Australia, Sweden, and Israel sat down together over three days at the SYTAR pre-conference. This meeting was open only to member schools of the IAYT Council of Schools initiative, and it focused on getting through and beyond the debate of what is Yoga therapy to an investigation of the creation sometime in the near future of a draft statement on scope of practice. What might follow from that step could be standards, licensure, accreditation, or an entirely new structure that may serve the development of Yoga therapy better than existing therapy and health care models. The discussion is wide open and the possibilities are endless.

It was a groundbreaking meeting. Member school representatives understandably came with their own agendas, attachments to their own Yoga therapy programs, or strong opinions about what Yoga therapists should know. After greeting old friends and meeting new colleagues on Tuesday evening, the IAYT board of directors laid the foundation of the process being undertaken: to build relationships and trust, to listen and learn about commonalities and differences, and to figure out steps to move forward. Small groups of Yoga therapists of diverse lineages, experience, gender, and philosophical and therapeutic backgrounds formed roundtables. Diving right into the challenge ahead, the first evening’s task was to generate and discuss responses to the question “What is the essential thing that Yoga therapy is bringing to the larger population today?”

This exercise set the stage for how the remainder of the meeting would unfold, which was to brainstorm a series of eight questions and to consolidate and discuss all the groups’ responses under the guidance of Dan Seitz, JD, executive director of the Council on Naturopathic Medical Education. The meeting was recorded by Molly Lannon Kenny, IAYT board member; all of the questions and the hundreds of responses are posted on IAYT’s website.

Asorted viewpoints arose from the amicable and energetic yet focused discussions. Momentum built as the group progressed from offering comments to a broad “IAYT” definition of Yoga therapy—Yoga therapy is the process of empowering individuals to progress toward improved health and well-being through application of the philosophy and practice of Yoga—to tackling topics such as what the core body of knowledge is, both Yoga knowledge and western (biomedical) knowledge, that all Yoga therapists should have.

Responses to the core body of biomedical knowledge question ranged from pathology, to psychoneuroimmunology and gerontology, to reading MRIs, X-rays, and clinical tests of all sorts. Seitz employed a technique of asking for divergent views or challenges after responses had been combined. For example, regarding psychoneuroimmunology as a part of the core body of biomedical knowledge that should be gained, a conversation was held as to how much detail would be considered sufficient knowledge. Looking over the consolidated list of over 40 items that could possibly define a core body of biomedical knowledge that might be included in what a Yoga therapist should know, a comment was made that a “Jack of all trades, but master of none” might result.

On the question of what is the core body of Yoga knowledge that all Yoga therapists should have, the ideas were much more predictable, among them: knowledge of subtle body theories; asana, pranayama, meditation; the various paths of Yoga and foun-
Agree to Meet Again

by Julie Deife

...dational texts; Ayurveda; modifications of practices for individuals; and so on. Challenges and divergent responses arose around the subject of Ayurveda; which classical texts for all Yoga therapists should be included; whether Sanskrit studies should be required; and, not surprisingly, several more differing opinions. After all, this group of advanced Yogis, composed of individuals with 10 to 40 years of teaching and practice, is adept at mining the subparts of traditional Yoga education.

Early on the second day, Seitz presented an overview of professional and regulatory issues in the United States that served to broaden the group’s framework of reference. He talked about reasons for regulation, among them citing acceptance by healthcare professions and potential students; development of professional identity; and that regulation may protect the public and improve the quality of education and practice. Reasons against regulation centered on the possibility of hampering the creative development and emergence of a new paradigm by emphasizing uniformity and pressure for premature development of the Yoga therapy profession and the diversion of scarce resources to regulatory compliance. Seitz explained internal regulation (certification of practitioners, private agency accreditation, membership requirement for professional associations) versus external regulation (state licensing through vocational schools, degrees, or authorizations through colleges; Health Care Freedom and Access (HCFA) laws; and other health safety laws that could limit scope of practice), the pros and cons of accreditation, and licensure. HCFA laws were only covered briefly—but with much input from well-versed attendees since some are already affected by them in their states or have been closely following developments. HCFA laws are basically another way to go that allows therapists to practice legally, but in a way that would permit them to practice in a way that they choose. On the subject of regulation through state vocational schools, two attendees from Texas, where this form of regulation is currently the case, shared what that means for them and that they are not pleased with this form of regulation: it is expensive and limiting. Not much discussion was given to how various models might affect a reimbursement system (such as insurance).

The subject of regulation brought everyone back to Earth. Conversations on breaks and over meals buzzed with takes on what regulation would mean. It has long been a sticky issue among Yoga therapists, and this group’s stance will probably impact how Yoga therapy develops as a profession. In conversation following the meeting, attendee Leslie Kaminoff expressed “deep reservations in allowing the government to control the field.” Kaminoff (from New York, where an HCFA has recently been adopted) believes that while all HCFA laws “are not created equal,” they do allow for less regulation and that this route also recognizes the growing public who as voluntary end-users are helping grow the field. Consumer demand has been a factor in how other alternative healthcare practices have evolved. He posed the question: “Who is it that actually matters?” By this, Kaminoff is asking whether it is the patient or student who matters most; is it the scientific/research community; or is it the western medical system of which regulation is a strong component?

Another question posed to the group, “Does one first need to be educated as a Yoga teacher to be trained as a Yoga therapist? And if yes, why?” revealed a philosophical gap. The disagreement lay in whether it is more important to qualify students coming into a Yoga therapy program by Yoga teacher training or to be more concerned with what qualifications a graduate of a Yoga therapy program possesses. Ensuing dialogue included observations that many highly trained healthcare (acupuncture, chiropractic), education, and psychology professionals who are not Yoga teachers are also now enrolled in Yoga therapy programs. A comment was made, shared by many, that every school should define its own scope of work and be held accountable for it. However, in a show of hands, at least half of the group agreed that Yoga teacher training is essential to becoming a Yoga therapist. “Let’s set the bar high,” said Chase Bossart of Los Angeles. A response to a request for input from Kaminoff following the meeting, wherein he asked, “At what point does consensus allow people to create an external framework that interferes with others’ freedoms?” shows that clearly, a further discussion awaits us.

With encouragement from Gary Kraftsow to “together create a definition of Yoga therapy that will stand the test of time, that will go beyond our own self-interest,” the first meeting of schools neared its close.

A decision was made to form a committee with the intention that its members will meet to develop a draft scope of practice for Yoga therapy. By forming relationships and in gaining information and a broader understanding of others’ views, the group had satisfied its goals.