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Lessons Learned in Teaching a Hospital-based Yoga Class

For the last several years I have been teaching a yoga class for patients with multiple sclerosis (MS) at Swedish Hospital in Seattle, Washington. This experience has taught me much about working with students in a setting very different from a typical yoga studio and has also helped me to understand what motivates students with chronic health conditions to practice yoga regularly.

When I started teaching the class it was on a volunteer basis; the Neurosciences Department at the hospital wanted to see if a yoga program would “stick” with patients and if it was worthwhile to invest resources in this way. One year into teaching the class as a volunteer, the MS clinic went through an expansion and renovation, and donors who funded the new clinic specified in their planning that the new clinic would offer yoga and several other programs that emphasized wellness. This program is one of several hospital-based programs in the United States taking the lead in integrative approaches to health care; three years into the program the original class is now funded through an ongoing grant.

The Northwest MS Society, who originally approached me to see if I was interested in taking on the class, coordinated the logistics with the MS Clinic. The original intention of the class before it became part of the clinic’s regular offerings was to offer a wellness option for patients, several of whom were specifically asking for the Clinic to offer a yoga class. The class was completely optional, and was available to all patients who were interested in trying yoga to help alleviate and cope with their MS symptoms. It was originally designed as a drop-in class and advertised through the MS Clinic, who put flyers out all over the clinic to market it and promoted it to anyone who expressed interest. The MS Clinic allowed me complete freedom to run the class however I saw fit, were always thanking me for teaching it, and were very gracious. It was a very nice introduction to teaching in a clinical health care setting.

I was excited to be able to offer yoga in a hospital setting, although unsure what would work well in this type of environment. Should we chant, should I talk about yoga philosophy, should I tone down the yoga trappings?

I learned how to teach the class by teaching it. When I began teaching the class I had worked with students with mobility issues one-on-one, but I had never taught a group class for people with MS, which is a very different set of dynamics. I tried out several approaches, and stuck with what produced the happiest and most engaged students over time. I discovered that it was best to talk less about yoga because the students’ eyes would glaze over whenever I said anything in Sanskrit. We started out with chanting but I soon stopped this practice because students didn’t participate, and so it didn’t seem meaningful to them. When I started teaching the class, I thought it was the asanas (poses) and the pranayama (breathing) that the students would appreciate most, but what I found was something very different.

What I noticed when I taught the class from a perspective of “this is a yoga class and so we’re going to act like we’re in a yoga class” was that the students would follow along, but they weren’t enjoying themselves, they weren’t smiling, and they did not seem at all interested. I think they were showing up because they thought it was good for them, and they heard they should be doing yoga. Many of these

students did not stay in the class very long, and at this time the class had a high turnover rate.

I pondered the situation and realized how difficult it was for students even to get to the class. Many of these folks have multiple physical challenges and tire easily, so going to the class was a huge commitment for them. A typical yoga class in which students did not know each other well and were there mainly for a physical practice most likely would not be motivating enough for these folks to spend their precious energy on; they were not concerned with mastering yoga poses or stretching themselves to attain anything, as is typical in mainstream yoga classes. They were just looking for a way to make their health conditions, and their lives in general, more manageable and to find an enjoyable way to move their bodies. When I changed my approach to teaching and made it more student-centered and less pose-centered, I found that the students did enjoy themselves, they laughed and smiled, they did the asanas and pranayama with more enthusiasm and engagement, and they came back.



Students enjoying a class with Cyndi.

Once I had this realization, I decided to focus on creating a yoga experience that would help the students feel empowered in their bodies and connected to each other, and also help them to feel the burden of their health conditions lighten a bit. They liked the asana and the pranayama adapted to their needs, but what students really responded to was the intimacy and connection that developed in the class. I didn’t realize this by getting student feedback, but through observation. I worked hard on memorizing their names and helping them to learn each others’ names, which is the first step in building rapport in a group. I made sure to make contact with them as much as possible during class: eye contact, gentle hands-on assists during poses, and being available after class to chat or answer questions. We played movement games and we laughed. We learned about each other in fun and interesting ways. Only when I felt the class was connected and engaged did I then introduce asana and pranayama. I noticed over time that as I continued to facilitate and encourage positive interactions in the group, bonds formed between students and the

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class began to feel like a little community. Not surprisingly, attendance became stable as a core group of committed students formed.

Once I had a stable, core group, I did introduce the practice of getting regular student feedback. Every six to eight weeks I pass out anonymous feedback forms, so that I can continue to improve my teaching and the class and meet specific student needs and requests. The feedback also gives them a chance to assess their own progress and remember where they were before they started practicing yoga.

In short, we stopped talking about and demonstrating yoga, and started being yoga. Yoga became less of the way they were moving their bodies and more of the experience they were having both individually and as a group. Some of the time the yoga was about asana and pranayama, some of the time it was about playing silly group games and laughing together, and some of the time it was about talking and processing ideas, life situations, and problems.

I took care to cultivate a really positive environment for the students, because I had heard negative things from the students about support groups that were focused on how difficult life was with a chronic condition. I also made sure to modulate my voice enough to help the students feel excited and engaged; I had seen too many yoga DVDs marketed toward special health conditions where the instructors spoke really slowly or overly empathetically, as if the students

were very small children. This seemed patronizing to me, and I wasn't even one of the students!


I was trained in the Integrated Movement Therapy school of yoga therapy, and in this training my teacher Molly Lannon Kenny taught me something very valuable. She taught me that yoga teaching is a partnership between student and teacher, not a hierarchy of teacher to student. This philosophy is so valuable to me as a teacher who works extensively with students who have chronic health conditions, because it is empowering both to my students and to myself. Partnership lies at the heart of any truly healing endeavor, and is nicely summed up by this quote:

"If you have come to help me, you are wasting your time. If you have come because your liberation is bound up with mine, then let us get started."

—Lilla Watson



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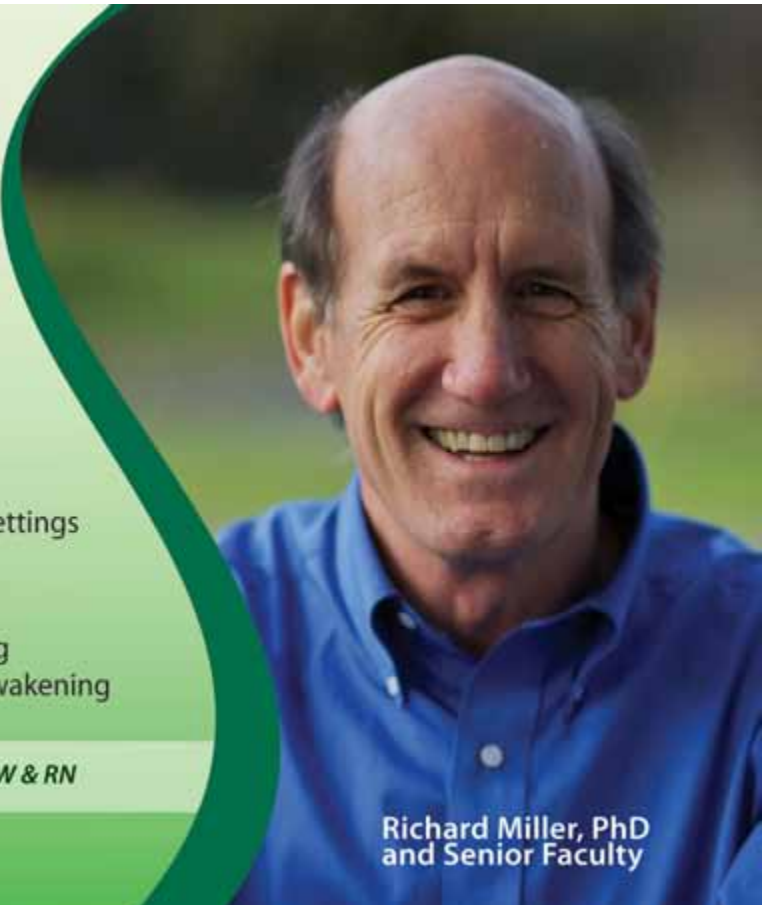
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