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(Video plays)

SPEAKER:
What do you think of when you think of yoga? Poses only matter? Perfect alignment? Reaching far beyond your toes? The beauty of yoga is it is much more than a sequence, too? Thank you so much for joining us.

SPEAKER:
It is also activism.

SPEAKER:
(language unknown to captioner)

SPEAKER:
Yoga is about acquired, internal journey. And a growing powerful outward voice. Yoga is action, curiosity, empathy. Join us as we celebrate yoga. The diversity of the millions who practice it, and the power it gives us all. Because we are all for yoga, and yoga is all for us.

SAT BIR SINGH KHALSA:
Welcome everyone to this webinar. And this webinar is on the scientific research on yoga, and eating disorder prevention and recovery. And the format we are going to do today is I will make a few introductory comments, and we are joined by two guests, one is a researcher in the field of eating disorders, and the other one is a leader in the application of yoga for eating disorders, and so I'm going to go ahead and introduce her to guest speakers.

Catherine Cook-Cottone is a PhD, and also a certified IA Whitey yoga therapist. She is a psychologist, I certified yoga therapist and a professor at the University of Buffalo that is part of the State University of New York. She specialized in an embodied self-regulation trauma and psychosocial disorders.

See researchers embodiment,

(Video plays)In yoga curricular interventions, and mindful self-care. In 2019, she received the American psychological Association's presidential citation for service. She is coeditor and chief of eating disorders the (indiscernible) and has published 10 books and over 100 peer-reviewed articles and book chapters. And I can say without doubt she is one of the leaders in the field of yoga research audio backup as an intervention for eating disorders.

 

Our second guest is Chelsea Roff And she is the founder and director of Eat Breathe Thrive, which is a nonprofit organization that helps people overcome eating disorders. She is also your therapist, an educator at every surgical operator. She has spent over a decade working to develop, deliver and conduct research on yoga programs for people with eating disorders.

So welcome to our two guess I just want to make a few introductory comments before we go ahead and get started. And you might notice up all on your screen, we would appreciate it if you could fill out that Paul so we get a sense of our attendees. And what I am showing you here is a logic model that really summarizes the research, and the experience of what we do when we practice yoga.

And at the top, we have essentially the definition of yoga that we are going to use, which is the way it is taught traditionally in most yoga practices, which is including not just the pastors, also the leading practices, the goods and the meditative components. This is really the definition that most of the younger researchers and therapists are applied and using.

What we know from researchers is that each one of these practices alone, or together, has an impact on the physical body in this box I am calling for this, and that includes flexibly, strength, coordination, pulse, etc. These practices alone or together include sulfur collation of internal space including stress and emotion which leads to improved results and equanimity, and overall psychological efficacy.

Through the meditative component we are including mind-body awareness and mindfulness, which improves cognition, concentration, attention, and ultimately metacognition, the self-awareness of our own thought processes. And finally over longer practice, meditation leads to improvements and experiences these deep unitive transcendent states, the flow state, which leads many people to this deeper transformation

In what we call spiritual body. And so this really is supported by a lot of research that has been done and we could use this model to really inform us as to how yoga has been a potential benefit for a number of psychological and behavioral conditions. So, with that backdrop, I will go ahead and have Catherine Cook-Cottone go ahead and start her presentation.

If you have questions, please enter these into the Q&A box, and at the end of our two presentations, we will address the Q&A with all of you who are in attendance. Catherine, please take away.

DR CATHERINE COOK-COTTONE:
First of all, taking sure everybody can hear me, yes, thank you so much for having me, it is a tremendous honor to be here on this webinar and supporting Yoga Alliance. And helping people learn more about eating disorders and research. So thank you for having me.

 

I often will have a slide that -- I also have a slide that (indiscernible) for the study of yoga in my life and in my research. I will start off with a brief overview of eating disorders, and this model here, can briefly show you the dimensions of meeting disorder behavior. So, here, people with eating disorders, some of them present as very judgmental and their orientation toward everybody.

Other people on the other end of that continuum will ignore disassociate from the body, and that we have another horizontal axis on the slide where there are individuals who tend to restrict food, and on the other extreme, other individuals that tend to binge eat or excessive heat.

Up in the right quadrant you will see bulimia and verbose, and that happens when you have the body judgment, and what happens is a series of compensatory behaviors. So, there is binge eating And then purging, excessive exercise, and so on.

Down in your right lower quadrant, we have the binge eating and body ignore those where we would have the eating disorder heating in the absence of hunger. Update on the left side, the upper quadrant, we have the body judged and food restriction, you will have anorexia, and primarily among other things involves the restriction of food as well as body judgment

. And then in the lower quadrant we have secondary anorexia that can happen with anxiety and depression, and also avoiding, restrictive food intake disorder, where there is food restriction in the body and the signals from the body are ignored.

So the etiology or the causes of yoga turn to be broad, and multifaceted. But I will go through them. But there is a internal component that involves the body, the emotions have a thought, and an external component which involves your relationships and family, community, and culture. This is all through the body, right, how the body experiences these relationships.

There is also my team is working on three that we have that there are a subset of people who experience eating disorders that tend to externally self regulate. So, their attunement with the world and what is going on in the world is prioritized over their attunement and connection with what is happening with their own internal perceptions of what is happening inside, and their own self attunement.

This can happen with highly sensitive people, it can happen as a result of the trauma response And it can happen with people who are highly empathic. The orientation and self-regulation is very externally. I regulate based on our relationships outside of myself, instead of my relationships with my body and myself.

 

It ends up looking something like this. I am externally oriented, and the thoughts are IMR K if you are OK. I am pleased with me if you are pleased with you. I will accept myself if you accept me. I will disappear so my needs at myself will not bother you, right? I'm going to make sure that you are OK.

And then this explained a bit about the self objectification where it can be very easy for people to externally orient to internalize ideals that are presented in the media for how we can have perfect emotional stability, and perfect idealized body images, and it can be anything from ideal muscularity to ideal thinness, but the idea is there is an outside image that if I form into it, that I will be OK.

What is interesting is if you overlay this with (Unknown name) which I will not go into in detail, and I would love to read any other point, for an extended webinar on eating disorders and the (Unknown name) theory, but for now, let us think about what Deb Dana calls, and she interprets Stephen O'Day (Unknown name) work, that competing drives for connection and protection.

In eating disorders, connections with others are either false or constructed, and other directed, and the true self is abandoned or ignored. And then the eating disorder symptoms create a false connection with the self. So, the way you connect with yourself is not about what am I needing? I want to? What is my experience right now? But it is actually symptoms. I am researching, I am perching, I am over exercising, and the relationship with self is contained within the eating disorder behaviors.

Often people do not have a sense of themselves beyond that. So, both in connection with self, and others ends up ultimately feeling threatening and overwhelming because neither one is authentic.

So, here are some of the, just the risk factors, and I will go through them quickly and you will guys will have an opportunity to download besides not feel like you have to take notes or memorize everything. Typically in the body there is trouble with connection, awareness and regulation so (Unknown name) what is going on inside of the awareness, trouble connecting even where I am in space and movement, and connecting with my senses. Low ability to regulate my states, like hyperarousal and calmness, experiential avoidance, little connection to what my body wants, and that my relationship with my body involves tiny, starving, and excessive exercise.

In terms of emotions, because of the interoceptive difficulties and sometimes a lack of I guess practice, and conditioning on how to work with emotions, there is low emotional awareness, locomotion identification, low emotion regulation. High sensitivity to promotions and the behaviors of others, difficulty with uncomfortable feelings and moods, poor distress, tolerance, and little ability to use emotions and connect with emotions to make decisions.

And then conceptual and spiritual. So, at tendency towards self objectified. I will see myself only as valuable as the world sees me. And that is in terms of if you think I am beautiful, you know,

 

acceptable, (Unknown name) this placement. Instead of having an inner sense of meaning, I think that every calorie matters. I will have a meltdown over whether or not I adhere to my meal plans, perfectionism reigns supreme.

There is external orientation toward self-regulation and parts that I discussed. Relational and interpersonal factors that could be completely overwhelming, and little or no connection with a deeper sense of meeting outside of the eating disorder behaviors.

So, we end up with this cycle, right with the body at all of its sensations and feelings that I essentially have utterly abandon. I attempt to escape them because they are overwhelming, and I am left with the need to connect with my body, this is an inherent thing. We are in our bodies, we need to connect. And so the eating disorder behaviors give me the illusion of connection and control.

That doesn't work up a 10*further just regulate me And here I am back in my body and it is just as overwhelming, maybe even more overwhelming than before, and I got lost in a self-perpetuating cycle.

One of my heroes is Kim Sheridan, who wrote the hungry self, and it really harkens to the notion of the hungry ghosts, or this Buddhist conceptualization of a disembodied craving, and essentially you are eating and eating and eating, or consuming what doesn't satisfy, right?

The eating disorder behaviors do not help you feel better, but it is the only tool you have so you keep using it to try and feel better, and it just further just regulars, and this is the notion of a hungry ghost. AMAC also has a book called the hungry ghost in which he speaks on addiction.

So embodiment, what do we do? We are looking for are you mnemonic well-being, this how to write you this I live in my body, in a way that feels connected, not good necessarily, because life is not always good. But that I'm connected, and regularly, and here and present. I am sad, I am happy, I am all about.

I am not in front of my body, I am in my body. Rather, I am my body. This is Marlowe party. (Unknown name) we are seeking is an antidote this embodiment where I can experience by internal, external, and existential, where my headed dimensions of life through my body, in my body. And I can move through from self objectification with my body as an object, and valuable only to others, to in yoga learning how to use my body as a resource.

Our forward fault could help me self regulate, right. Slowing my breath, connecting my breath to my movement, my body and my breath are becoming a resource in my self-regulation to where my body actually can be something that I live in, and it is automatic or I have reached bottom at times the city

 

where I have is deeply attuned and experience with my body. So, another (Unknown name) quote, the body is our general medium for having overall.

An eating disorder, that medium is utterly disruptive, totally disrupted. We look at what we do and what is our role, we are going to integrate eating disorder interventions, and we will keep and hold true to the professional practice guidelines of scope of practice, and we're going to work to marry these fields in a way that works for all practitioners. Why are we doing this? Because the empirically supported treatment that we currently have in the field of psychology, and I should say the overall mental health professions are not working out well.

The estimates of 35 to 45 on the low head into 70% recover, 28 to 33% improved, 20% can remain chronically ill, and that we have a very high mortality rate that is only surpassed by heroin addiction or addiction to opiates.

What are people doing, cognitive behavioral therapy, working with possibly link, behaviors, family based treatments, dialectic behavioral therapy probably work on emotion religion. It is actually mindfulness-based, and pretty cool to work with. Interpersonal effectiveness, and some of this informs some of the work that we're doing combining yoga with these treatments. Interpersonal psychotherapy, and there are currently no recommended medications. But, all those things tend to focus on the interface through the intellectual or thinking self a bit on the relational, but they are shorthanded on work with the body.

This is a slide that I first presented at the yoga therapy conference, and just looking at it when we are looking at suffering, right, remission of symptoms, and this is adapted from Melissa Sullivan's workup and then (indiscernible) well-being. When we look at traditional therapies, it is right here, we are not addressing anything really beyond remission of symptoms.

And so probably look at yoga and what yoga has to offer, we can get to really not only working toward embodiment, not only to words working for the remission of symptoms but how am I in my body in a way that can be compassionate? Loving, kind, right? Packed full of equanimity.

Well, what about joy. What if I had a sense of meaning and purpose? Our yoga approaches include this notion of living life into well-being. So, the current state of the research is it is not too bad, and you know, Sata beer said that I know the field of yoga research, I have been in it for over 20 years, and from the time I started to now, it is actually a field, so that is very exciting.

I remember sitting with the associate Dean for research at the University of Buffalo that will be that my interest in eating disorders and yoga was cute, so it is now not just cute, but it is actually a field of study and research, a legitimate strong, body of work that we have looking at yoga and eating

 

disorders. So, very exciting. Much more than cute.

And then, we are working to develop the field of yoga therapy, and in the future, and currently right now, we do not have research specific to yoga therapy. At our future goals are to have more and more protocols like what Chelsea will talk about in her debrief Thrive protocol which people can both success to prevent and treat bleeding disorders.

So, why does this matter? And Chelsea Roff is the one that told me about this. This is the nice guy like that I just checked this, I checked 622 so recently to see if it is still true and it is still true. These are the guidelines in the UK for treating eating disorders, and physical therapy for eating disorders is look at do not offer, and in your gut that is how I search the document, so, the research matters because our goal is to change guidelines because I would say that is completely inaccurate.

Anita Natalie (indiscernible) but we should equally be working with our relationship with our bodies, and yoga is the ideal process for that. So, we are recruit working to create a body of research so that we can challenge these guidelines.

This slide, and you will have a copy, will give you access to the articles I will talk about, and you can see the links there. We did a special issue on the journal that I edit, eating disorders and the Journal of treatment and of prevention covering all the aspects to really empower people to talk effectively about the research of yoga, and eating disorders.

We have a conceptual overview of employment yoga and eating disorders. We have a link with (Unknown name) unique embodiment theory, and how your buildings to that written by her and (Unknown name) are both amazing researchers.

Then, Jennifer Webb, Doctor Webb, it is one of the best articles that I have read that integrated social justice with how we are approaching yoga embodiment and eating disorders It is really excellent piece and I encourage you to read it.

There is another article here, this is and Cox and Tracy (Unknown name) both excellent researchers, and what and happiness in physiology and one in body image, created this beautiful logic model that you again do not have to take notes on, you are going to get copies. Looking at what are we going to do and research to really figure out how yoga is working.

If you look at the bottom, here, you will see that when you are practicing yoga, that you are embodying will be called staid experiences. You get to practice the state of self compassion, the state of mindfulness, the state of body image flexibility. The state of perceived competence. I remember first doing cruel post and I thought I had never written about a book when I first started doing provost… If I

 

can do this, and then I just started, you know, if I can do this, if I can do this, and then you have from cruel clothes to a career. -- Cruel pose to a career. -- Kroll close...

It just said Aristotle said something like that, right, and so I practice that I practice, and as I practice mindfulness As I practice to be in and out and through my body, warrior once, warrior two, trying Crow close, and start to actually become what I practice, and so I become someone who was more mindful, I become someone who is compassionate.

I can become someone who is able to be in their body and be activated, and breathe and down regulate. And so this is the model, it is a state to treat model. My doctoral student, and is going onto internship, Ashley Borden and I wrote this article, and Ashley, I think she always joked that she is in therapy to recover from writing this article.\

We got all the studies from 2005 to 2020 and went through and did a review and meta-analysis. The meta-analysis is on 11 randomized controlled trials, the component that is the literature review, looking at the articles that were not RCTs, and found that this is a summary And again you will get aside, but the good news is pre-increased body awareness, body responsiveness, embodiment, positive body image, a sense of accomplishment related to yoga practice. Appreciation for the body, and then decreases in the self objective patient that I talked about.

The drive for thinness or the urge to restrict food, weight concern, using exercise for weight management. So, a lot of good things and really in portly, decreased and eating disorder symptoms. It is important to note that some studies found no associations depending on the study characteristics,.

There are some studies comparing conditions, which we need more of this. (indiscernible) and when there is a mirror, there is a higher state of social physique anxiety, and even higher if the person typically socially compared. And then end up parent based study that I conducted with Ann Cox and (Unknown name), will be compared mindfulness-based yoga teaching cues to neutral cues, to body surveillance, kind of died cues, and the higher body surveillance and appearance-based yoga conditions. And then, qualitative studies found things that a lot of good things that I am not bringing up here.

But I wanted to point out that there were some cautions. In class, some participants reported making upward comparisons. I will look out to the other students, and think they are better than me in some way. So, that was a risk.

Also, coming into yoga and engaging in a lot of negative self, talk with the inner critic comes out. (indiscernible) going to, you know two, three power yoga classes in a row, digging into perfectionism at the yoga studio, being overly self discipline, so watching for that. And I think Chelsea is going to speak

 

about and then yoga exposes emotional challenges and vulnerabilities. So that is hard and overwhelming. I put it is a plus and a minus because yes, and that is why we combine yoga with working with a therapist. And then our better analysis show changes in all the things that mattered, and that no change in one of them.

Decreases an eating disorder symptoms, decreases in binge eating and bulimia, small effect in body concerns, significant, and then no change on restraint in either direction. Which is good news in terms of many people say oh, if we do yoga, people are going to restrict more, and that was not the case.

The restriction returns to remain untouched and that is a tricky thing to move for all of the interventions that I presented earlier. OK, I was not here. And I want to talk I will introduce Chelsea, so here is her study. And you will see, there she is, so after is a doctoral student from our team and I think that she is at Stanford now. I am not sure. Stanford. She did her internship at Harvard and is now doing her post docket at Stanford.

So our study here, we looked at Eat Breathe Thrive Controlled trial of community and we had 160 participants, and we randomize those to the waitlist control cup and then these (indiscernible) program which is a yoga-based program for people at risk for eating disorders.

And we found significant decreases in eating disorder behavior, depression, and difficulties regulating emotion. Increase in mindfulness, like interoceptive awareness like so for my care, so (indiscernible) participants were reported immediate improvement in well-being, and it increased feeling of positive state embodiment, and most of the affects were sustained at a six month follow-up.

Heroes some of the steps, if you just if you're interested in that in my books you can find them on Amazon. I encourage you to do that. And this is my acknowledgment to yoga as a practice, and I want to end with saying that I am committed with humility (Static) practice and study of yoga.

In the resources you guys will get those, and I will hand it over then to Chelsea.

CHELSEA ROFF:
Thank you, you are bang on time with a minute ago. I am so impressed. I everyone, thank you so much for being here I want to thank Doctor O'Day (Static) I am thrilled and honored and honored also to be here with Doctor Cook Katona who was one of my intellectual superheroes and should be one of yours, too. She is fantastic, and I am so grateful to all of her friends and a collaborator. I am going to share my screen here, and get my slides up, and we are going to go rapidfire through the years.

-- Through these.

 

(indiscernible) slideshow, that is it, that is what we like. So, I am going to jump right in, and I wanted to begin with the question that I hope to answer in the short time I have with you here today, which is how can yoga teachers faithfully and practically support students with eating disorders. Doctor Cook Katona has given you a beautiful and I think a comprehensive understanding of the nature of these illnesses, and what drives them, and I imagine if you are here today, the question you might be asking is how can I support someone I might be concerned about, or how can I support maybe even the prevention of eating disorders in my community.

I want to begin with a quote from a really incredible scholar in our field, Doctor Laura Douglas. She wrote a really wonderful paper I think it is 20 years older. I remember it was one of the first ones to come out in this area, and she said yogurt was never intended to treat illness. You might hear that and go away? The (indiscernible) there with me. She said the aim of yoga is to understand the nature of regular human suffering, which is overlaid on top of or underneath eating disorders, I could not fit the entire quote here so I will continue for a moment.

She also said yoga philosophy cannot replace the necessity of proper nutrition, medication, psychotherapy, family counseling, and family counseling for students of eating disorders. The value of yoga is that it does not concern itself with the physiological symptoms of the disease of the body itself, but with illness, the human experience, or meaning making about the disease.

I wanted to begin here just to remind us (Static) every time I have a conversation with yoga teachers, they have such a hard first duty supporting students with this illness, but our job is not to treat illness. Yoga, as Catherine spoke to, can be really helping at the latter stages of recovery at the integrating stage, at the meeting making state of helping people come back to a healthy and happy life.

On that note I want to begin with a few kind of cautionary, cautionary I guess tips or invitations here. If you are concerned that a student in your class might have an eating disorder, please think about these items. First is around physical safety, especially for students that have had their eating disorders for a long time. One of the reasons that the fatality rate is so high with eating disorders, second highest mortality rate of any mental illness is because a lot of people have cardiovascular complications as a result of restricting, as a result of purging, and even a whole lot of a other organ systems are affected. So, they can have G.I. ruptures, they can be really serious.

We do not want to practice either to exacerbate those issues, and we do not want of course the practice to do harm. Please have that, please consider that before offering yogurt to your students. I also think even beyond, is a person physically safe, but if a student using yoga as a replacement for the treatment they need. Are you within your scope of practice?

If the student is not in psychotherapy, is not in counseling, are they maybe using yoga and

 

replacement of those things, and is that putting you in a position needing to deliver more than you can as a teacher, and then Catherine alluded to this but psychological stability. This practice is incredible at the right time. But it can also be incredibly destabilizing and we see this in our work at Eat Breathe Thrive about and again the psychologically stabilizing. Those are all questions you want to consider before offering the practice to a student.

I will go through these quickly, and you will get the slides so again, they are quick, but I want to offer them to you, and encourage you to check the slides afterwards. If you are concerned about a student cup and I figure I will hippies at the beginning because they are big, frequently asked questions, what should you do? I always say, what endowed for medical clearance. This is not an exhaustive list, but you might be asking yourself the hard way now? How will I know if a student is at risk of complications?

Some big warning signs although BMI. People can have physiological complications at all weights, so people can be at a healthy weight or a part of a healthy weight and I put that in quotations because there are issues with BMI but generally if a person is underweight and has an eating disorder, and is engaging in restricting behaviors, there's a good chance they have physiological complications.

Rapid or significant weight loss, this can put a person at higher risk of complications. If a person is perching frequently, they can have severe electrolyte imbalances that can cause fainting spells, especially in a hard classes or rigorous classes can put that person at risk of heart attacks. Literally, this is why the high fatality rate, tragically with this illness.

And of course if the person is painting or blocking, this is a sign that that person may not be safe to practice, and if you are concerned, you can always ask for clearance from a physician.

There are complexities with that, making sure that the physician is actually eligible which I do not have time to go through with this webinar, but at minimum, at least be thinking in that direction and thinking of best practices for asking for clearance. One of the big questions I always get asked in this case is what are the indications? What should I not you as a yoga teacher? I want to hit those right in the beginning we will get into some of the things that you can do and some of the wonderful things that you can add to your classes, but a few of the big indications. One, the taxes and cleansers, they are complex.

Often they are diet stress in (indiscernible) to be honest with you, I know that there are some that can be healthy for some people, but for people at risk of eating disorders, or with eating disorders, they are a huge trigger for disordered eating behaviors. It breaks my heart when I hear from students that walked into a yoga studio looking for a practice to support them in recovery, looking to build a different relationship with everybody and are met immediately with her advertisement for a juice cleanse. So,

 

please, please do not encourage students to go on the thunders and detoxes if they are in recovery from an eating disorder. Dieting is a huge risk factor.

For students that are in recovery, and again, their sensitivity around is that you really should be asking for medical clearance if you are concerned. But (indiscernible) sometimes physically compromised to have dizziness, and sometimes even fainting spells, so that is something to worry about. Folding over and steady backup, specially if you are teaching at a treatment center, that is something to maybe not too early stages of recovery.

As I mentioned, heated and vigorous practices are a big no-no for students in really all stages of early recovery. And then, scope of practice, again, please be mindful, I was going to say slot yourself in, but sometimes the pool actually comes from the students.

-- Paul actually comes from the students... Please be mindful of that because there is this tendency, sometimes when people are ambivalent about recovery to use yoga as a substitute for the psychological support they so desperately need, and I think Doctor Catherine Cook-Cottone the same page, we need both this psychological support is often, not always, often not enough for folks who need to at least in the latter stages of recovery to build a healthy relationship with themselves.

But Kroger is certainly not a replacer for treatment, and so do not allow your practice, this practice to be used as a replacement. It ends up doing more harm than good.

I am going to skip over the ventures that you know that they are in the slides just sort of a summary of best practices. But it is just a summary of what we just talked about. When in doubt, ask for medical clearance. Be mindful of physical exertion, and do not be afraid to refer to other professionals when you are concerned about a student.

OK, so moving into how yoga can help support people. I wanted to go over the rapidfire through some of the things that Doctor Cottone spoke about, but I thought if I were to tell you about how yoga can help I want to give you a sense of what particular challenges they are addressing with eating disorders. I think of these as the 5D's, kind of a memory trick, but common challenges that students face can eating disorder recovery.

One is a sense of disembodiment. I do not know what I'm hungry, I do not know what I'm full, I body is not talking to me. I spent years ignoring hunger signals and now I'm trying to build a healthy relationship with and I am numb from the neck down. That is a common challenge, and it is one of the best places yoga can help.

This regulation is another one comes up, people have been using their eating disorders for years to

 

cope with the trauma that may have led them to develop this to begin with. As that eating disorder is kind of be taking out of their life, the question becomes how do I cope if not with disordered eating behaviors? So (Unknown name) is a big challenge, how to why cope with anxiety, how do I cope with depression, sometimes students are having panic attacks.

Disconnection and disassociation. Best practice Association. -- Dissociation... The disease of the last cell. It can show up as isolations, so not feeling connected to others around them, but it can also be a full state of dissociation. Being completely dissociated from where they are in time and space they are not knowing that they are here, not in maybe having a flashback, so that can show up in recovery.

And then another one, it is up crackle what in the early stages of recovery from eating disordered it is physical discomfort. Bloating, constipation, G.I. distress, this can happen because the G.I. system has become accustomed to disordered behaviors or maybe the person has been using laxatives. As the body is starting to rehabilitate and recover, I had an eating disorder with the young person company took years for my G.I. system to be to come back on board. That's a challenge in one place that yoga can support a little bit, and on the last D is distrust. And Catherine spoke to this so beautifully.

Often with eating disorders, there is this horribly judgmental self talk, and you see it for years into recovery. Self-criticism, self-hatred, a lack of belief in self, a lack of hope about the future. That is a common challenge and part of where I see yoga slotting in.

Briefly, taking these five deeds, how can yoga help? Yoga can help students rebuild our connection with their body, and rebuild what I call D what researchers call, what scientists know as interoceptive pathways. Your ability to self to sense when you are hungry and when you are full. Yoga can help students to regulate in a healthy way, (indiscernible) of anxiety and depression. We can help them foster an impression, I healthy in body connection with self. A sense of agency.

And a sense of connections with others is one of the beautiful things about practicing yoga in a group. Catherine has spoken to this. Her whole body, she is the person on yoga and self-care. She is the scholar to go to, but her work is so beautifully shown how yoga can foster embodied self-care to help the student to proactively care for themselves, and then of course yoga can help us to develop a sense of trust, and a sense of compassion for our selves.

Briefly I want to give you some ideas of the specific practices that you can pepper into your yoga teaching to maybe support those 5D's we were talking about. One is we talk and interoceptive meditation at Eat Breathe Thrive, the nonprofit that I run it is a meditation designed to help the student notice what all of the different sensations that are happening in the body. Hunger, fullness, body temperature, heart rate.

 

I call it interoceptive opportunities, you can bring this into a (indiscernible) practice. This is little invitations as you are teaching for the student to notice what they are feeling inside of their body to notice how quickly or slowly their heart is beating. To notice when they are feeling tired or feeling energetic, to notice whether there is any sensations happening in a particular part of the body.

That can be life-changing, it was life-changing for me. This is huge, and it can aid and supplement the work you are doing and psychological care so much.

Another, this is not another practice, this is a range of practices, but when we are looking at yoga practices that can support the 2G's of distress and discomfort, (Unknown name), practice of self massage can be a wonderful way to self soothe. (Unknown name), alternate nostril breathing, (Unknown name), breath, (Unknown name), all of these are practices that can be used to self soothe.

My recommendation because he might go I am teaching these already is to incorporate some psychoeducation into how you are teaching. Help your students understand the why, understand how these practices can support in a state of overwhelm, or how this practice might support in a panic attack.

How the relationship, even to understand the relationship between the breath and the nervous system. Another big one, and I am actually going to end here, and actually and in an embodied practice for you here, and it is a simple one. It is grounding.

For students that experience disconnection, and disassociation in particular, noticing where their body connects with the ground, and the earth beneath them, it can help them come back to the present moment and come back to their party. So, I am going to invite you to do that with me right now. Just to take first over the deep breath in, because that is where all of our building yoga practice begins. Go ahead and take her deep breath in.

And then simply notice where your body is making contact with something solid beneath you. So that could be a chair, he could be the ground at your feet that are touching the earth beneath you. You can choose to place your hands on something solid. The floor, a couch, and then just notice how that solid item beneath you or that solid object, the solid floor, doesn't go away. Notice the feeling of solidity beneath you.

As simple as that. That is a grounding practice that you can incorporate in your teaching, in the little hallmarks that you can get students to take home. I have included a few more that you can bring into your slides, I have included a summary and again, we had a short time so we could not get to all of these, but some supportive options, and indications, and this is my website. I social handover you can connect with me, and again, knowing that I'm sure with time and I could take entire courses on this

 

subject, I also included a whole number of recommended resources where you can find more information about this work (indiscernible) and there. -- End there.

SAT BIR SINGH KHALSA:
Thank you Chelsea and Catherine Cook-Cottone for what is undoubtedly a very rich and thorough presentation of the scientific and clinical rationale for yoga for eating disorders. A good review of the research, and an excellent presentation on the practical considerations with respect to people practicing yoga who may have eating disorders.

We have a number of questions that you were in a box if you have additional questions you can either add a question or upload an existing question and I will focus on some of the questions that we may not be able to get all your questions, but these questions will be made available to both Chelsea and Catherine Cook-Cottone and they can reply later.

The question that occurred at the end of Catherine Cook-Cottone's presentation. To create a safer space for people that have eating disorders and yoga classes, would it be advisable to avoid marketing images up idealized parties and expand class focus beyond (Unknown name).

DR CATHERINE COOK-COTTONE:
Yes, that is a great idea. 100%. And making sure that you have a range, even with your images on the wall, your advertisement, that there is a whole range of body shapes and sizes, and if you are working in a studio and you were teaching another class, and everyone is looking like at or below weight, you have a problem. You have a problem with how you are advertising, you have a problem with who feels included, so you want make sure who was showing up with your classes, and do something to intentionally make this place feel welcoming to all parties. -- All parties.

CHELSEA ROFF:
Just that quickly got another to you can do is employ teachers, have at your studio that are representative of the diversity Catherine just spoke to. Having people actually teaching in the studio that represent that diversity of lived experience and how bodies will go a long way. To welcome.

SAT BIR SINGH KHALSA:
Great answers. Another question here at the end of Catherine Cook-Cottone's talk, how can you explain what you mean by body weight types of shoes in yoga teaching? Not familiar with this nor have I ever used to refer to somebody's body in reference to the weight.

DR CATHERINE COOK-COTTONE:
That is good, and I will not tell you because it is best if you do not know. Now, I will tell you. (Laughs) It is what if you been in a class work has really engaged at Tommy, we will burn off some of the extra fat.

 

And you are half morning, engage those glutes. We will tone your and so, it is really using body shaping, diet culture, kind of cues. Even talking to detoxing with (Unknown name), can be triggering.

It is really about connecting to your body and not trying to change it, detoxify it, shrink it, build it. We are just being with the body. We are not asking you to be different. That is what I meant.

SAT BIR SINGH KHALSA:
Great, thank you. Another question is the scope of illness inclusive to eating disorders that result in excessive weight gain?

DR CATHERINE COOK-COTTONE:
Can you say that one more time?

SAT BIR SINGH KHALSA:
Is the scope of illness inclusive to eating disorders that result in excessive weight gain?

DR CATHERINE COOK-COTTONE:
Yeah, well the consequence of binge eating is often weight gain. And so, the part about yoga that I love including that it ends up about being with your body, instead of focusing on those medical metrics, but there are physicians that might focus on.

But it is inclusive. Some symptoms of eating disorders cause people to gain weight.

SAT BIR SINGH KHALSA:
Another question, is there research on going about food/sugar addition addiction in yoga? So

DR CATHERINE COOK-COTTONE:
Not that I know of.

SAT BIR SINGH KHALSA:
OK, how would you approach teachers that commit some of those now behaviors? -- Those no-no behaviors?

CHELSEA ROFF:
(indiscernible) hi, this is really off-the-cuff, but I would probably do it from speaking about your own experience, rather than being dogmatic about, dogmatic or sort of shaming that teacher. I would, I would, this is how I would approach it. I find when I go to (indiscernible) when you say that you upset this person or all those things can be very shaming, and can put the person on the defense, so you might, you might talk about if the words or what you saw happen had an impact on you, you can say

 

how I learned this in treatment, I feel I thought that when this happened because, or if you receive those things, you can express your legitimate concern about a student.

If you are seeing, perhaps, I teacher that is reading really hot and vigorous classes for student that is heavier in weight, you can go to their teacher and say, hey, I noticed this, and I am really worried, how are you feeling? But I would avoid shaving, and I would avoid making statements about the consequences of that person's behavior. Catherine?

DR CATHERINE COOK-COTTONE:
I will chime in only because I want to go to the research, and I was concerned about this very thing. And so, I wanted to say as a researcher. Well, there is research that says here. So, there is no guidance, so I reached out toward Douglas, Doctor Douglas, who Chelsea just look up in her presentation I said let us write something. And the international Association of yoga therapy's journal, there is an article that I wrote with Laura Douglas that gives guidelines, and Laura was insistent that we do not use the word should in the entire article.

And that includes to stop the shaming, but more that these are guidelines to help you enhance your practices so that they are safe for people with eating disorders, and decrease risk for eating disorders. I can make sure that I put that article in the resources for you. In fact, it is in the folder that you will have a link to already.

SAT BIR SINGH KHALSA:
Ray, thank you. I am a clinical social worker and work better eating disorders clinic. I'm also an MIT instructor and 200 hour RIT body logo. We see all over patients via telehealth. I hope that after (indiscernible) complete more (indiscernible) besides PCP clears what else can I do to ensure safety for those engaging in a practice buyer telehealth.

CHELSEA ROFF:
Great question, you will see this if you are going through Eat Breathe Thrive training company regarding about (indiscernible) that if one I worked in a virtual capacity with students that are, that self identify as having eating disorders, we do, we call it an application system, but essentially it is assessing the program fit. It is not screening, because it introduces a lot of legal risk, but we ask a few questions when the person is signing up for the course to assess whether the person might be at risk of physical complications or psychological instabilities.

So, we ask about BMI, we ask about diagnosed Oedipus will be asked about whether the person is getting treatment support, we ask about whether the person has had suicidal thoughts or has engaged in suicidal attempts recently, and we ask about purging behaviors.

 

I have a ton on risk assessment, but my short answer would be do a little bit of risk assessment at the outset. That is my feeling is somebody, not estate you should, to not do the shields, but from an ethical standpoint, I think it is a good thing to do to make sure that that person is safe. You have to be cautious about hipper considerations if you are doing telehealth and all that stuff. But I would ask a few preliminary questions to make sure that that person is safe to practice.

DR CATHERINE COOK-COTTONE:
And I can add that it can be helpful to have them pin the instructor so that they are not comparing well it is very easy in the telehealth group screen to compare with everybody on the screen. So just have them pin the instructor so they are just seeing the instructor and it looks a lot more like a yoga studio where you are watching the instructor. Just the thing we found to be helpful.

CHELSEA ROFF:
One thing I was also just thinking to tack on at the end. I would develop a crisis intervention plan, or some sort of how to connect with the student that you are concerned about if you do have students that are coming and that are really in bill, you should have a policy internally to how to refer that student to treatment. What you are going to do, you know, that person could get psychological or physiological so you should have a good referral network and there is a whole process for that. (indiscernible)

DR CATHERINE COOK-COTTONE:
And you just remind me of one more thing, sorry. Make sure you know where they live, and how to contact their emergency contact. If they are to fade, become incapacitated and you were on the camera, because you are not with them you are going to have to send 911 or the emergency people to where they are. And if you do not know, you are having an incapacitated person on your screen. Make sure you have the address, the location, where they are that they, and their emergency contact number.

SAT BIR SINGH KHALSA:
Well, this has been extremely exhaustive and thorough, and we thank Doctor Catherine Cook-Cottone and Chelsea Roff for joining us today. I think that for those who want to pursue this further, I think you can go back and they are all going to share the slides, so these guys will be available at the course as well as the recording, and all the information has been put into those slides that you can do further reading and get further information.

So, thank you all for joining us, and we hope that this webinar has been of help to those of you interested in this particular area. Thanks very much for joining us, and we will see you in another webinar.

 

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