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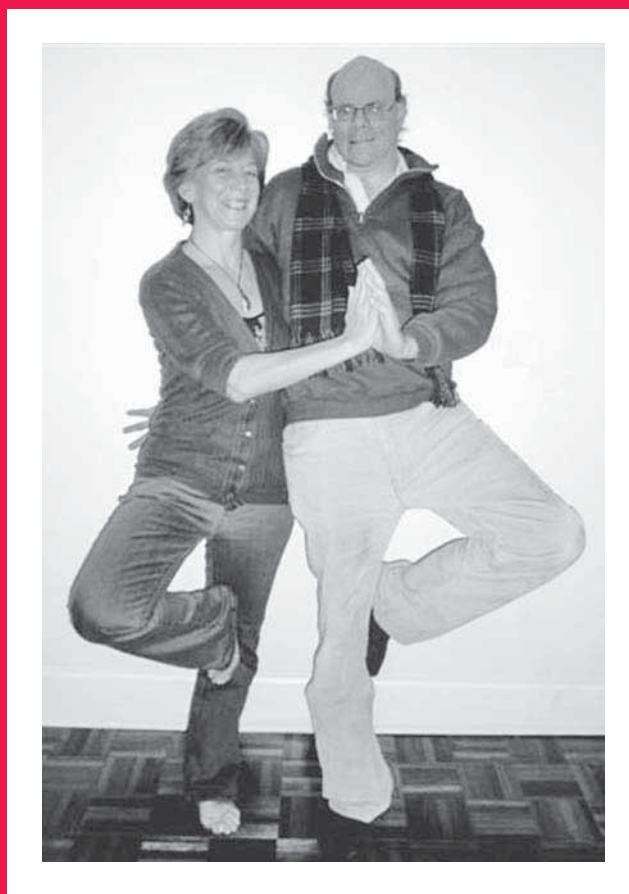
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**HOW A
TEACHER
and STUDENT
WORKED TOGETHER
AGAINST "IRREVERSIBLE"
NEUROLOGICAL DAMAGE
DUE TO PRESCRIPTION
MEDICATION, AND WON.**

DICK'S STORY

by Robin Rothenberg



Standards for Yoga Therapy:
What about Sanskrit?

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Dick's Story

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When I met Dick Crowley

17 years ago, I was a fledging Iyengar-Certified Yoga teacher with minimal experience working in the realm of Yoga therapy. I had just moved to a rural suburb of Seattle, and Dick had come across an ad I had placed for Yoga classes in the local paper. His call to me in the fall of 1992 initiated us both into an incredible journey of healing, deep friendship, and the transformative power of Yoga.

His voice was erratic on the phone, booming one minute, then far away the next. I thought at first he was drunk. However, there was clarity in his communication. He had a "condition," he explained, although the name was too long and unfamiliar for me to comprehend. He said that he had practiced Tai Chi and had worked with a Yoga book at home and found it to be helpful, which gave me the confidence to agree to see him. We had to arrange a meeting time when his caseworker could drive him out to my place. When I opened the door to greet Dick, it was obvious why he had to be driven to the studio. He could barely stand. Spastic tremors ravaged his upper body, he needed to lean forward and rest his head on the stoop just to stay upright enough to introduce himself. His hands and face would jerk randomly, and I understood why his voice had faded in and out on the phone when we spoke.

Dick suffers from a rare neurological condition called tardive dyskinesia (TD), which results in uncontrollable facial and body ticks and spastic and jerking movements. Over time, I came to understand that the TD was most likely the result of Dick's long-term use of anti-psychotic medication to control his severe manic-depressive illness (MDI). According to the doctors, Dick's TD was incurable and irreversible. My naïveté about both the TD and the MDI, as he refers to them, probably afforded me some grace in our initial work together. Rather than concerning myself with the condition, I focused all my attention on being present with Dick and letting him guide and instruct me as to what he needed.

"Just give me three things," I remember him telling me. "If you give me more than that, I won't be able to do it." Three things. I watched him flail in space, and with my Iyengar training in wall work, it seemed logical to put him up against the wall as a reference point.

An hour later, exhausted from the exertion of holding himself upright, he had in his hand a paper on which he had painstakingly written a description for three postures. I closed the door behind him, clueless as to whether our time together was of any value to him whatsoever. Six months later, he called again. "Robin," he greeted me, "I've done the three things. I'm ready for the next installment." The third time we met, it was only a three-month span between sessions. By then, I was feeling encouraged. He seemed to like the work we were doing together, and he claimed it was helping him. Back then, there was no Google to click on and learn more about TD, and I didn't have a network of colleagues or mentors in the world of Yoga to ask for counsel as we proceeded. Since the only expert I had to rely on was Dick, I followed his lead. He wanted to stand upright without support of the wall, so we used a Yoga belt behind his back to hold on to as he practiced walking around the studio. He cleverly devised a strategy of holding a sweatshirt in a similar way to the strap as he walked around in public, to look more natural. He wanted to be able to lie down on his back, something that typically threw his nervous system into chaotic spasms. So we developed a way using props to gradually allow him to relax into a supine position.

We began meeting every four to six weeks. As our relationship deepened, more of his story emerged. He had developed manic-depressive illness the fall of his senior year in high school. At the time, he was at the top of his class, on the varsity football team, he had a cute girlfriend, and had attained early acceptance into Dartmouth, his father's alma mater. He had the world on a string. Then, the girlfriend dumped him and he went into an acute clinical depression. No one knew what was going on, and he was alarmed by the suicidal ideations that were forming in his head. He had trouble getting to class and his grades suffered. Over spring break the mania hit. Off in the mountains for spring skiing with friends, he was up all night walking the town, filled with grandiose and outrageously "crazy" thoughts. His friends approached his parents upon the group's return and expressed their concern. He was hospitalized that spring and almost missed his own graduation ceremony. Over the next five years, Dick struggled with extreme highs and lows. Dartmouth was both the center of his world and a world apart from

his family and caregivers who knew him and could provide the stability he needed. He quickly realized he had to give up his dream of playing football for Dartmouth and following in his father's footsteps. Despite maintaining a GPA of 3.12, the mania eventually drove him home to the Northwest for hospitalization, forcing him to surrender his dream of graduating from Dartmouth. Recognizing that the support of his parents and doctors was vital to his mental health, he transferred to the University of Washington in Seattle. In 1984, seven years after he began as a freshman, he finally graduated with a major in history. However, the MDI was still spiraling, requiring frequent in-patient care, and the doctors had not yet found a medication that could adequately control it.

In the early 1980s, Dick's doctors started him on Navane, a newer anti-psychotic medication. Initially, Dick experienced longer periods of mental stability than before, keeping him out of the hospital and allowing him to complete college. However, in 1985 Dick began noticing unusual twitching in his legs. The involuntary movements spread to his face and the rest of his body. It was the onset of the dystonia, most likely brought about by the long-term use of Navane, and according to the doctors the neurological damage was irreversible. The doctors changed his meds, attempting to find a cocktail to control both the MDI and now the facial and body tics that were usurping his energy and his life. The latter half of the 1980s was a time Dick refers to as a "dark period" of his life. Extreme mania sent him back again and again to the mental hospital.

It wasn't until 1990 that the doctors found a drug that seemed to effectively control both conditions. His last hospitalization was in 1990, although at the end of 1991 and the first half of 1992 Dick suffered another severe manic episode. He credits his psychiatrist, the outpatient mental health program, the new drug regimen, and a very dedicated case-worker at the time with keeping him out of the hospital. It was his last mental health crisis. We met a few months later. In the 17 years we've worked together, Dick has never "gone manic" or sunk into depression.

As Dick and I worked together over the years, my Yoga therapy practice continued to evolve. I met Gary Kraftsow in 1996 and began training in the lineage of Krishnamacharya, as transmitted by his son T.K.V. Desikachar. This exposed me to many new adaptive tools and educated me in the importance of regulating the breath to transform both body and mind. I began to incorporate ViniYoga into my work with Dick. He had enjoyed the challenge of static tree pose, downward dog, and even on occasion a half-handstand against the wall. We both agree that Iyengar Yoga provided a solid foundation for our work together. However, Dick describes the transition into ViniYoga as a good fit for his central nervous system: "It just felt better—working with the breath—the movement and flow of it made sense to me." As we began to weave ViniYoga sequencing into Dick's practice, I began

noticing changes in the TD—fewer spasms and a greater state of calm.

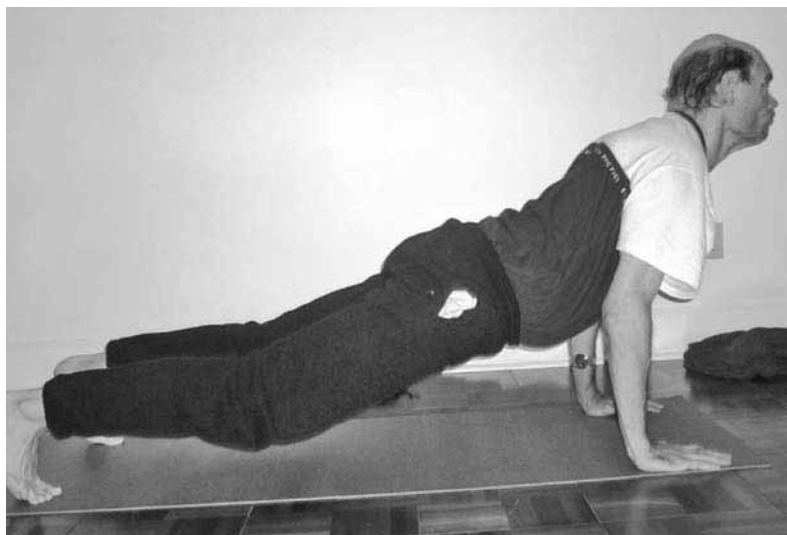
During one session about six years ago, we experimented more specifically with the breath, particularly with retention. I had Dick hold his breath for progressively longer periods during backbends such as warrior I and bridge and pause after exhaling in forward bends and twists. The effect was dramatic. At the end of the session he was able to lie comfortably on his back for *savasana*, and the TD twitches were barely perceptible. Even in the car ride back to his place there was a stillness in him that I had never before observed. I asked him if he noticed it too. He was quiet a moment and then nodded slowly, "Yeah, it feels like when my meds have kicked in, except I took them hours ago." Out of this experience evolved a seated *pranayama* practice.

Sitting was the last frontier regarding positional comfort for Dick. For some reason, sitting seemed to short-circuit his nervous system, sending him into wild spasms. The breathing practices induced a sedative-like calm, allowing him to sit, with his back resting against a wall, for longer periods of time. We started small and progressively built up his endurance. He currently works with inhale 6, hold 9, exhale 9, hold 6, and spends 10–15 minutes each *pranayama* practice.

Since 1996, Dick has been a member of a local theater group and has performed in several stage productions. His passion for music is a sustaining factor in his life, and as well as listening to music he also composes, plays harmonica and guitar, and sings. He's recorded his music and has had a song played on the radio. I've had the pleasure to attend his concerts and it's amazing to me how subtle the TD is when Dick is playing his music; he just looks like a consummate rocker, a little Mick Jagger swagger to his step. Dick is also actively involved in Washington Community Action Network, a political group lobbying for health reform, something he feels deeply committed to.

As we develop *asana* practices together, we adapt them depending on the various projects Dick is involved in at the time and his energy levels. A far cry from his original 3, his regular routine now ranges between 10 and 15 poses. He starts with a few standing poses near the wall to work on his upright posture, a down dog/plank/up-dog sequence to develop upper body strength, cobra and locust variations to stabilize his lower back, and a cool-down routine of supine poses and seated forward bends. During times when Dick has a lot of social obligations, he cuts back on his Yoga practice or reverts to one of the less vigorous practices we've developed that involve mostly supine postures like bridge, plow, knees to chest, lying twist and seated forward bends like *paschimotanasana* with a focus on long exhalation and no retention. These act as a calming counterpose to his busy life.

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Dick's Story *continued*

"Relaxation is key," Dick explains. "For so many years I'd gone over the top. I'm committed to not going manic again." He's always been clear with me about his need for routine and regulation: Read the paper, take a walk, do Yoga, find quiet time in the middle of the day, play music, sleep. He goes swimming at the community pool once a week and won't book with me on days he has other commitments. Dick speaks wryly about the rigidity of his military father's emphasis on discipline, but he's come to appreciate that it is this very same adherence to discipline that has allowed him to regain control over his mind and therefore his life. He meditates daily, taking an hour or more every afternoon to "quiet the mind."

"I learned from my years in the mental health system to know myself better. I came to understand the signs—like no sleep, racing thoughts, feedback from friends and family—that signaled to me I was going manic." The depressions were deep, dark, and painful—the mania, downright scary. He came to recognize that he had a "normal self" and an "illness-afflicted self." When he felt on the verge of a manic episode, he'd voluntarily hospitalize himself. "I knew how 'out there' I could get and how dangerous and messy it could be. The worst was the paranoia."

He's stuck to some fundamental psychological tenets he learned from treatment that keep him grounded and stable: *Self-Awareness*, which means constant monitoring of his own behavior; *Acceptance* of the illness, leaving no room for denial; *Insight* into what triggers him; and maintaining and trusting a community of people to act as a support network. He emphasizes how invaluable this support has been to him over the years, naming his parents, doctors, and his Yoga family, as he thinks of me and his friends at our studio, The Yoga Barn.

Of course, these very teachings echo the philosophy of Yoga and The *Yoga Sutra of Patanjali*, where Dick's fine, academic mind and spiritual heart have found a home. When I introduced him to Patanjali, he called me, ecstatic. "Robin, I finished the book!" he exclaimed. "When can we meet to discuss it?" "Finished... in a week...Patanjali's *Yoga Sutra*. Who does that?" I recall thinking. I invited him to join our *sutra* study group and attend workshops with prominent guest teachers like Gary Kraftsow and Nischala Joy Devi, who gave seminars on the *sutras*. He loved them all. Then, Kausthub Desikachar came to town. For five days, Dick sat a captive audience, diligently taking notes, asking questions, enjoying every story, every kernel of wisdom the son of T.K.V. Desikachar shared. He describes the week as "transformative."

"I've always been drawn to the spiritual," Dick told me recently. "For me, Yoga has so much to offer—it's a disciplined activity for the body, it's educationally stimulating for the mind—there's always more to learn, more books to read. And it's all tied to something spiritual. Through Yoga, I've found such a profound sense of joy, and in the Yoga community I've found a real spiritual home."

Likewise, our Yoga family and my personal family have all been touched and transformed by Dick. My children have known him for most of their lives, and he makes a point to check in with me about their current activities and interests. Each time we meet, I feel blessed to know him and to have had the honor of working with him for all these years. Once I asked him if he was angry about the TD and if he ever thought about suing the drug company. He said, "Before the Navane, when the MDI was so severe, I didn't have a life." He shrugged his shoulders, as if to say, the TD just affects the



body, it has nothing to do with *me*. "Sometimes I think I have it rough—but then it just inspires me to stay with the things that are helping, like Yoga, and do them more. I didn't want to make a life out of mental illness, so I just keep working on it." In moments like that I wonder, *who is the real Yoga teacher here?*

"I'm on a continuum of healing," Dick says. "There is no cure, but there is healing. I can see that I'm improving." Even his dentist commented that three years ago it would have been impossible, because of the TD symptoms, to do the root canal that he recently performed on Dick. During Dick's last theatrical performance, one of his colleagues noted that he had more sustained strength and energy than in the past. To sum up all the wisdom he's earned and learned through his studies, therapy, his life experience, and his Yoga practice, Dick concludes, "Think wholesome thoughts. Look at the positives." And like Joseph Campbell, he recommends: "Follow your Bliss." **YTI**

Robin Rothenberg is an internationally recognized Yoga therapist and author of The Essential Low Back Program: Relieve Pain & Restore Health. Robin trains teachers at the YA 500-hour level and is launching a comprehensive Yoga Therapy Training Program to begin in Fall 2010. www.essentialyogatherapy.com