Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association's 2015 Podcast Series. Today, we are speaking with Sarahjoy Marsh about her work and her new book called Hunger, Hope and Healing.

Sarahjoy Marsh has a Masters in Counseling and has been training yoga teachers, yoga outreach volunteers and mental health providers on the tools of yoga therapy for 20 years. She is a student and scholar of yoga with 22 years of professional teaching experience and 25 years of yoga study. Her teachings are informed by personal life events, including serious injury from a car accident resulting in a hip replacement at 42 and early life struggles with disordered eating behaviors.

In her book Hunger, Hope and Healing, she fuses yoga with psychology, neuroscience, breathing interventions and mindfulness techniques to bring readers what disordered eating and body image issues a practical and accessible guide to recover. Welcome, Sarahjoy.

Sarahjoy Marsh: Thank you very much. It's a pleasure to be here.

Daniel-Burke: Thank you. We're aware that many eating disorder treatment centers now include yoga as a therapeutic activity. Your book is titled Hunger, Hope and Healing: A Yoga Approach to Reclaiming Your Relationship to Your Body and Food. For counselors who are listening to this podcast and there may be lots and lots of them listening, can you define what a yoga approach is? Is this different than including yoga in the daily schedule at a treatment center?

Marsh: Yes. The daily practice of yoga -- some treatment centers are using very effectively as a part of their schedule for clients to experience exercise in a healthy way. And that's certainly an aspect of yoga therapy. As a field, however, yoga therapy is bigger than the experience of practicing yoga poses, which are also called Asanas. And most yoga that's being practiced in our country today is actually the practice of Asana.

So the yoga therapy, as a field, is looking at the essential nature of the human being as something that's infinitely in-dwelling, uncompromisable, unbroken, unflawed and rooted in love and belonging. That actually has a Sanskrit word called Ananda. So if we sense that that's the inner essence of the student or the client with whom we're working, our job is to help remind them that that's there; that has always been there, will always be available to them. And one way we remind people is through the practice of yoga poses that help to regulate their brain back to the state of ease that can remember who they are and their essence, not in their behaviors or their unhelpful thinking patterns.

And yoga actually does this in stages. It's not a one-time event in a yoga class. Though, you might glimpse something tremendous from practicing yoga. There are actually stages of development just like in some western psychology methodologies, there are stages of development. Same is true for yoga therapy. So yoga therapists will go
through those stages with somebody really starting with, "How can I get a clear brain state for this person, and a body that's receptive to the journey of recovery?"

**Daniel-Burke:** Considering all that, yoga therapy sounds like a potential field of study and practice for behavioral and medical health care providers. Something they can weave into their current practice, is this specific to eating disorders?

**Marsh:** No. Yoga therapy is being used for wider application than just eating disorders. So if we look at the first thing I said there about how yoga therapists will see the in-dwelling nature of the person, the student, the client — that can cross the field of eating disorders, anxiety, PTSD, depression, self-harm. Just what we see in the medical and mental health fields at large right now; like chronic pain and fibromyalgia. You can also address how you see the client who’s in front of you as a person, a whole person, capable of returning to their essential nature, instead of a person who's simply suffering right now and has lost their way. How can we get them to come back home to that?

And the process of those stages, we move through in relationship with the client, whether it's an eating disorder or an anxiety issue, or like I said chronic pain. The stage in which we're stabilizing their brain chemistry and their body receptivity, that's called Tapas. That means self-nurturing discipline, to help the student or the client come to a brain capacity that's fresh and less hindered by the mental patterns of anxiety and depression. Once we've established that, we can start moving the client into the stage that's more about curiosity and self-reflection, which we call self-study or self-empathy. And that stage is where deeper work happens, where students or clients are realizing they're a part of the human condition, and that human condition is sometimes poignant and sometimes vulnerable and sometimes celebratory, and sometimes conflicted and always moving back towards this in-dwelling thing we call Yoga Ananda.

So if we see ourselves as part of the human condition, we're already less alone and more connected. And the third stage of recovery and yoga therapy's perspective on this is called surrender, which I like to translate as forgiveness and freedom, meaning I forgive myself for the pain I've been in or the pain I've caused myself or others. And now, I have the freedom to grow into who I can be. And as a yoga therapist, I celebrate each of those stages, and the one in which the student is realizing they could be something more than their eating disorder, that they have a capacity in their life beyond their anxiety; that's a very exciting stage to walk with somebody on. If I haven't established the basics, however, they might walk and then stumble, or walk and then fall or collapse. As we start to experience more freedom, it can be anxiety-producing.

So I want to help them from stage one be prepared with the resilience and courage required for the journey ahead, and that crosses all the fields of study that I've worked with; chronic pain, eating disorders, anxiety and so on.
Daniel-Burke: I know she mentioned forgiveness, and I know a lot of people are seeking 12-step programs to help them with all kinds of addiction including food. Is this a good adjunct to a 12-step program?

Marsh: Yes, it can be an excellent adjunct, both to a 12-step program and any other therapy somebody's already doing. Because yoga is a body-centered approach, and I've been a part of 12-step communities and stewarded some of the 12-step community members, and we have yoga students here at our clinic who are in the 12-step program. One of the components that people report missing from those meetings is a body-centered application, and yoga therapy is inherently body centered. We're tapping into body intelligence, and feel the visceral experience of self-forgiveness, or even to feel that visceral experience of forgiving someone else. That's a tremendous biochemical shift, and neurological dropping in that's palpable. And you can rest in that since the forgiveness there in a very loving way.

Daniel-Burke: Yes. In your book, you tell the reader there's a good reason for hope, and I'm always happy to hear that; that they're smarter than they feel, and you also have a phrase called healthy rebellion. Given that so many people are struggling with eating disorders, including half a million teenagers at least, and given that this illness has such a high mortality rate. What do you mean by hope? And also, I'm really interested in the concept of healthy rebellion.

Marsh: Yes, thanks for asking. I like to tell readers right away, there's good cause for hope. Because the effort someone has been putting in, even to the strategies that they're now using for self-medicating I know it can be self-harming, it can be disruptive, it can cause despair, but the effort that we've been putting in to self-medicate, means that somewhere in the system, we care enough to feel better. Even if how we're going about feeling better is not producing the results it once produced. The behaviors that any of us pick up in early life to navigate the challenges we face -- if they didn't work to soothe something, we wouldn't keep doing them. So the fact that we've kept doing them means somewhere along the way it worked, it kept working, now we still hope its working but it's not. Yet, somehow, we're still willing to try to feel better in ourselves. And that's one reason that I like to say there's good cause for hope. You actually want something to feel better in your system, in your life, in your mind or your body.

And the second reason that I like to tell people, there's good cause for hope now that you've just met with up with the path of yoga or yoga therapy is, those behaviors, however harmful they've been, kept a person alive long enough and somehow safe long enough to now step into a new possibility. One that hasn't been tried by most of my students, this is the first time they're trying yoga therapy as a way to recover. And so, here we are at a new juncture, and you have someone who can steward your process -- that's me, or another qualified yoga therapist. You have body intelligence already underlying all the damage that we've done with our behaviors; it's still in there, it still wants to help a person recover. And we're going to tap into that intelligence to help your recovery move forward.
Recovery, for me, really means more than just overcoming the symptoms; it means more than ending the behaviors. It really means encompassing the widest capacity of your life. I called that in my book a 360 degree life. And in terms of that, somewhere along the way, as we've been trying to find hope and new strategies, if we've been doing that process through the lens of shame or self-punishment, or a rigid model of strategies. If we end up pushing back against our own strategy, that's what I call a healthy rebellion. If the strategy was made from shame, from punishment, from recrimination, from smalling my life down because I've been terrified or overwhelmed or anxious. So now, I'm going to get more rigid control over my behaviors or my body or my food or my appetites. And if I'm trying to do that through rigid thinking, and I rebel against it, I like to say to my student, "Amen. You're rebelling against the urge to keep yourself confined." And that urge that wants to expand in you that wants to grow into your capacity, that's the part that's rebelling; that says, "I will not live under the dictatorship of shame. I want to live in a more expansive, loving, nurturing way."

And so, at first, the person might make a decision, "I'm only going to have 400 calories a day." Well, that's not possible. If I rebel against my plan for 400 calories a day, that's really wise action. If I say, "My plan is, I'm going to exercise for four hours a day, and I'll sip water with lemon juice in it, and then I'm going to eat a salad and I'm going to go to bed." That's not livable either. And so, if I push back against that regimen, I'm taking wise action in a good direction. That's what I call a healthy rebellion.

Daniel-Burke: I love it. And one of the things I love about it, is that there is a rigidity that many people have in their minds, the idea that if I extremely limit the amount of food I'm taking in, that I will somehow have control. But it's really an illusion, isn't it?

Marsh: It is an illusion, yes. Inevitably, that body intelligence, which is also to say our brain’s needs for nourishment in certain nutrients are a part of that -- that's much more powerful than we are. And so, if I'm restricting food and proper nutrients for my brain and body, there will be a breakdown response somewhere in my system. And I might start feeling tearful all the time or ravenously hungry or exhausted, or I might start having chronic pain or feeling really anxious, and I can't explain it except to say to myself, "I must be a bad person." Which is a misnomer, because the brain chemistry went off. It's actually asking for nutrients and care, and that underlying power is trying to get our attention with symptoms. And those symptoms, they need to be turned to with kindness and compassion.

Daniel-Burke: Yes. You know, when people are so used to that rigidity and the 300 calories and exercising for hours -- all of that -- and then things happen, they pass out and they seem -- then they’ll come to counseling with you or me and try to understand why it's happened. And when you look at what they ate and it's a wonder that they only passed out.
Marsh: Yes. I see that moment when they walk in and some people in the alcoholic community have called things like hitting bottom. And what I see as one of the challenges of the food-based issue is that we don't just go cold turkey and we can't just “stop eating”. That's a different disorder. That's an anorexic restricting mindset. So where do you find the middle-ground where we can't actually allow you to hit bottom -- that's called dying in this case – as your clinician, and your therapist, and your loving steward -- I don't want you to hit bottom in the other direction either, where you're binging and purging to the risk of your esophagus and your heart pounding.

I don't have permission to let you swing that deeply in either direction. So how do I, as a clinician, hold the middle ground and the thinking that is neither black nor white, but grey, and allows for someone flexible thinking, some adaptive thinking about food rather than rigid thinking about food. If I'm doing that in my own life, I'm much more likely to provide that for the client or the student.

Daniel-Burke: Yes, okay. Readers are encouraged in your book to develop new life skills, which you outline as the four essential life skills. Can you please tell us about each of these?

Marsh: Sure. Yes. I like to say that yoga practice, when guided by a yoga therapist or a skillful teacher, not as an exercise to burn calories in other words -- but a yoga practice does teach us essential life skills. And we learn them through the body, on the yoga mat, in the experience of breathing, and so on. The first one is called getting in the GAP, and GAP is spelled all caps -- capital G, capital A, capital P. G stands for Grounding, A for Attention, and P for Presence.

So getting grounded, paying attention repeatedly, consistently, and then becoming more present as a result. So getting grounded, we teach mindfulness tools that help to down-regulate someone’s nervous system. That means, they become essentially more capable of stillness or being in the here and now. We also teach mindfulness tools that up-regulate someone's nervous system, so they're not so lethargic or pessimistic. They feel a little more alert and available to life. And if there's time, and you want me to, I can teach one of those mindfulness skills for a couple of minutes in both of those directions, down-regulating and up-regulating. Just let me know.

Daniel-Burke: Sure, go right ahead.

Marsh: Okay, I'll teach down-regulating first. We'll do it for a couple of minutes, and I'll teach up-regulating. And I'll ask listeners to feel the difference in their body and their mind as a result of the directions that I provide. So to start, I would say, let's just become comfortable as you are, if you're sitting or standing or lying down -- it's actually irrelevant. This can be done in any position at all. People may close their eyes or have them quietly looking down, so eyes don't become a source of distraction.
To practice getting in the GAP, as a down-regulating, bring your mental focus to the places where your physical body, just now, makes contact with the ground beneath you. That might include a chair, the floor, a park bench -- whatever you're making contact with. Bring your direct mental focus into those sensations. Notice the pressure exchange between your body and the chair or the ground. And as you notice those sensations, for any moment the mind wanders into story or distraction, just usher your attention back to noticing sensation again -- like the contact that your heels or hips have with the floor or the chair as you experience it, without judgment, and without a narrative.

Breathe into those sensations to help your mind stay more present to this direct experience of the here and now. Notice only this for now, where you make contact with the ground beneath you. And as you notice yourself noticing, become aware of your any bit more present to this moment. This is the practice of getting in the gap for down-regulating an anxious nervous system.

Daniel-Burke: It's very calming.

Marsh: And so, let's try up-regulating for a minute two and see how it's different and you can comment on that at the end as well. Let's take attention now to the experience of sound that's happening in your immediate environment, for whomever's listening on the call. Listen to sound, without judgment, again, and without narrative. Sound happens in the environment, is impersonal, can be neutral, and also happens in a much bigger space. All sound rises and passes in a larger space. Listen to sound and to the space in which it happens.

And as you listen, for any moment that your mind wanders into distraction or narrative, bring your attention back to sound, and the big space in which sound is happening. Like lifting the needle off the record player of one's own thoughts, sound reminds us that the here and now is much larger than our own thinking patterns. Notice yourself listening and becoming more present to the expansiveness in which sound moves. This is called getting in the GAP, practice for up-regulating. To lift someone out of pessimism or lethargy or isolation. And how's your experience of that one, Rebecca?

Daniel-Burke: That was great. They're both very calming, but the first one was more calming, and the second one was more focusing.

Marsh: Yes. I like to say, the first one, I'm trying to get a student whose nervous system goes up to fight or flight, to sympathetic dominance. I want to get them back into the ground and into their body, but in a neutral way. So I'm not saying, "Let's be mindful of the belly right now breathing," because that's relatively provocative for most of my students, to become immediately aware of their bellies. Territory for self-hatred or chaos. So we say, "Let's come down out of sympathetic dominance into this present moment."
And for my students for whom they tend to fall into what's called dorsal-vagal parasympathetic response. So they're suppressed; their system goes down to freeze or collapse. I'm using sound as a way to lift them just enough into this present moment and their connection with me and what's bigger than their own thoughts. So I hope they feel a tiny bit more connected, a little bit more alert -- not chaotic or ungrounded, but connected. We're reading the nervous system of the student. That's one of the tasks of a yoga therapist, is to read the nervous system of the student who's with us, and to co-regulate our nervous system towards optimal function, so that theirs can hook up to ours. Which is why yoga therapists have to practice their yoga as well.

Daniel-Burke: Right. Why do you recommend getting comfortable feeling uncomfortable?

Marsh: Yes. That's the second life skill. What I find so intriguing about this, whenever I talk to people about getting comfortable feeling uncomfortable. They say, "Well, I already know how to be uncomfortable. I'm already uncomfortable. I'm painfully uncomfortable. Why do I want to do more of that?" And the concept of getting comfortable feeling uncomfortable is really the concept of -- as you start to let go of an old behavior or come into the present moment, there will be new discomforts. The ones you've been trying to avoid with the other behaviors or strategies. And so, let's get comfortable feelings those new discomforts as opportunities to grow; including the new discomfort of actually feeling good about yourself, or feeling optimism about your recovery.

For the numbers of times that we've shunned ourselves or dampened down our excitement about recovery, or started to feel like really tremendous things are possible, and then, "Oops, a person's binging again." Part of that is the discomfort to feel joy and elation and capacity. We practice getting comfortable feeling uncomfortable first, and the sensations of the physical poses in yoga. And let's admit it, that sometimes yoga poses are not that comfortable. They do include sensations that are like disquieting or burning or painful. So how are we going to relate to those, from the perspective that this sensation is something my body's producing as an appropriate response to what I'm doing? And I can be in a relationship to that sensation. And I can learn that doing this helps me to be able to do it when I'm now eating and I'm satiated, and I can get comfortable just feeling satiated; not having to go to bloated; not having to keep eating to the point of pain and numbness. Can I just get comfortable feeling satiated?

So we're going to translate that experience into the body and the appetites, and our relationships and our lives at large. And I think it's really fun to introduce people to the concept that this is going to help them to feel comfortable being joyful, being confident and elated. Not just get comfortable feeling sadness and anger, and those essential other things we do in life, but we're also going to experience happiness and get comfortable with the concept that we can be a person who experiences happiness.

Daniel-Burke: Yes. I like that. What does it mean to move from love, not shame?
Marsh: Yes. One of the things I posit in my book, is that eating disorders and addictions in general have a root cause that includes internalized shame. And so, the third essential life skill is first recognizing that we internalize shame and its operating system is very tenacious. Shame looks for almost any opportunity to express itself negatively towards us. It can do it towards other people as well.

So this shame is not elegant and it's functioning. But there it is, we've internalized it, and as it's torturing us with the inner dialogue that we have -- if we can shift the lens from a shame-based conversation to a more loving conversation, a conversation oriented to seeing our capacity and our earnestness -- and even our innocence -- and to see the efforts we're making and appreciate the vulnerabilities along the way. That's called moving from love, not shame. It's an over-arching attitude of self-kindness and appreciation.

And it orients us to see the efforts we're making rather than to see the 'failures' we've experienced. This is so fundamental to changing the conversation that women and men everywhere are having about their bodies and their appetites and their food issues, and beyond that into PTSD and people who experience prejudice and racism and every other thing. If we could move our conversation as a culture from love not shame, it would radically change how we relate to each other.

So this particular life skill is also about building community that has a different language and culture.

Daniel-Burke: Yes, shame and I think the person that we talked about earlier, who says, "I'm going to have 300 calories, and I'm going to work out for hours," that kind of thing, they're setting themselves up for shame, right?

Marsh: Absolutely.

Daniel-Burke: It's so impossible to adhere to that rigidity, that shame's the only outcome.

Marsh: Yes. Essentially, we set ourselves up to experience shame winning and ourselves losing again. Because then, we've just given shame a reason to say, "See? I told you. You can't do it. You'll never get over this, you'll never be any better. You'll keep being pathetic." And that's the sound that my shame voice had when I was a much younger person of recovery. "Over-archingly, you're pathetic." And to outgrow that is just so wonderfully liberating.

Daniel-Burke: Yes. "You're pathetic. You didn't live up to the rigidity. You're pathetic."

Marsh: Right. "You couldn't even manage eating only 300 calories a day. What is wrong with you?"
**Daniel-Burke:** Yes. And finally, what is personal buoyancy?

**Marsh:** Personal buoyancy is the fourth life skill. And this encompasses how we tend to our buoyancy -- which means our float ability, as if we were a boat on the ocean, a tiny boat is easily capsized, and the gigantic boat hardly feels the waves, which is why yachts are generally pretty stable on the ocean. But we want to experience life in its porousness and the opportunities to learn and grow with our lives. So we want a sense that we can float amidst the waves of the ocean. We're not so sinkable all the time, and we're not so sturdy that we don't feel life moving through us. Today's language culture and the mindfulness, and the therapeutic community, we would call this resilience; your personal resilience. How flexible and adaptive is your system? How stable and cohesive without being rigid?

We support personal buoyancy in the yoga practice by tending to the fundamentals. These might sound too fundamental to be powerful, but if you consider -- when someone's hydrating, they're tending to their personal buoyancy. They're taking an act of self-care that's relatively neutral. "I'm going to hydrate even if I've been binging. I'm going to hydrate even if I was restricting. Let me hydrate even if I was over-exercising."

Because hydration means I care enough about my body and my brain to provide it with this essential resource. Some of the other things in personal buoyancy include your sleep hygiene, or keeping your blood sugar balanced; protecting yourself from being overstimulated, by not watching inappropriate TV shows that make you feel anxious, manic, isolated or overwhelmed about the world, or by not engaging in conversations or having media exposure that re-stimulates your body image issues.

So it's, what can we import into the system to build resilience, and what can we start eliminating or turning down the volume on that's over-stimulating us now? And each person's personal buoyancy is a certain genetic pre-disposition and then a cultivatable capacity. So I work with them one-to-one to find out, "How can I nourish your system to be more buoyant, and what are we going to take out of your daily routine so you're not so exposed to the vulnerabilities right now?" Did that all make sense?

**Daniel-Burke:** Yes, that makes a lot of sense. Readers are also told that they need not lose the battle with the brownie. Tell us about the brownie.

**Marsh:** The brownie is famous. I tell the story often. What I'm looking at is, when people are struggling with good food/bad food relationships or tempting foods that are off-limits foods and so on, we've already empowered the brownies in this case, in example, or the French fries or the muffin. We've empowered it to have more strength than we do. And so, let's say that the brownie, by some other means than your own, has made it into the house, maybe it's a roommate or a parent or a spouse or a child; they brought the brownie into the house and it's in the kitchen. And the first relationship we have with the brownie -- if it's an off-limits food -- the first thing you might do is fight about the fact that the brownie exists.
"What is it doing here? Who brought it in here? Why is it in the kitchen? I thought I told them not to bring brownies home. I shouldn't eat this brownie. I want to eat the brownie. I don't want to eat brownie. The brownie will ruin my recovery. I should have a brownie once in a while." So we go into conflict with ourselves about it. That's called the fight stage. And then we decide to flee the kitchen, leave the brownie where it is, put it in the cover, hide it, get away from it, that's called the flight pattern. So fight, flight. And as we leave to go to the other room, the brownie is still provocative. And as I tell my students, sometimes you'll be in the other room trying to focus on something like reading a book, but you keep reading the same sentence again and again, because you're actually in this hyper-vacillation about the brownie in the other room and not that present to what you're doing.

And that hyper-vacillation, we call that freeze. You're stuck in a moment without a decision, and at the exhaustion of that, we collapse or submit to the brownie and go eat it. And at least, the event is over then, and there's a measure of relief in that. I ate the brownie. I stopped arguing with it. I stopped having to distance myself from it. I stopped being so distracted by the brownie. I just ate it, and now it's over -- except that, then I feel really badly about myself.

Daniel-Burke: Shame starts easing in.

Marsh: Exactly. Release quickly turns to regret and then recrimination and shame.

Daniel-Burke: Are you saying we can't interrupt those?

Marsh: Our system, our brain is programmed for fight, flight, freeze and submit. And of course now, we're studying poly-vagal theory much more widely in the counseling communities, so we know there's sympathetic dominance, there's dorsal-vagal collapse system. Even though those are programmed, they're meant for actual emergencies and we have many times a day perceived emergencies. So we keep our brain chemistry going and those rushes of the biochemical storm and the HPAXs and all that does is rushes through our system chronically. But we can interrupt that process by just shifting how we breathe. Because each pattern, fight, flight, freeze and submit, they all have a way in which they orient your breathing.

To prepare for a fight, people take a big chest breath and they lift the collar bones, they lift the rib cage, they lift the breast bone and chest breathes to get more oxygen for the fight. To prepare to flee, we also chest breathe. We access adrenal reserves and we get going. To prepare for freeze, we tighten down and first submit. We go into a frozen collapsed breathing pattern. So how we breathe tells the brain what we're experiencing and what we're getting ready for, and how we think tells the brain likewise. So now, you have your breathing affecting your brain and your thoughts affecting your brain, which can you change more easily? Most people that I'm working with, I change their breathing before I can change their thoughts. And so, if I shift their breathing back to the diaphragm back to the fundamental breathing muscle, the diaphragm is now telling the
brain, "There isn't actually an emergency. In fact, all is well. At this moment, all is well. We might have trouble later, we've had trouble before, but at this very moment all is well."

And now, I can consider thinking differently about my circumstances, and that'll further reinforce to my brain that I'm willing to see this as a non-emergency. In the language of neuroscience, what I just described is actually part of top-down, bottom-up processing. Bottom-up means, the limbic brain got addressed by breathing, and top-down means, "Pal, I'm now sinking," it's also addressing my limbic brain. The whole process, we go to the reptilian brain for breathing, and that tells the limbic brain, "You know what, it's going to fine. Let me go to the neocortex for thinking differently, more clearly," and we tell the limbic brain that's the mammalian brain, "You know what? It's going to be okay. We can survive this moment. We're not actually in danger." But a brownie can feel dangerous to lots of people.

**Daniel-Burke:** It sure can.

**Marsh:** I know it's that.

**Daniel-Burke:** Particularly if you're rigid and you've set that up as one of the big bad things.

**Marsh:** Yes. Then it's a challenge, it's a dangerous trap.

**Daniel-Burke:** Yes. You also talked about the need to find faith and to revive courage. What do you mean by faith, and how do you define courage?

**Marsh:** Great question because I know faith is used widely in communities to mean certain aspects of religion, and I'm looking at faith here as the faith we need to have in ourselves to do something differently than what we've been doing. To act on our own behalf. Because so many times, we've made a decision, maybe out of shame, maybe out of clarity, but we weren't able to stick with the decision towards recovery. When that happens, we lose faith in ourselves. Much like if I tell a small child that, "Today, we're going to go to the park at three o'clock," and then three o'clock comes around and I say, "Oh, you know what? We can't go to the park today. I forgot. I have to do my homework. We'll do it tomorrow at three o'clock." And tomorrow comes, and at three o'clock, "Oh god, we can't go. I've got to go grocery shopping. We can't do it. The next day at three o'clock, we'll go to the park." The next day comes and I again say, "Oh, you know what? We can't do it, Aunt May is coming over. We can't go to the park." So at a certain point, the child stops believing that we're going to the park. Likewise, with our thoughts about our recovery process or for clients trying to get out of addictive cycles, is each time they make a commitment and they break that commitment, even if it's a healthy rebellion that's breaking the commitment, you start to lose faith in their capacity to do something good on their own behalf.
So to rediscover faith in oneself, we take small action steps. Much like, "Can we stay hydrated today, and can we then acknowledge, even if we were only 51% successful, that 51% is better than 49%?" "Can we change the conversation to seeing ourselves as persons capable of having faith in? Am I trustworthy to myself?" Once we discover that faith can awaken again, then I start applying courage, and courage is really the force. Yoga calls this Rajas. It's the force to do something motivating in a good direction. But if I have courage without faith in myself, I'm probably going to feel a little bit chaotic like the teenage brain. I have a teenager, so this is not a derogatory statement. I full-on have teenagers in my life every day. They're 16 and 19. And so, I've seen the course and the boldness without the thought behind...

**Daniel-Burke:** I've seen it too.

**Marsh:** So it's looking at the recovery process, if I suddenly have courage to move in this direction, but I don't have faith in myself that I can do it, I'm going to sabotage my process. So first, faith and then courage, usually afforded by having a companion to help me; a therapist, a medical doctor, somebody else who's in recovery. Having to borrow somebody else's courage is a natural process in recovery. If I believe in you, and I have the courageous sense of heart that says, "You can do this." You're more likely to believe in yourself. So that's what I mean by finding faith and then reviving courage, because I do think courage was under there all along. It's just suppressed by our behaviors and by shame, but it's in there waiting to re-emerge.

**Daniel-Burke:** And so many of us, the clinicians or the counselors, who will be listening to this, are accustomed to helping people find courage when they come into the consult room and say, "I don't think I can do this." We're accustomed to helping with that. Tell us about, "First, do less harm then do more good." Again, as clinicians, we're used to, "do no harm," but you say "First, do less harm, then do more good." Tell us about that, please.

**Marsh:** First, do less harm means, if you're about to do something self-harming, one of your familiar behaviors, can you do it in a slightly less harmful way? If I always binge at night in the dark with the TV on and numbing out, might I just binge in the dark without the TV on? Might I take one element of that equation off the table? Not 100%, but can I take it down to be 70% less harming? Can I be less harming in my inner dialogue about what I'm doing? If I'm about to say, "You adhere to this caloric intake today or else." Could I diminish the severity of the voice tone by a few degrees? If I'm inclined to be a little less harmful towards myself, it means I may decide, for example, "Oh shit, I just binged, and yet I need some healthy food. I know I need nutrients. I can't just get by on sugar, fat and salt. I need something healthy in my system."

So it could mean I'm lessening the harmful behavior, or that I'm bringing in some nutrient -- maybe some connection to another person that helps me feel less alone and ashamed. So that's less harmful than my previous strategy and now I'm going to be more inclined to do something on my own behalf. One leads to the other. And the more
often, I can do a little bit of good in my own direction, the more likely I am to be less self-harming. So that increases capacity slowly, but it also diminishes the shame storms that come with some of those behaviors that are so painful.

Daniel-Burke: You also described the need for attunement network. What does this mean, and how do you recommend people create it?

Marsh: Our sense of attunement, which I like to say, ought to have started in early life by being in an attuned environment, though of course parents and community members and teachers, we have lives that include historical events, cultural events, community events, family events, and we can't 100% attuned. So I'm not recommending that our parents had to be 100% on, but that an attunement environment in early life would have included, we feel seen and heard, we feel that people keep us on their mind and our well-being is important to them. And if there's a rupture in the relationship, there's also an effort for repair.

I personally experience a lot more rupture than repair and a relatively misattuned environment. So with that misattunement in early life or at critical stages in life, we then internalize the ability to be misattuned to ourselves. So if I'm going to relearn about attuning, I actually need the other. We don't get to be independent as humans, we're not actually independent. We're totally other-reliant for our life spectrum. We can have a sense of self, but we're also reliant on the brains of other people and their hearts and their minds.

And so, I like to say, "Here's your social brain that needed attunement. Maybe it didn't get great attunement. Here you are now. How can we create some attunement for you, from you to you, and with others?" So we start creating a network of people for whom this student or client could attune. Means their therapist, nutritionist, one or two friends who might be confidants, their dialogue they have with me as their yoga therapist, and one of the strengths in the work that I do is actually facilitating groups. We do one-to-one yoga therapy here at my clinic -- but the group therapy -- which is by the way my master’s degree was in Counseling and Group Dynamics -- that group therapy process has been so powerful for catalyzing this sense of attunement.

I have yet to meet a woman in any of my groups, and I do facilitate women’s-only groups, but I've yet to meet a woman who would reinforce the shame for any other woman in the circle, and actually reinforce it for herself. So the attunement network in the group is to say, "I don't see you as worthy of shame. Maybe you can consider not seeing yourself as worthy of shame." And then saying, "Well, I see you as worthy of love and acceptance and belonging, and I consider that for myself." So together, we're growing that sense of, "Now we can be attuned to the possibility and potential in each student." And you can rely on somebody to be non-shaming, non-abandoning, non-rejecting, and that is such a significant relief.
Daniel-Burke: Right, absolutely. And I've seen this in group therapy over the years too. People being so much kinder to others than they're willing to be with themselves. Another key section of your book talks about the causes of suffering and the sources of joy. Where do these come from and how can we work with them?

Marsh: Yoga has a significant philosophical and psychological methodology to it. And one of those things is we call the Kleshas, Kleshas is a Sanskrit word that means "the causes of suffering." So that comes right out of yoga tradition. The sources of joy, I created as a contemporary yoga lens. For example, one of the causes of suffering in yoga is called Avidya. That means ignorance. That means literally the absence of Vidya, the absence of wisdom. And so, I translate Avidya as "Forgetting your essential nature, forgetting who you are at your essence. Fundamentally forgetting to see yourself as precious." So that's the first cause of suffering. And the source of joy that I paired with that for the reader to learn about is called coming back to awe, which really means coming back to the fundamental awe about this thing -- that you exist.

I also like to say to my students, "Your fingernails are growing themselves right now, without your consent. Your fingernails and your eyelashes, and your hair, they're all growing. They're doing their body responsibilities, and you don't have to choreograph it, you don't have to consent to it. It's happening. You can be in awe of that, like you would be in awe of flowers blooming, or in awe of birds taking flight. You can reawaken a sense of awe about our own preciousness." That's the way the causes of suffering are translated into sources of joys. If you've forgotten your preciousness, how can we awaken it?

Another cause of suffering is when people have a deep-seated sense of isolation or separateness, pain reinforces that. We have the fundamental that we don't belong and we have to keep making up for our flaws. That's called Asmita, in yoga it means "a sense of ego". I like to call that rather "the sense of separateness," not a sense of ego, because the word "ego" is radically misunderstood in most yoga circles. We don't know the tradition of the word ego.

So like to say, forgetting that you belong or experiencing painful separateness. And the source of joy to help with that is called "returning to belonging," which is where I talk the student through the process of realizing, that right now there are countless other human beings on the planet who already belong, just like you do, by the fundamental fact that you've been born and you exist here. And those other countless humans are experiencing the human condition in some of the same painful ways that you do, and they long for some of the celebrations and joy that you long for. So let's have a sense of this larger community that you already belong to.

And then we use the attunement network to create a more intimate sense of belonging. And this is the methodology that we use for the causes of suffering and the sources of joy.
Daniel-Burke: In your opinion, a lot of people talk about the fact of addiction, recovery and freedom, but what does that mean from your perspective?

Marsh: The word cycle, I like to think it -- I'm a bicycle commuter, so I like to think of the wheel. It's intact; we want it to stay intact. But sadly, this cycle of addiction is something that we can get locked into or fixed into. And so, starting with that internalized experience of shame, we-- once feeling that painful shame experience, we have to decide how we're going to tolerate it. And so, many of us will make a plan about tolerating that shame, maybe a plan for that rigid thinking or perfectionistic thinking, or striving or pleasing others, or a way to get numb so we don't feel the shame so painfully. And we make this plan, usually unrealistically, and then we encounter the stress of both the plan and life. And as the stress escalate – go ahead.

Daniel-Burke: And the plan is often rigid, correct?

Marsh: Yes, often rigid and unforgiving.

Daniel-Burke: Okay, go ahead.

Marsh: And so, once we experience the stress of that rigid plan, as well as the incoming stress of life, we have to decide how we're going to tolerate the escalation of stress. That's often where a person breaks their plan or has what I call an episode. So they might now be binging or compulsively exercising or purging, that the stress got to be so great, they couldn't tolerate the stress because they didn't practice getting comfortable feeling uncomfortable.

So now, we escalate into an episode, we feel a moment of profound relief. I mean, in the last 10 years, we discovered that the vagus nerve is real, and when people purge for example -- vomiting -- it regulates your vagus nerve. So I can understand the sense of relief that comes from that. I'm not recommending purging, but I know the deep longing that the human system has for relief. Unfortunately, relief in this cycle of addiction goes very quickly to regret, and then recrimination, and now I set myself up to be shamed by my own hand.

And now I'm back in the cycle where I started. I met shame, now I have to have a plan, that plan's probably not realistic. I get stressed by my own plan, by my life, I have an episode, I have relief -- thank god -- now I have regret, then I fall into recrimination and I do it again. I shamed myself for being so pathetic.

So this cycle of recovery, which I mapped out in my book, is in each of those stages, anywhere on that cycle of addiction, there's an exit ramp like on the highway. We have freeways out here, I'm not sure where you are right now, but here in Oregon, there's freeways. And so, anywhere on the cycle of addiction, there is an exit ramp, a ramp to get off of that cycle. And the challenges that we might exit right there, and then enter again later. So the cycle of recovery is the first movement towards the cycle of freedom.
And that isn't actually a cycle, it's more like a spiral. The circle gets broken so it can keep expanding like a spiral does, and you basically keep applying the tools of yoga and yoga therapy, and the essential life skills. You keep applying those at any juncture where you might stumble, and the cycle of freedom sees your life capacity increasing; your sense of wholeness and belonging increases exponentially. You become more tenderhearted, and we less often turn towards self-medicating strategies and more often turn towards self-compassion.

Daniel-Burke: I love it, particularly your description of the freedom portion. Anyway, I'm going to ask you a question I ask all of the people I speak with in these hour long conversations. It's the last question and it's this: ACA now has over 55,000 members, most of whom are clinicians, is there anything I have not asked you that you want our members to know?

Marsh: Well, I think the field of yoga therapy is actually a relatively new field in terms of language and that it exists, and it's helpful to know that there's a distinction between yoga as practiced in an athletic club, or even at some of the studios, and yoga therapy. And I'm not sure if this is an option, but I have a handout of a list of questions I recommend that clinicians ask a yoga studio or a yoga teacher before they refer a client. And these questions are specifically for eating disorder clients. How are you going to set them up with a skilled yoga therapist, or with an appropriate yoga class environment?

And so, I'd say yoga therapy is a field, there's yoga therapy training available. Ours is approved by the American Psychological Association, so people can come study with us and get CE credits and also integrate yoga therapy into their clinical practice. And how are we going to refer wisely so we don't set up the client or the student for an unfortunate yoga experience? The journey of recovery is one of acclimating to more capacity along the way, and also de-accumulating the stresses daily. So it's not like a moment in time, it's a series of many moments where we de-accumulate the stress we put ourselves under, so we want to encourage clients and students to recognize, the more often you're stressing yourself during the day, the more likely you are to have unfortunate behaviors, let's say, at night.

So we're going to de-accumulate stress and we're going to acclimate to capacity at the same time. It's like a seesaw. I think that's a very empowering model to look at, because I'm not just taking away, I'm contributing too. I'm diminishing this, but I'm increasing that. We need both of those to have it be a hopeful path towards healing.

Daniel-Burke: I like earlier, when you said to do -- so if you eat at night alone in front of the TV, to just not do one of those three things. And it reminds me a lot of those -- I've treated agoraphobics and have done systematic desensitization. So I remember doing a home visit where it was like, "Okay, we're going to take at least two steps outside today, and then we'll go back in. And the next time I come, we'll take more." And there's something about putting things in smaller doses like that that kind of interrupts the
rigidity. Because sometimes, there's a rigidity, that's how you're going to recover too. It should be fast. Some people think it should be fast and it usually isn't, right?

Marsh: It's generally not fast, and it's often not linear. And I wholeheartedly agree with what you were just saying there, and I want to underline the part that you took the two steps with the client, providing companionship, providing safe attunement, empathy, mirroring but the two steps weren't judged as not enough and that it was a courageous effort to take the two steps. And then we titrate, then we go back in the house. It's much like this with recovery from disorder eating patterns, especially deeply entrenched, long-held patterns.

Some of the clinicians I've talked to start losing faith in their client's ability to stick with it, and I say, "Oh, in that case, let's, clinician to clinician, provide some empathy and compassion for each other. And then get back to the client, let's refill that capacity for compassion and faith in them." And I find that titrating is a part of that process, too.

Daniel-Burke: I love it. Well, I want to thank you so much, Sarahjoy Marsh for joining us today to discuss your work and your new book called Hunger, Hope and Healing. To view links to this program, to write to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 Podcast Series, signing off.