

# Yoga for Mental Health

## Teaching Vijnana Yoga to Youth in a Psychiatric Hospital by Dr. Michal Lavi

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### Background

The practice of Yoga developed in India centuries ago to promote a physical, mental and spiritual balance. Traditional practice includes physical postures (Asana), breathing exercises (Pranayama), meditation, study of ancient texts and guidelines for lifestyle. In the past two decades the practice of Yoga has become more common in the general public, and simultaneously, there is a moderate but significant increase in the number of citations regarding Yoga as a method of treatment in the scientific medical literature (PubMed, 2013).

Yoga practice for groups with special needs require special adjustments, especially when it concerns people struggling with mental health problems, and yet the practice can also provide unique benefits, for example: improving physical symptoms often associated with mental difficulties, relaxation, release and improvement of body perception. Many qualities attributed to Yoga practice have not yet been examined in research, but a small part of the benefits have already been documented in the scientific literature. For example: practicing Yoga in regular schools and for special education (Serwacki & Cook-Cottone, 2012), Yoga as a tool to reduce stress in healthy people (Chong et al., 2011), and as a supplementary treatment to medication and psychotherapy, or even replacing it, for people with mental health problems (Cabral, Meyer & Ames, 2011).

This paper summarizes a two year project in which Yoga classes were practiced with youth struggling with mental health problems, focusing on adapting the practice for this population.

### Objectives

The administration of the school where the project took place, which is supervised by the Ministry of Education of Israel, decided to incorporate Yoga as part of the educational-therapeutic curriculum of the school, aspiring to enrich the students with a wide repertoire of training together with positive learning experiences. According to the School's curriculum, the goals of the Yoga classes were to increase awareness of the body and its boundaries, exposure to different ways of moving the body and using it as a tool for expression and creativity.

Following the goals of the school, operational objectives of the Yoga classes were defined. The main goal was getting acquainted with the body; on the most basic level it meant: right/left orientation, boundaries, detection and distinguishing of the limbs and coordinated movement. Other objectives were: increased motivation to work with the body, creating a connection to the

body and developing the ability for using the body intelligently. Further and more concrete objectives were: easing physical or mental difficulties including easing the side effects of drug treatment, coping with pain, identifying and distinguishing between "good pain" and a pain that indicates a problem, improving concentration and the ability to cope with frustrations and developing internal locus of control – introspection, acquaintanceship with my own abilities without comparison to others and more.

## **Practice framework**

The project took place in a school for special education operating in a mental health center in Israel. The classes in the school are heterogeneous for youth ages 13–21, and are cared for in two Juvenile wards (a locked unit and an open unit), who suffer from various mental problems that differ in nature and severity. The purpose of hospitalization and attendance of the school is to achieve balance, rehabilitation and rapid integration back into the community. Accordingly, there is a high student turnover.

For two years, from July 2011, regular weekly Yoga classes were held in the school in three separate groups for boys and girls: two groups of girls and one of boys. The classes were conducted on ordinary exercise mats in a gym, containing up to 10 practitioners. Composition of the group and the duration of the students participation in the Yoga class was not stable, but still a sense of consistency and continuity was formed which was supported by an (alternating) core group of veteran students.

## **Unique challenges**

Youth struggling with mental health problems experience all the "normal" difficulties of adolescence: physical changes that alter the attitude towards the body and the perception of the body, physical and psychosomatic problems, and difficulty with boundaries, frameworks and discipline. The unique emotional problems add a burden of additional difficulties, such as increasing difficulty of working with the body, changes and distortion of body and pain perception (which can be seen for example in people suffering from eating disorders, self-harm, and even depression), communication problems, difficulty understanding instructions and executing them, difficulty coping with changes and frustrations, problems with concentration and motivation. These difficulties were also reflected in the practice of Yoga and demanded attention and adaptation of the class, yet an improvement in these areas could be seen even during a single Yoga class or after a few lessons.

## Illustration of the challenge

To experience some of the difficulties in the perception of the body, I suggest trying the following exercises (yes, right now, sitting):

1. Difficulty to sense the body: without moving anything, try to feel the third toe in your foot, separately from the other toes.
2. Difficulty with body orientation: with the non-dominant hand, try to write your name on your own back.
3. Confusion between right and left: place your hands on your thighs crossed (right palm resting on the left thigh and vice versa). Now look at the right hand fingers. Where are they? It takes a few seconds to find, and concentration is required.

## Difficulties and adjustments

Adapting Yoga teaching in this framework necessitated consideration of the unique characteristics of the place, the students and their current states, and as a result there were large differences between one class and the other. Some principles stood out as important in adapting Yoga class for special populations, particularly mental health:

**1. Human relationships in the teaching location** – The support of the school staff was essential for the student's attendance and for proper progression of the class. On the part of the Yoga teacher a tolerance towards interference of the staff was required, while maintaining class boundaries (for example, ensuring that during class students are not brought into class or taken out). The integration of a cooperating teacher helped, especially at the first stages, with discipline problems, understanding the rules of the place, bridging with the rest of the team and the integration of students with difficulties (later, veteran students helped newcomers).

**2. Personal attention to each student** – taking into consideration personal characteristics and problems: special needs, abilities and limitations. For example: permission to practice with socks or shoes on, wearing clothing that does not suit like jeans, a skirt, boots; partial practicing or watching from the side; extra personal time to rest; encouragement and a large amount of reassurance.

For example: a girl of about 15 came to class regularly wearing boots that she refused to take off, complained of weakness and abdominal pain that made it difficult for her to practice, and also nausea lying down for relaxation. For two months she practiced with her boots on, and the relaxation she did sitting on a chair and leaning against the wall. In one lesson, surprisingly she took off her boots and later she managed to lay down during relaxation, and persisted even when the stomach pains returned.

**3. Lesson instruction** – in addition to the effects of the mental state on students' understanding, there were large differences between them in their cognitive level and communication abilities. Therefore it was difficult to know what "went on in their minds" and how they would interpret the instructions. For this reason I preferred to use a simple and

concrete language (minimum images, short sentences, repetitions), in order to produce a lesson that is as simple and consciously clear as possible and which doesn't encourage different interpretations or is difficult to understand.

**4. Accessories** – using aids and accessories in the class improved response and motivation, creating interest and involvement (music, Tibetan bells, Yoga cards, blindfold and blankets for relaxation). In a certain class that was performed blindfolded we experienced a great improvement in the abilities of the students in aspects like sitting more upright. This experience emphasizes the importance of gaze, the way we see the world, including its conduct, and in this case the way we perceive the creation of movement and possibly mental problems, and their conservation.

**5. Class Structure** – the class changed depending on the capabilities and limitations of the participants. It consisted mainly of poses (Asanas), a little breathing practice and integrating it in the poses, without meditation but with a long period of relaxation.

**6. Poses (Asanas)** – A selection of Asanas that develop the student towards defined goals such as body orientation, posture and stability, balance, endurance, coping and attention. Mainly basic poses were selected, together with many standing balancing poses, twists, stretching of arms and legs and supine positions/ lying on the back. For example: the Warrior poses (Virabhadrasana), the Eagle pose (GarudAsana) and twists lying down. Inversions and backbends like Shoulder-stand or Plow pose (Halasana and Sarvangasana) and also small Bridge pose (Setu Bandha) were more challenging and brought about adverse reactions. Weight transfer to the hands (even just a dog pose) was difficult yet possible. Balancing poses on hands were challenging and were incorporated into only a few classes as a game/ for fun.

**7. Relaxation (Savasana)** – The favorite part for the students, but also challenging in terms of their difficulty to understand non-action, containment of introspection and of the thoughts that arise, and a difficulty in quieting movements even in the body itself. Due to the complexity of the teaching of relaxation in this group, I will discuss here at length the difficulties and the solutions that I offered.

Creating a framework that allows relaxation – Since in relaxation peacefulness and a sense of security are important, I did not allow exit and entry into the room, loud speech or movement during relaxation. These rules were strictly kept by the teacher, the students, and staff who collaborated outside the room.

Preparation for relaxation – getting organized for relaxation demanded a long time, sometimes 5 minutes or more, and it included also finding a comfortable position on the back, the abdomen (Lizard pose), baby pose or sitting. Accessories were incorporated in relaxation (blindfolds, blankets, and support for the head or legs) which assisted in delimiting (creating clear boundaries to the body), in bring about calmness. This provided the option of lying down for everyone – those with real limitations and those with perceptual physical limitations. Even after everyone was lying down in place, in the desired position and with the aids, it took time (even 4–5 minutes) until tranquility was achieved, which was reflected in the calming of movement. This stage included changes in posture, moving of limbs, itching, voices and so on, and finally lying down relaxed. Patience and perseverance in guiding the

relaxation even, and particularly, during these disturbances, has allowed many students to reach the relaxing experience.

To close or not to close your eyes? – In relaxation there wasn't a sweeping instruction to close the eyes, only a suggestion. There was an explicit instruction to open eyes and change position in the event of distress, and there was an option to call the teacher during relaxation by raising the hand. In this way, for more than two years, the Yoga class could accommodate even the students that had great difficulties, and allow them to experience the practice of relaxation. The only exception was one girl who chose, regularly, to go out in this section.

Facilitating the relaxation – a continuous yet monotonous and non-stop instruction accompanied by quiet background music and limiting the "quiet time" (without guidance), to allow an external "anchor" (speech, music) for those with difficulty. Using simple techniques (very few images and only simple ones), preferably concrete guidelines such as shaking, contraction and release, detailed instruction for observing the body sensations (the phrase "paying attention" was clearer than "observation"), comparison between both sides, preferring the use of the word "to let go" over "relaxation".

I strongly recommend not using guided imagery exercises in such classes. I did not combine guided imagery, in spite of students' requests, except for a few cases in which I knew the students and their previous experiences with relaxation. This is a result of a number of experiences in which students experienced difficulties in dealing with guided imagination practice, and reached places that were unpleasant for them (as mentioned, you never know what's "goes on in their minds" and sometimes the instructions are interpreted by them in unexpected and unusual ways).

Responses to Relaxation practice – relaxation provoked many reactions, and in this way was an opening for discussion and for student involvement in the process of exploring the body, sliding into the arena of exploring consciousness. In the conversation at the end of the lesson arose questions and conflicts regarding interference in the process of relaxation, restlessness, thoughts that arise, fears (including concrete fears like the girl who was afraid of an old threatening man that presumably was in the room during the relaxation period, and which was connected to her fears regarding a crisis of religious identity), and even visual and auditory hallucinations. Also during the sinking feeling that accompanies relaxation there was a surfacing of suicidal anxieties fear of losing control, of being flooded by thoughts (that could continue even after relaxation) and more. There were also positive responses, reports about a welcomed calmness, quietude, renewal of strength, surrender to experiences that arise during relaxation and Insights from the process.

## **The Hope Relaxation: Case Stories**

A boy of 16 joined the class willingly. He had good flexibility abilities, strength and high motivation together with difficulty in body orientation and coordination – confusion between sides and with movement of limbs. During the relaxation he lay still but with open eyes, and with considerable tension in his body. During a private conversation at the end of the lesson he told me about "a hanging man .... dripping on me" that was over his head and disturbed his relaxation. He disagreed to my proposal to change position or give up relaxation completely, due to his previous positive experiences with relaxation in the past, before the outbreak of the disease. He had a strong desire to succeed in returning to the same place, and for that he was willing to endure the disturbing visions. He agreed to try different ways I proposed in order to focus his mind and attention on other objects. After a few lessons, and most probably also with the aid of a balancing medication, he reported with satisfaction that he could begin to re-experience peace during relaxation, without disturbing visions.

Another boy, who was in the process of drug detoxification, reported during the relaxation of different sensations, but managed to contain them after I approved that it's normal to feel that way. At the end of relaxation he told me enthusiastically that he managed to recognize that the feelings of relaxation are real (as opposed to unreal feeling, a distinction that was probably hard for him normally). The sense of efficacy joined with the feeling of physical calm and consciousness tranquility ("peace inside my head") that he experienced in relaxation, caused him to go away from the single class he attended with a sense of increased self-confidence, and a feeling that he had the power within to reach a better place; expressing a desire to find a framework to practice yoga outside the hospital I, after his release.

## **The principles of Yoga and adaptation of the teaching**

In Vijnana Yoga there are seven principles that are guidelines for a conscious practice of Yoga, which also have implications in all areas of life. The Principles are especially important in dealing with mental health problems, but it is necessary to simplify and adapt them and teach them through experience and from it, and not as a theoretical explanation. Therefore, in the lessons there was no explicit talk about the principles, but they were present in the actual implementation of the principles by the teacher, and also in the framework of the lesson and in its content. I will address each principle, its connection to a teaching tailored towards mental health and its expression in class:

- 1. Intent** – intentionality to the practice of Yoga was created initially by me and later also the older students brought their intent: they came to class or joined it with an Intent that flowed from within them. The most outstanding outward expression was keeping the framework of class and its rules. A ceremonial start of the lesson by standing firmly on two feet and breathing into the heart helped in creating the framework and the Intent. This was In addition to the rules of the lesson: all present in the class must participate (even if they are just lying on the mat resting), restriction of conversation only to practical

talk on matters related to the body and Yoga. The intention was created by the framework of the class, but also helped maintain it. For example: in the case of a 14 year old student diagnosed on the autistic spectrum, who constantly rocked, and was also socially rejected. Clarifying the rule that class begins with standing posture on two legs, caused an immediate cessation of rocking, which did not repeat throughout the entire lesson, and even in the next ones. Also a 13 year old boy who was struggling with a severe case of ADHD, and he too managed to quiet the swinging, both physical and of the mind by connecting to "the peace inside the heart", an act he performed in entering the Yoga room, even though it required from him an immense amount of emotional resources.

2. **Breathing** – it can be said in general that mental problems are expressed in the breath: difficulty breathing, rapid shallow breathing, irregular breathing, difficulty breathing from the nose and more. Since breathing difficulties accompanied the other difficulties mentioned earlier, the situation was such that the traditional breathing exercises, despite its great importance was too difficult for most students. Therefore the instructions were concentrated on directing the students to nasal breathing, attention to continuity of breathing in the poses and in transitions, and integrating breath in the movements such as in lifting hands and forward bends. Sometimes it was possible to add "special" practices as a game during class like: External Vayus, Simhaasana, Shitaly. Even those who were apprehensive about participating in these "weird" experiences watched the practitioners with interest, without interrupting or commenting.
3. **Rooting** – Connection to the earth, to the here and now and in fact – to reality. Rooting begun in the framework of the class and in the teacher, who served as an external anchor for the students arriving to class (a vital emotional rooting that corresponds the Rooting of the body in the ground), and it continued at the ceremonial start of the lesson (which was, as mentioned, a standing pose on two legs and breathing to the heart) and in choosing standing poses as the basis for most lessons. Standing poses, and the very essence of standing, were difficult for the students and so they often asked to skip them. When the poses were performed despite the objection, their effect was immediately evident in calmness, relaxation and focus. When the students were in a very diffused mood, balance poses combined with crossing the midline of the body were very helpful (e.g. Garudasana with slight variations), as well as performing standing poses in a sequence.
4. **Connecting** (and separating) – Creating a connection between parts of the body and feeling the connection, require an ability to distinguish between parts of the body, otherwise the body is experienced as a bloc. For this reason practice consisted of movement for each limb separately, followed by a coordinated movement. Connection to the center was important and difficult, especially given the difficulty to connect the abdomen and pelvis, that evoked negative reactions, especially around the issue of eating disorders and self-harm (mostly girls) and low self-esteem. Emotions arising in these situations were: alienation, a sense of "I'm fat", and an attempt to ignore the area or an inability to feel it. The pelvic area spurred feelings of embarrassment and recoil, probably due to conventional sexual connotations in our culture. I tried to normalize the

attitude to these organs by a direct and open approach, demonstrating on my body and answering all the questions that rose up explicitly or implicitly.

- 5. Expanding – Elongation and Widening** – these principles helped create the ability to separate and connect, but were difficult to understand via verbal guidelines and so I used concrete instructions, for example: "reach up towards the ceiling or the wall" (instead of "elongate" or "expand"). The expansion and elongation movement was in contrast to the closed-ness, introversion and stagnation that characterized some of the students, and they brought about motion and vitality to the body. To strengthen this principle, I used a cyclic practice of opening and closing movements. For example: while sitting, creating a round ball from the body by bringing the forehead in contact with the bent knees that were held by the hands, and opening to Navasana. An example for students who especially needed this principle were two girls with "selective muscular stiffness" that was reflected in the body as muscle spasm after which they were contracted but not due to pathology and physiology. With one of the girls the stiffness was combined with selective mutism, and in the second – in the context of sexual identity problems that were expressed by a desire to resemble a boy, and a denial of feminine characteristics such as flexibility. In both cases there was a slow but significant progress in the ability to open and extend the body's limbs, and I think that what contributed to it was performing these postures as a routine in class and therefore were not perceived as an attempt to change them, so there was no resistance on their part. In a more severe case of a boy where the stiffness and hunched back were a result of extreme shyness due to Obsessive Compulsive Disorder, there was no success in the group activities. I think that in his case a one on one framework would be more appropriate.
- 6. Relaxing the body** – the Relaxation principle refers both to Shavasna which I referred to earlier in detail, and also to practicing in a relaxed way. The difficulty in integrating relaxation into the poses, and into life in general, stems from a difficulty to understand the concept of letting go and a fear of losing control that cause constant tension in the body. To illustrate the relaxation in the postures, I used mainly a preliminary contraction that enabled a following release, and also via instruction by touch. The touch was done carefully and gently, and always after requesting permission. For example, a boy diagnosed on the autistic spectrum was happy with touch in the upper body that helped him relax at the beginning of Shavasana, but objected to having his feet touched.
- 7. Quieting the mind** – this is the main difficulty and is part of the mental problems with which these young people struggle. The difficulty was expressed in constant or uncontrolled talking, intrusive thoughts and increased focus on the negative, as part of the pathology. I tried to enable quieting of the mind by connecting it to the activity that was carried out at the moment and with my guidelines, and also by maintaining the frame of the class that reduces the casual speech and communication between students (by limiting discourse to Yoga and body).

## **The Results of the Project**

After two years of gaining experience it was possible to discern the effects of Yoga on the students and to some extent on the school itself. The yoga classes were successfully incorporated into the system of the school and were backed-up and supported by the educational team, despite the initial reservations. In addition to the familiarization and acceptance of the yoga classes by the staff, there was an improvement in the student's response to the class that was reflected in attendance, suitable clothing and participation, whether active or passive, as opposed to sitting aside or refusing to enter the room altogether, that characterized the early stages. Moreover, the yoga class has also served as a refuge, an "ex-territorial" space away from the difficulties of hospitalization, a resting place – so older students asked during tough times to do just a long relaxation, and sometimes it was the only class in which the student functioned and communicated with the teacher, while out of yoga class he/she was in friction with the educational or therapeutic staff and did not communicate with other teachers, so it served the students also in times of crisis.

I was pleased to discover that in the short-term period, and even in individual lessons, we can reach the youth and see change and improvement both in their emotional and functional state. This was apparent in their containment ability, such as self-regulation and relaxation after class, and also in their physical abilities – such as improvement in posture, increasing range of motion, straightening and erecting the back. It should be noted that there were no negative results or side effects to Yoga practice, other than temporary and transient phenomena such as local pain.

## **Difficulties, limitations and insights**

During the project a number of difficulties were identified which hindered the successful progression of the yoga classes. Reference to these issues and considering possible solutions can improve the quality of future classes:

- ❖ **Lack of equipment adapted to practice Yoga** – due to the absence of yoga mats we used gym mattresses that are similar to camping mats, and on these mat the hands slip, slide and sink in some of the poses. Using appropriate mats could have improved the quality of practice, especially for students who attended class over time and progressed in their practice.
- ❖ **Student response to the class** – a lack of response to any activity, especially one that requires being active, is one of the problems that characterize teenagers struggling with emotional difficulties. The problem is expressed in reluctance to get involved in the activity, actively participation and persistence over time. The problem may result from various factors such as lack of motivation, low frustration threshold and a low feeling of capability expressed in that they do not believe in their ability to perform the activity, and also low concentration. It may also be due to physical factors such as pain, tremor, muscle stiffness and fatigue that may also be a side effect of medication. To improve responsiveness it is necessary to cooperate with the educational staff, who can help by referring to the difficulty of each student and receiving personally suited

recommendations. The very positive attitude from staff to yoga class contributes to an improved attitude by the students.

- As an example of improvement in a problem of responsiveness that originated in lack of self-confidence, and was not a real motivation problem, I will present the story of a boy of about 14 who wanted to enter the class but refused to participate actively; it turned out that he did not believe in his ability to perform the exercises – he was sure that he wouldn't succeed. After encouragement to try, he managed to perform all exercises. Together we found the solution – " that there was a little 'motivation gnome' inside his heart" that tells him all the time that he can do it. With its help he managed, from the first lesson, to participate not only when I encouraged him, but independently throughout the lesson. Whenever there was a regression in his functioning I reminded him of the gnome as a secret code word between us, and his performance improved. Later he learned to remind himself of the gnome in the beginning of each class.
- ❖ **Difficulty maintaining the framework of class, given the constraints of the system –** The school dictated various constraints of schedule, the starting and ending times of lessons, in consideration of activities conducted before, after or simultaneously to the yoga class, which prompted sometimes delays, exits in the middle of class for a checkup or a meeting with the therapist, and absences – such as a student who participated in the yoga class only every other week since he had a personal emotional therapy on the alternating week. Knowing how the system functions and the awareness in advance of its limitations, helps to plan lessons accordingly, and cooperation with school staff can help minimize the disturbance that is created by this limitation.
- ❖ **Frequency of the classes –** in this project yoga classes were held only once a week, compared to the rest of the system that runs throughout the week and is very dynamic. Holding yoga classes more than once a week would have allowed reaching out to more students allowing a greater exposure to yoga. Unlike the previous problems that did not get any special attention by the students, the question of frequency of yoga classes was often raised by the students themselves, and there were requests for more classes.

## **Summary and recommendations for the future**

Yoga classes can be a tool for connecting between the physical and mental aspects that is essential for youth coping with mental difficulties, who are hospitalized or study in various mental health institutions.

Yoga can contribute to raising awareness of the body and various bodily sensations, as a complement to the therapeutic and educational emphasis that is usually centered on the mental and verbal aspects, at times neglecting the body. Yoga can improve body and perception awareness, help deal with the side effects of medication and other related physical problems, thus improving the overall feeling.

As a recommendation for future projects seeking to integrate yoga classes into an educational or therapeutic framework, I would emphasize the importance of cooperation with the staff, which

will improve with more understanding and sympathy to the project from the team. In addition, I strongly recommend having a few classes a week rather than one only.

Over the years, there is an increase in the willingness and readiness to incorporate yoga as a regular class in therapeutic and educational institutions, but the integration of yoga into these establishments occurs locally and is due to personal initiative of a yoga teacher and the local administration. Usually enabling this integration requires creative solutions in terms of the system requirements, both in approving the operations of the classes and defining them officially, and in budgeting them. We are not yet in a position that will allow a formal and official integration of yoga classes as part of the educational and therapeutic platform, so we have something to look forward to.

## Sources

Pubmed search on July 19<sup>th</sup>, 2013 of any mention of Yoga during the year 2012 brought up 268 results, compared to only 54 in 2002. The graph showing yearly results showed a slow but constant rise in the number on mentions of Yoga, beginning in the middle of the nineties.

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## About the author

Dr. Michal Lavi (PhD) has been practicing Yoga since 1991. She graduated the senior Vijnana Yoga teachers training course (2005). A senior therapist in contact therapy: Shiatsu and Tui-na (since 2000), specializes in contact and in Yoga for mental health since 2000 in various institutions, including Mental Health Hospitals, The Jaffa institute – an association for the advancement of education in the greater South Tel Aviv area (for children at risk), Enosh – The Israeli Association for Mental Health (mentally ill rehabilitated in the community), and more. Michal has a doctorate in social work on the physical and mental effects of trauma; she is a lecturer in the Department of Nursing at the University of Haifa and other Educational Institutions for Alternative Medicine, an instructor in courses for teachers on body awareness as a tool to improve teaching abilities.

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## Appendixes:

1. The meaning of the poses – specific reference points to the meaning of the poses in the practice of youth struggling with mental health problems. We can deduce from this list the meaning of the poses to a regular or any other group.
2. An example of a lesson structure – for boys and girls who are dealing with mental health problems

### Appendix 1 – The significance of the poses

- **Breathing** (when it is possible to practice in class. Not always the student are able) – a deeper connection inward to the sensations, connection to a sense of "self".
- **Different types of postures** – the different poses have different effects on the body and mind.

They all have an effect on posture and stability, orientation of the body, a balance between the sides.

In a series of performing postures in sequence – the effect is in the fields of persistence, coping, maintaining attention.

- **Standing poses** – strengthening the foundation, finding the center of gravity, balance, equilibrium, lowering the energies downward
- **Seating poses** – flexibility, coping.
- **Twists** (and integrating right and left) - Crossing the center of the body (midline), balance, focus, and concentration. (e.g. Garudasana).
- **Inversions** – dealing with change, (perceptual) flexibility, overcoming fear.
- **Backbends** - (slightly) Openings – openness, expansion of the heart and breathing.
- **Abdomen** - Connecting to the center, connecting to myself. Calmness, confidence. Befriending the body.
- **Relaxation (Savasana)** – Doing nothing. What do you do then?

Experience of the release of the body – compared with control (being able to release – even that is a type of control),

To be by myself; guided observation; attention to the body; quieting the mind.

## **Appendix 2 – Example of a lesson structure**

This class is the suitable one for a group that has a veterans' core, on a good day.

- Start standing up: (15–20 minutes)
  - Rooting, breathing into the heart, lifting hands with Breathing.
  - Sun Salutation (X2) or a standing pose, or it can be done flowingly (warrior, balance – for example: Garudasana or simple variations of the pose).
- sitting: (5-10 minutes)
  - Simple forward bend / simple twist / Navasana.
  - Another option – switching between different types of sitting flowingly (challenging, playful. It's easier for youth than adults and it develops cognitive flexibility and rooting with other parts of the body – pelvis, hips, not only with the feet).
- lying on the back (10-15 minutes)
  - Setu Bandha / Halasana and shoulder stand (each according to his ability).
  - Legs stretching / twists.
  - Relaxation (at least 5 minutes NOT less. Incorporate accessories, music and continuous guidance).

Comments:

1. Usually it will not be possible to include all the elements in the lesson, and each lesson will focus on a different part, according to the situation and the ability of the participants.
2. The shared aspect to all classes is starting with standing and ending with relaxation.