

with Richard Miller A Conversation with IAYT's Co-founder

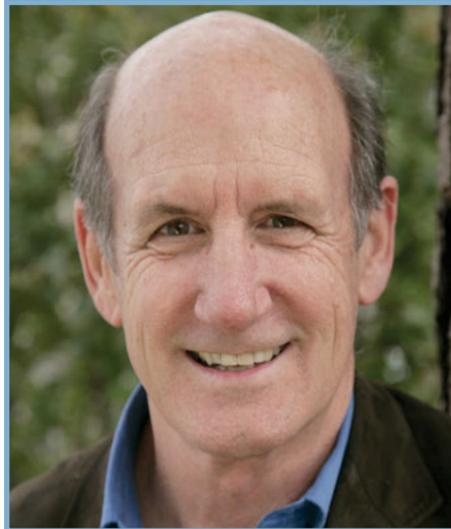
By Kelly Birch

Richard Miller, PhD, is a clinical psychologist, researcher, yogic scholar, and spiritual teacher who has devoted his life to integrating Eastern and Western traditions of awakening and psychology. He is the founding president of the Integrative Restoration Institute, co-founder of the International Association of Yoga Therapists, a senior advisor for the Baumann Foundation, and co-founder and past president of the Institute for Spirituality and Psychology. Richard has authored Yoga Nidra: The Meditative Heart of Yoga (Sounds True) and The iRest Program for Healing PTSD: Yoga Nidra Meditation for Deep Relaxation and Overcoming Trauma (New Harbinger, Winter 2014). Richard conducts trainings and retreats internationally and engages in research on the iRest Yoga Nidra meditation protocol he has developed for health, healing, and awakening.

I met Richard at the first-ever SYTAR in 2007 and over the years that I have known and trained with him, I have always been deeply inspired by his wisdom, integrity, and approachability. It was a great pleasure and honor for me to have this conversation with Richard, which touches on some profound aspects of yoga therapy as well as Richard's innovative iRest yoga nidra protocol.

Kelly Birch: This year is the twenty-fifth anniversary of the founding of IAYT. Would you talk a little about your vision for yoga therapy when you cofounded the organization with Larry Payne? How did the term “yoga therapy” come to be used?

Richard Miller: Larry and I came together in 1980 in what was then Madras, now Chennai, India, when we were studying with T.K.V. Desikachar. We both recognized that there was an emerging field within the United States that we saw as, for lack of a better term, “yoga therapy.” I liked the term “yoga education” better, but realized that as I moved around different yoga circles in the Western world, “therapy” was replacing the word “education.”



Around 1982 we settled on the name the International Association of Yoga Therapists. We had the vision of creating an organization where the yoga community could come together for dialogue and dissemination of information. Larry and I agreed that I'd be the founding editor of the professional journal and Larry would move the administrative aspects of the organization forward—membership, funding, board of directors, advertising, etc.

The journal was an idea that I'd conceived of years before with the idea of publishing Eastern and Western research that was pertinent to the field of yoga where it could be available to yoga therapists and yoga teachers who might otherwise not have access to such articles from the fields of medicine, nutrition, physical therapy, and other fields related to the practice of yoga.

KB: So right from the outset it was important to you to be integrated with other disciplines?

RM: Absolutely.

KB. Can you share your thoughts on where the organization stands now in relationship to your initial vision?

RM: Let me start with the journal. My vision was that it would become a peer-

reviewed journal, which it has now thanks to Kelly McGonigal, who also got it indexed in PubMed, and the hard work of many people. We now have a professional journal that's gaining respect in all quarters.

I feel the vision that Larry and I had for IAYT as building community has also been achieved, through the hard work of John Kepner and the IAYT board. While IAYT has changed presidents over the years, Larry's and my vision has been advanced to where it stands today. One of our original desires was to develop a working definition of yoga therapy, as well as standards for becoming a yoga therapist. I'm delighted to see that now coming to fruition after many years of meetings that started in the kitchen of Amy Gage, where she and I, Judith Lasater, Jnani Chapman, and others met and began the process that has now grown into an organized body of teachers who have been coming together to work out these standards.

KB: I hear a lot of people saying that “we know yoga works” and that research is only necessary to convince the medical field and others. What are your thoughts on that?

RM: The view that “we know yoga works” is a naïve view. Through research we've come to understand that certain assumptions that we thought were true, for instance how a particular pose works, are false. Research is honing our ability to truly say, “This is how yoga works.” At the same time, I agree that in the Western world, which is quantitatively oriented, we need research that shows that yoga does work and how. Like it or not, we need research that enables the world to view yoga as a credible intervention. Without research credibility, the field of yoga, and yoga therapy specifically, isn't going to move forward in the Western world. At the same time research may never be able to study some aspects of yoga, such as awareness, because it's impossible to study awareness directly, as awareness isn't an object. All this is to say that we have a responsibility to keep finding ways

to inform the other fields of the full breadth, depth, and effectiveness of yoga.

KB: You incorporate both the dualistic view of Samkhya-Patañjali and the non-dualistic perspectives of Advaita and Kashmir Shaivism in your teachings. How important is it for yoga therapists to understand the various philosophical underpinnings of yoga?

RM: I think there are two issues here. First, how much does the student need to understand, and second, how much does the *teacher* need to understand. For me, to really be a teacher in the field of yoga we need to hold a comprehensive understanding, both experientially and philosophically. What we pass on to our students depends on the student, who they are and their specific needs in the moment. They may or may not need philosophy. But as yoga therapists and teachers, I think it important that we possess a broad and in-depth understanding that includes both dualistic and nondual perspectives. As we bring forward schools and standards I think our standards need to include sufficient breadth and depth so the teachers we're turning out can hold the base knowledge. My experience and training as a yoga therapist has always been concerned with what the individual needs. We never want to impose teachings on our students. We're always working to discover what they need and deliver interventions accordingly. Every student wants to know how to end his or her suffering. For some, a philosophy intervention may be most useful. For others, they just want to know how to pull the arrow out. They don't need to know who made it and how it got there.

KB: What if a yoga therapist has an understanding of yoga history and philosophy, but doesn't yet have a level of self-realization or even the desire for it?

RM: There will always be a continuum of understanding amongst teachers. I don't think we can hold teachers to the highest realization that yoga speaks to. That said, I think that a teacher needs to be exposed to the breadth of what's possible, what yoga truly can enable us to realize. We're all interested in particular domains of understanding at different developmental phases of our life. But I strongly believe that as educational schools we want to

expose our teachers to the entire breadth of yoga. Where they gravitate to is then going to depend on their developmental phase.

I've tried to make yoga nidra a very personal and secular enquiry that anybody can do, whatever their cultural or religious background. That's been very important to me in all the elements of yoga that I teach.

KB: And so in that context, should yoga therapists specialize in a particular area of interest?

RM: All teachers need to be exposed to a general knowledge, but then most teachers are going to find a specialty. Just as we see in other fields such as psychology, medicine, chiropractic, nutrition, etc., practitioners tend to specialize in their area of interest. Then developmentally, over the years, they may expand and embrace more and more specialties. I think that's how we mature as students of yoga. Coming out of a yoga therapy school or training our teachers should have the basic tools so that they can begin the practice of yoga and yoga therapy. We know it takes decades for a student to mature fully into their field. I don't think we can expect that coming out of any particular school a student should possess the maturity of someone who has been teaching for thirty, forty, or fifty years. The adage of our schools should be something like, "We graduate you with the understanding that you have achieved a level of competency so that you understand the scope of your training, who you can help, when you need to refer, and when you need to get supervision or additional mentoring."

KB: I want to ask a "big picture" question. What are we offering society as a whole that's unique to yoga therapy?

RM: Yoga is that which enables us to heal

our felt-sense and belief of separation that we experience within ourselves and/or with all of life. Yoga recognizes that we are always and already whole, but that we've lost touch with our wholeness. We're interested in addressing the entire person: body, mind, soul, and spirit and understanding where separation is occurring. When we work with an individual who is coming to us, we, as yoga therapists, have a set of tools that helps us address and enable our students to heal their suffering. We have a complementary knowledge that works in concert with the other fields, but we understand that for true healing to take place, some aspect of separation within the person must ultimately be resolved. We may be working at what looks like a physical level, i.e., helping a person heal through back pain, high blood pressure, or other seeming physical symptoms. But we are always keeping in mind that they are already whole and healthy. As we give them what they want, we also keep in mind the "something else" that is at a deeper level, helping them realize their essential essence that is already free of suffering.

KB: We spoke earlier about the tendency of "medical yoga" to focus on what's wrong and needs fixing. I also hear people say that, "it's the trauma that connects us." Can you comment on this?

RM: Yes, I think you're making an important distinction. Yoga at its heart sees and understands that there's nothing about us that's broken that needs fixing. Yoga, instead, recognizes that there's a basic misperception of understanding that needs to be clarified. Yoga, at its heart, is an educational process. We're helping people understand that their basic essence is okay. Their basic essence is a sense of well-being, and connectedness with themselves and the universe where they don't feel separate. People under duress, stress, or some kind of wounding can feel disconnected from themselves and the world around them. As yoga therapists we're trying to help people re-establish that sense of connectedness with themselves and the world around them. When they realize that their basic essence isn't broken, their perspective changes. Then we can all look at what is broken and does need fixing, like a bad back or neck, or some misperception they're having about themselves or the world. Yoga is different this way from Western medicine, which is based on separation and subject-object relationship. Yoga is

based on non-separation and understanding our interconnected wholeness. We're always working to help our students recognize their underlying wholeness.

KB: Would you say that healing is possible without that sense of connectedness?

RM: At one level, yes. At another level, no. Because the basic core of suffering that yoga emphasizes is our fundamental disconnection from self and world. Until our basic sense of separation is truly understood, there'll always be a core aspect of suffering that remains.

KB: Would it be accurate to say there's a continuum of healing?

RM: Yes. There is a developmental continuum to understanding and healing. At first it may be at the purely physical or psychological level. But when the experience of non-separation and unitive consciousness comes in, it turns our life in a new direction. As we live our understanding of unitive consciousness, it expands through our entire life, relationships, and all our interactions in the world. Through our practices of meditation, body sensing, and breathing we orient to subtler and subtler elements of dissatisfaction, misunderstanding, and disconnection. The process of healing is ongoing across many levels. And there comes a critical moment where all sense of doubt drops away, enlightenment comes and eliminates our search for happiness. Then, as a human being with a human body, we'll always have physical issues or pains to be worked with. But at a phenomenological level, suffering is totally eliminated. Yoga therapy, at its heart, is concerned with the ultimate cure, the ending of suffering.

KB: Some people hold the belief that if you haven't experienced what your student is experiencing, you can't truly feel compassion or be able to fully help them.

RM: As human beings we've all experienced disconnection, separation, and suffering to one degree or another. To the degree that we've faced suffering within ourselves, to the degree we've healed our own inner sense of lack and disconnection, to the degree we feel our own sense of wholeness and connectedness within

When troops started coming back to Walter Reed, doctors were overwhelmed because they didn't have adequate interventions to meet the challenge they were facing with so many warriors returning with these signature wounds.

So, creatively, they had wise thinkers who said, "Let's open the door and study interventions we would not normally have recommended."

and with the world around us, is the degree to which we can have empathy and compassion towards those we work with. As yoga therapists we are holding space for those we work with to experience and meet themselves. As we're able to meet ourselves, so we are able to help those we work with meet themselves.

KB: We see this in the life of Buddha. He was someone who saw the suffering of those around him and became devoted to ending suffering, first within himself, then in those around him.

RM: Buddha was a yogi. He is someone who looked around, saw suffering everywhere he turned, and then went inside and met the suffering and disconnection within himself. Yoga therapists are people who have seen the suffering within themselves and through their own inquisitiveness to self-enquire within themselves have developed a capacity to help others. As yoga therapists with specialized tools, we can help a person enquire into what they come to us for, whether it's to heal their back, solve a psychological issue, or

ultimately, relieve their disconnection with themselves. We give them yoga poses, breathing, and/or meditation exercises. Each intervention we give is an educational process that's ultimately designed to help ease their suffering. They think we're helping them heal their back. Ultimately, we're helping them learn how to enquire into themselves, just as Buddha did. Buddha was the ultimate yoga therapist.

KB: I'd like to talk about your work with iRest. You have people engage in body sensing but you don't necessarily incorporate asana. Can you talk a little bit about that?

RM: Early on I saw that many of the groups that I approached resisted the hatha yoga component of yoga nidra—they didn't want to engage in movement for one reason or another. As a result, they were throwing the entire practice out. So I intentionally split off the hatha yoga portion and focused on the meditative aspect of sensing the body while lying still. When I work with an individual they may need movement to develop a greater capacity to welcome their body, so then I teach them a moving body sensing that's akin to hatha yoga, which, by the way, I always do when teaching retreats. As yoga therapists, we're always interested in what works best for the individual, what they'll actually take home and practice.

They may come in with a particular want, and our job is to figure out what they actually need to reduce their suffering. But we have to understand that if we don't give them enough of what they want, they'll go find it somewhere else. Sri Desikachar helped me recognize this understanding. He taught me to "teach to what a person wants as you're helping them to get what they need."

KB: Can that be modified for groups of people with similar issues?

RM: Absolutely. I always interview my groups to find out what their wants and their needs are and then design the classes so each individual get what he or she both wants and needs in the midst of a group session. This entails a certain skillfulness, which we grow into understanding how to do as we mature as

teachers. Where initially I taught everybody in a group the same thing, now I can teach a group many different things all at once, where everybody's going away with what they need, not what the person to their left or right needs.

KB: What's particularly appealing to me about iRest is that you don't direct people in the way that occurs in more classical forms of yoga nidra. How did your formulation of the iRest protocol evolve?

RM: I first learned yoga nidra as a cookbook approach. Everything was scripted, and everyone received the same practice. As a beginning teacher, that was helpful. I did what I was told. But I didn't really understand the why behind what I was teaching. My teacher said, "Trust me, this works. Do it this way." At first this was useful. But I have a skeptical mind, and when somebody says "trust me," I always want to understand how and why something works. Over the years, beginning in the 1970s, I began separating out the cul-

tural archetypes of India that were embedded in the practice. Instead of imposing an image, for instance, I began asking my students to enquire as to what they were experiencing within themselves. The yoga nidra I began to teach became client-driven rather than teacher-directed. My early mentors, Laura Cummings, T.K.V. Desikachar, Krishnamurti, and Jean Klein all asked me to not impose what I felt my students needed, but rather to help them enquire and tell me what they were experiencing and needed. For me, the integrity of yoga nidra lies in its ability to help a student enquire. I've removed the cultural impositions and tried to make yoga nidra a very personal and secular enquiry that anybody can do, whatever their cultural or religious background. That's been very important to me in all the elements of yoga that I teach.

And, more recently, as I became involved in research on my iRest yoga nidra protocol, I was asked to have a protocol that could be duplicated, was manualized, and that had a certification process for teachers. This was necessary in devel-

oping an iRest research protocol that is both reliable and valid. Each group we teach in every research study receives essentially the same protocol, which is crucial for research. That said, my aim is always to have the individual, even in a research study, enquiring as to what they need so that they're learning how to adapt the practice to suit their needs in the moment. When the protocol is used outside of research, it is quite flexible—practitioners can focus on different parts of the protocol that seem to be the most helpful for individuals in the moment.

KB: Your focus on the process of self-enquiry seems to relate to the concept that you as a yoga therapist are not "fixing" anybody.

RM: Right. I like to feel that as a teacher I'm working together with my students to discover what they need and what particular interventions work. I do have interventions that I use as starting points, based on prior experience. But I think of every intervention I give as an experiment. I'm



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White House Roundtable Discussion on Complementary Therapies in Rehabilitation



Miller, Richard, PhD, President, Integrative Restoration Institute; **Manoj, Jain, MD, MPH**, Rollins School of Public Health, Emory University, Contributing Writer: Washington Post; **Jon Kabat-Zinn, PhD**, Center for Mindfulness Medicine, Healthcare, and Society, University of Massachusetts Medical School; **Dean Ornish, MD**, Preventative Medical Research Institute; **Tina Tchen**, Chief of Staff to First Lady Michelle Obama; **Christina Lagdameo**, Deputy Director, White House Initiative on Asian Americans and Pacific Islanders

trying to see what works, what doesn't work, and how the person responds. I want to feel that we're working together to come to the right intervention.

KB: You're not saying that teaching is amorphous and anything goes.

RM: Right. In iRest, as in all my teachings of yoga, I have specific interventions that I start with. I always ask, "What brings you here?" I'm fishing for their intention. I ask, "When you turn your attention into your body, what draws you? Is there a sensation, an emotion, a thought, an image that draws your attention?" When I do this I'm asking them to hold their attention within their body. That's a specific intervention with an open invitation. It's directive, but flexible.

Our three main tools as yoga therapists are our ability to listen, welcome, and get out of the way so we can truly see what is the action that the student needs to take. Not what I think they should do.

KB: Great, and that's applicable across all of yoga therapy, not just iRest.

RM: Right. While I started out as a hatha yoga teacher, from the beginning I was interested in enquiry. I was always interested in how do I help my students who were coming with very different issues. So the practice of yoga therapy was interesting to me from the very beginning. In the mid 70s I became interested in the teach-

ings of Krishnamacharya and traveled to India in 1980 to study with his son, Sri Desikachar. From my very first lesson with Desikachar he let me know, "I don't know what you need. Let's find out together." We were doing enquiry together in the

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hatha yoga, in the pranayama, in chanting, and in meditation. The first practice he gave me actually made me feel worse. I came back to him the next day and said, "I feel worse from what you gave me." And he actually said, "Great! Now we know what doesn't work. Now try this." And so we began a period of experimentation that enabled us to come to the right methodology that ultimately healed the various physical issues that I had when I came to him. We also sat together and examined various case studies of the people I was working with back in the U.S. We went through them one by one, looking at the interventions I was using, where were they working or not working—and what might be better interventions? I have tremendous gratitude for the skillfulness and open mindedness that he brought to me, my students, and every person I saw him work with.

KB: I'm always looking for what didn't work in case reports for YTT. It's of equal importance to understand what doesn't work, as to what does.

RM: Yes. All my teachers taught me to "Be a light unto yourself, and help others be a light unto themselves." Learn what works, and discard what doesn't. But be careful. If you throw something away with one person, the next person who shows up may need what you just threw away. So teaching and yoga therapy are always a process of listening, openness, discernment, and flexibility.

(continued on page 46)

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Richard works with a student in a demonstration of iRest in a dyad format at a Level I training.

KB: Switching gears now, where do you see the field of yoga therapy moving toward?

RM: It's an amazing moment for yoga therapy. I see it coming into all sorts of new places where it's being received with open arms where I wouldn't have imagined that ten years ago. For instance, my work with the military has taken off. We went from a feasibility study at Walter Reed Army Medical Center—which is amazing in itself that we actually did a feasibility study with active duty wounded service members using yoga nidra—and now we're in over thirty VA centers, six-plus department of defense active-duty sites, and are expanding into new ones on a regular basis. As a result of the research we've been doing, yoga nidra is now recognized as a Tier I intervention for chronic pain in military settings, and has been recommended for continued studies with PTSD, TBI, and sleep issues.

KB: Why do you think yoga has taken off in the military?

RM: If we look back historically, great strides in treatment are always made in times of war. In World War II we saw incredible advancements in plastic surgery, hand repair, and psychological treatment because of all the wounds that soldiers returned home with. During the Vietnam War, we encountered a whole new set of injuries and saw tremendous advancements in medicine. In recent

wars, the signature wound has been traumatic brain injury and post-traumatic stress. When troops started coming back to Walter Reed, doctors were overwhelmed because they didn't have adequate interventions to meet the challenge they were facing with so many warriors returning with these signature wounds. So, creatively, they had wise thinkers who said, "Let's open the door and study interventions we would not normally have recommended." Hatha yoga, pranayama, meditation, and yoga nidra have gained significant approval, along with guided imagery, eye movement desensitization processing (EMDR), and cognitive behavioral psychology. The whole field of alternative treatments opened up. The military saw that yoga and yoga nidra interventions were working, so they said, "OK, let's open the doors to these types of interventions. They seem to work."

KB: Work in what way?

RM: They help reduce suffering. They help people heal through their post-traumatic stress and other war-related injuries. Yoga helps them develop a sense of inner resilience to overcome their disabilities. What's also been interesting to me is that while the military and VA are research-driven, I've been told that "research takes five to ten years to complete and come out in the literature, and we don't have the time to wait. If your protocol looks like it's working, we're going to put it into the field, even before we're able to prove it beyond

a doubt through research." The military knows that there's a tremendous need. If something looks like it's working, based on feasibility studies or by testimonials coming back to them from service members or veterans, they're putting it into the field in ways they wouldn't have before. But they do know that ultimately they want the research to prove that each intervention does work.

The other arena that yoga therapy is moving toward is the general population, as people are leading more and more stressful lives. While living a stressful life may bring a better lifestyle, more money, a nicer house, etc., people are discovering that they're unhappy. Traditional interventions haven't helped. So people are turning to alternative resources such as yoga, yoga nidra, and meditation. Yoga is becoming mainstream and more and more medical practitioners are also taking up these practices, and then they're turning around and giving them to their patients. Interestingly, back in 2004 when I was holding conferences with higher-ups in the military, they were all telling me they'd secretly been doing meditation and yoga for fifteen and twenty years! Now the closet doors have swung open and they can come forward and say, "This has worked for me for years. Now we can talk openly about it."

KB: This has been wonderful spending time together. Is there anything else you would like to say?

RM: I have a profound gratitude for the board, the advisors, the executive directors who have come and gone and who are now present and for all who've moved IAYT forward as an organization. It takes many people to move a vision forward through its cycles of ups and downs. It feels like IAYT is in a lovely up-cycle at the moment. But the vision that Larry and I had was that it is the community of yoga therapists and teachers who ultimately drive the organization forward. So I feel tremendous gratitude! Gratitude for you, for all the key players, and for our yoga community.

KB: Thank you. I'm so grateful to you!

YTT

Richard Miller's website is www.irest.us