

Shrink Rap Radio #466, July 30, 2015, Yoga Therapy for Addiction, Depression and Anxiety

David Van Nuys, Ph.D., aka “Dr. Dave” interviews Sarahjoy Marsh

(transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Vicky Dunne)

**Introduction** My guest today is Sarahjoy Marsh, certified yoga teacher and therapist in Portland, Oregon and author of the 2015 book, Hunger Hope and Healing.

**Dr Dave** Sarahjoy Marsh, welcome to Shrink Rap Radio

**Sarahjoy Marsh** Thank you very much, I’m delighted to be here

**Dr Dave** I’m delighted to have you. I’m curious about your first name, which is spelled Sarahjoy as one word. Is that what it was at birth, or is that a later enhancement?

**Sarahjoy Marsh** No, in fact my name at birth was Jill, and that’s still my legal first name. The name Sarahjoy came to me when I was leaving graduate school. I had graduated and was about to embark on a backpacking trip around the United States, anonymously and nobody knew my name. And the name “Sarahjoy” came in a dream and I thought, “I’ll use that”

**Dr Dave** Wow. And a backpacking trip around the US, that sounds like quite an adventure.

**Sarahjoy Marsh** Well this was 1992, when I picked up an All Aboard America pass, and I was on the Amtrak train, and I basically went off into the world to discover what it was about. My graduate studies were in Art Therapy and Group Dynamics, and I had a Masters in Counselling, but my speciality was in dynamics and art therapy, and I wanted to see the world, and see what groups looked like in different parts of the world and I did that in the United States of America.

**Dr Dave** So where you actually stopping off, going to different art therapy centres...when you say you wanted to see how groups were working in other parts. Or did you just mean human groups generally?

**Sarahjoy Marsh** I went to see human groups primarily, looking at it in different alternative community settings, for example one of my stop-offs was on Orcas Island, at a retreat centre, where people lived in an intentional community for a time, and I got

to be a part of that group and see what group dynamics were like there, and inevitably on the train there's a small group of people travelling to a similar destination, and that's another dynamic, and in different camp grounds, like Yosemite Valley, there was a resident staff for the summer and they were a group, and they welcomed me into their group for a couple of weeks, and I got to experience it through that perspective too.

- Dr Dave** Fascinating. So you were like an itinerant researcher, in a way?
- Sarahjoy Marsh** I was, yes
- Dr Dave** That's great. May I be so rude as to ask how old you were when you went off on this journey?
- Sarahjoy Marsh** That's not rude from my perspective. I went through my Bachelors and Masters as a combined programme and I left for this trip when I was 22, turning 23.
- Dr Dave** OK, and where did you do that combined Bachelor's and Masters, I may have listeners who want to do something like that.
- Sarahjoy Marsh** I was at Lesley College. At the time it was Lesley College, and since then they've become Lesley University.
- Dr Dave** Is that at Boston?
- Sarahjoy Marsh** It's in Boston, yes. Actually at Cambridge. I had gone first to the Art Institute of Boston, and then I went to Lesley College to study Art Therapy. And now it's called the Art Institute of Boston at Lesley University. So I think my two alma maters have combined themselves, and I think that's very exciting.
- Dr Dave** Yes, and what a rich background you have. And we are going to be talking a lot about yoga, and eating and your career and round all of that. But before we get in to that, I gather your book, which I should mention is titled Hunger, Hope and Healing: a Yoga Approach to Reclaiming Your Relationship to Your Body and Food...I gather this grew out of your own story with food. Maybe you can share that with us here?
- Sarahjoy Marsh** It really did. And in fact that backpacking trip also grew out of my own experience with food and my recovery process. Prior to having any sense at all that I could recover, my relationship to food was one of chronic restriction, on the anorexic side of the spectrum, including compulsive exercising if I'd eating more than was quote unquote

unsuitable, or if I'd eaten foods that were considered bad foods or negative foods, and that alternated at a certain points with bingeing, because my body was fundamentally starving, in the animal sense of what that means, and my brain couldn't tolerate that starvation, and I would end up bingeing on foods that were quick, sugar, carbs..I felt I was actually eating them, as I said, animalistically, and I couldn't stop. And then I would to back to compulsive exercising, restricting, and so on.

**Dr Dave** It's not that you were overweight, then...

**Sarahjoy Marsh** No. I mean I perceived myself as being physically not the right weight. At any weight I perceived myself as being the wrong weight, that thinner was always going to be better

**Dr Dave** Since that's not something I've suffered from, it's always amazing and a little bit difficult to comprehend

**Sarahjoy Marsh** Yes, you know I can really feel it in my body still, the way that I experience body-centred self-hatred that turned into the thought 'there is something wrong with my body, it will never be right, it will always be too much. And I'm really an average body type. I have an athletic genetic make-up. I'm not overweight, I wasn't overweight at the time, but my perception of myself was very distorted. And I can still feel that in my body although I don't live from that paradigm today.

**Dr Dave** That's interesting. So somewhere in your body or your brain there's still something that says, that still nags at you in that way, saying that maybe it's wrong?

**Sarahjoy Marsh** Thanks for clarifying with that question. Because I don't have that storyline anymore, but what I can feel is the body memory of what that was like. And I can feel how painful that was. Now, I have twenty-five years' distance from that time in my life, but when I drop into it, the body memory builds my sense of compassion and empathy for any of my students or clients with whom I'm working today.

**Dr Dave** Yes. What role do you think that advertising and media holds in front of us, all of us but more so in terms of women, in terms of an ideal body image which is thin?

**Sarahjoy Marsh** I think the role of media and marketing is very influential and has been for generations. So that by the time my mother was born and her mother was born they had images that were internalised, and therefore my mother's narrative about her body she verbalised to me without realising she was doing it. Then I internalised that narrative, plus the narrative of our

culture and of the times. I was born in 1968 so there was a cultural change, but there was a lot of focus still on thinness. And even today, in the yoga community, as I watch advertising, much of it promotes a specific body type if you are going to be practising or doing yoga. Which is a quandary for me as a yoga teacher and a therapist. I do recommend that people take up yoga as a catalyst for their recovery, but often I feel like they're not permitted to join the community of people who do yoga because their body shape doesn't match what we see in the media

**Dr Dave**

That's an interesting point. Because I have come across yoga magazines, for example, as yoga has become a lifestyle choice these days in the media, and – I never thought about this before – but the photographs they have in those magazines are all of fairly thin people.

**Sarahjoy Marsh**

They generally are, yes. There's also a certain age demographic and/or the way they represent ageing in those magazines is relatively airbrushed, and looks a lot more confident and secure than what I see when I help my students who have been ageing and they don't see our culture reflecting what it is to be a female body that ages. Sometimes people with eating disorders, they rave up in adolescence and college and then they might go away for a period and then they come back in midlife, as women are going through menopause, and starting to look at this is the ageing process, and this is my hormone process...they want to pick up the practice of yoga but you look at the magazines and the woman's reflection there, depending on the age that she is, it's very airbrushed and marketed. So that's another way that the dilemma shows up in our current advertising.

**Dr Dave**

Yes I'm realising you are totally right. As I think about this, think about the images that I see not just in the magazines but for example Target, actually has a whole yoga section, whoever would have thought of that? But the images that you talk about, they don't look like regular people.

My wife wanted me to drive her to the mall to go shopping yesterday, there's an upscale mall some way away from where we live and she didn't want to drive there so I spent the day – I had nothing I wanted to shop for – so I just spent the day sitting around and staring at the passing crowd and so few people have, quotes, the ideal body type or ideal body shape

**Sarahjoy Marsh**

Right. Very true. I spent most of yesterday in an airport because I was travelling back from the east coast and I do the same thing, I'm watching the human condition as it walks by, and it doesn't look radiant, vital, healthy, inspired or

particularly thin.

**Dr Dave** (laughs). Right. Sometimes I have to remind myself of that because I've internalised a lot of those same messages too and I have to remind myself not to be overly self-critical about my body image. I'm an older adult male and I look it. But still in my head I've got this younger version of myself so sometimes it's just a little shocking when I look in the mirror.

**Sarahjoy Marsh** Yes. I understand that. I'm watching myself age. I'll be forty-seven next month but I'm delighting in watching my skin change and I say 'wow, here's life experience. I have a very rich history in this body and can I appreciate it and also say and this is what the body does as it ages. It's not betraying me, it's not telling me a lie, it's not out to get me, it's not against me. This is the body as it's ageing, and when I cherish and appreciate that, I am also cherishing and appreciating my history in my body and whatever future I have – God willing – ahead of me.

**Dr Dave** That's such a great way to frame it all, and I'm sure that's wonderful modelling for your students to the extent that you talk about that and share your journey with them. We don't really get any modelling like that...I'm not sure I've ever heard anybody say what you just said.

**Sarahjoy Marsh** Well I'm glad to offer it

**Dr Dave** Well you write that your journey started with suffering, and that that suffering was interrupted by awe. And I've not heard of awe being used in this context before. So maybe you can tell us about when you were first struck by awe, and then what you see as the relationship between awe and healing

**Sarahjoy Marsh** Thank you. Well, I was suffering quite a bit with my body image and my eating issues and the constant sense that I couldn't get control over my life or my self or food or my body. And I had some kind of blind instinct to go on a backpacking trip. This was way before I graduated from graduate school, I was going to go on this backpacking trip in the White Mountains of New Hampshire. I borrowed a backpack, I rented a car, I went to a trailhead... I did not know where I was going, in fact I got lost on the way there. I started my hike up this relatively steep mountain with a backpack that weighed way too much for my physical frame to carry. I hadn't thought of trying the backpack on at home. I really was going pretty impulsively on this trip

**Dr Dave** I'll say!

**Sarahjoy Marsh** I didn't really have any prior experience. I just had this instinct that I had to do this thing. And when I got to the top of that mountain, I had to put the backpack down because it was extraordinarily heavy and you know, when you are hiking up, you've got to lean forward so the weight is really on your shoulders and when I got to the top of the mountain and put the backpack down, I really literally had this revelation that I was unburdening myself, like laying down the baggage, the heaviness that I had been carrying, for the many years that I was carrying my self-hatred and anxiety. And when I put that backpack down, I also lifted my gaze to look out at the view and I was above the treeline in New Hampshire and it was extraordinarily beautiful and you could see in every direction for miles and I just had this one word arise, 'awe', there it is. And I felt that what I wanted in my life was more awe and less suffering. I wanted that peace and equanimity that I saw around me in nature, and less of the torture of my own mental thoughts. At that moment I also thought that my body had felt so sore, and so demanded upon to make this hike up to the top of the mountain that I thought I would start moving and stretching and the way I was doing that became what we now know of as yoga. I didn't know at the time that there was a stretching practice called yoga but I was doing this thing – stretching and relieving the tension in my body – and I felt a sense of profound peace that wasn't just intellectual or mental. And I kept with that day after day, just kept doing it.

**Dr Dave** It's fascinating that you had not heard of yoga. I mean it has infiltrated our culture to such an extent...it's surprising that you hadn't heard of it. But it's wonderful that you discovered it.

**Sarahjoy Marsh** Well this was 1989, and yoga was still in the basement of the food co-op. I mean there weren't really yoga studios, it wasn't so widely marketed, I don't know if there was a yoga clothing company at that time. And I was relatively poor, I was a graduate student and I didn't have the funds to even think of going to a yoga class or buying a health club membership. And I didn't think I belonged in a health club either because I was so -quote unquote – unhealthy or undesirable in my physical body, I felt I shouldn't join a health club because other people were really healthy in there. So I didn't really have any exposure to it myself. It may have existed in the community that I lived in – I was in Harvard Square – but I didn't know of it myself.

**Dr Dave** Yes that's fascinating because I was into yoga during that period but I was in California. But actually I started out in Michigan and it would have been the mid-sixties, so ... I was exposed to yoga initially at a YMCA programme, so that's my

history with that. And I'm also impressed that, in retrospect, when you did discover yoga, you discovered that 'hey, this is something my body kind of directed me towards on its own' and it turns out it's existed for a long time. I had a similar experience of having aches and pains in my body and I would find myself pressing on certain places on my body with my thumbs. And these places seem to move around over the years, aching and hurt. And what I later discovered was that the places I was pressing on were acupuncture points. And so that for me lent a kind of validity to the whole idea of acupuncture ...that I was discovering the importance independently, just as you did with yoga.

**Sarahjoy Marsh**

That's quite remarkable. It reminds me that when I'm talking with my students – and I mention this also in my book – that there is an underlying body intelligence in each of us. It wants to care for us, it wants to nurture us to health and vitality, and it wants us to thrive. However most of us don't have a relationship with that body intelligence because we are all so trained in our culture to go on will, to decide how we are going to treat the body, what we are going to do to it and how we are going to be in it. We can actually override that body intelligence with sheer force of will. So I appreciate that when I'm teaching yoga to people and I see this with acupuncture and Qi Gong and whatever, we can help somebody awaken their relationship to underlying body intelligence, and learn how to partner with it. Whether they are going to be a top athlete, or a mother of young children, if we can partner with our body intelligence, it's going to thrive on our behalf.

**Dr Dave**

Yes

**Sarahjoy Marsh**

I was definitely not doing that when I was restricting calories and trying new diets and imposing rigid standards on myself. My body intelligence and I did not know each other at that time.

**Dr Dave**

Laughs. That's a great way to put it. Well, let's talk about eating disorders a bit more. One of the things you talk about is hunger and that we've lost touch with our satiation response. How so?

**Sarahjoy Marsh**

Well there's different kinds of hunger and the hunger for food is a hunger for nourishment and – based on that body intelligence – a hunger nourishing the brain, not just the physical body but nourishing the systems that operate on behalf of our vitality. And those systems do not need us to over-feed them, nor do they benefit well when we under-feed or mis-feed them. And so what most of us experience as hunger might actually feel like craving. First like craving for

certain kinds of food and then we use that craving to fill that spot that would be called hunger. I like to reorganise that so that somebody can feel the hunger the body has and for what? What kind of nourishment – physically, nutritionally, even with hydration. What is the hunger actually for? And when we start listening in that way, we can ask the question: on a scale of 1 to 10, for example, how hungry am I, and is it for food? Is it for hydration, is it for movement. And then as we're eating, for example, now have satiated am I? was this enough? Am I now being driven by mouth hunger which is for flavour, or did I satisfy my stomach hunger, my brain hunger – the brain needs nutrients too – and is it time to stop eating this really delicious meal or do I have to finish everything on my plate because I paid for it at the restaurant? So my suggestion to students is to relate to it as the nourishment the body and the brain need. And when that's happening our system works a lot better, and we have access to the other hungers. Which are hungers for adventure, hungers for spontaneity or creativity or the hunger for solace or refuge or the hunger for unique expression artistically. When those hungers don't get heard, our lives become more dull and robotic and frenzied.

**Dr Dave**

Yes. I really was interested in that part. I liked the way that you spelled out those other kinds of hunger that we don't necessarily conceptualise in that way. But it seems like there's a metaphorical but real relationship between our emotional needs, our emotional hungers and our physical needs. And I guess that shouldn't be too surprising since it's one body, it's one system

**Sarahjoy Marsh**

Right. Let's say somebody feels restless, physically restless. What if that restlessness isn't actually asking for food, it's as if something in our life is a little bit out of balance, something wants to emerge but doesn't have room to do so. So we experience physical restlessness, which we might misinterpret as agitation and we might decide that some sort of numbing food event is going to help us dampen that down. We just missed an opportunity to find out if restlessness was actually an instinct trying to emerge to give direction to our lives. That, accumulated over time, becomes anxiety and depression.

**Dr Dave**

Speaking about the metaphorical sense of hunger, you tell the story about Mother Theresa that I had heard elsewhere, but maybe you could share that here

**Sarahjoy Marsh**

Yes, it's in the first part of my book. When Mother Theresa opened up a centre in the Bay Area, somebody asked her, "why are you helping people here when we seem to have such an abundance of food?" and across the world in India

where she had centres, people did face issues with poverty and hunger. And she responded by saying, “there are hungers for ordinary bread, and there are hungers for other things in life”, and we actually seem to be relatively starving here in America. This was of course decades ago but look at our circumstances. Our circumstances haven’t changed that much, and in some ways have been escalated by the internet rage and the social media rage. People are hungry to have somebody else’s life other than their own. When they look at Facebook or they look at social media and they think, oh that person’s life looks so interesting and mine’s not. Of course we just see a slice of somebody else’s life in that regard, and the hunger pains we feel had better be used to say: am I living the life I want to be living? Rather than thinking, how can I live that person’s life?

**Dr Dave** And the slice that we see is the slice that they want us to see, too. And so they are not likely to show the pain that they are struggling with

**Sarahjoy Marsh** Right, yes

**Dr Dave** And I seem to recall too, that one of the things that Mother Theresa identified was that people here were suffering from loneliness. She said that this was the loneliest place that she had ever encountered and I think that’s also echoed in the social media that you were just talking about. That we’re trying to fill that loneliness I think through social media – I don’t know how successful they are. I know that when I’m feeling down, somehow it doesn’t occur to me to get on my computer and reach out to people. Somehow that just feels like it’s not going to work

**Sarahjoy Marsh** Yes. And I do address the concept of loneliness in my book and one of the things I’d like to say about it – in case listeners who experience loneliness might find this helpful. In the book as you know I teach four essential life skills and one of them is called ‘moving from love and not shame’. And my experience of people who have internalised shame as their very essence – which I had done – experience a very profound sense of isolation which then also feels like loneliness. But that isolation which I experienced when I was in my eating disordered years, it was very painful. Because I looked around me and I didn’t see that other people experience loneliness or isolation – they seemed to have it together and so one of the things I do in the life skills called moving from love not shame is I teach people how to actively end the feeling of isolation and develop an inter-connected sense of themselves, even if that inter-connected relationship is first with nature, or first with their own body – and it’s body intelligence, but inevitable it’s a sense of interconnection with

humans, humans here and everywhere.

**Dr Dave** So say a little bit more about that, about how you do that. As I think about it, shame is very inner-directed, it's like I'm focused on myself exclusively and so it sounds like by directing people towards love it's also a call to move away from the total focus on oneself to some kind of moving out towards others, sharing with others

**Sarahjoy Marsh** Yes. So from the perspective of yoga, we are born with this – this is a Sanskrit word I hope it's ok for your listeners – we are born as Ananda, which means born as luminosity or contentment or joy or love and we are born as that and we could express that if we didn't get distracted by, clouded in by or confused about who we are. And that fundamental confusion that is shame blocks our ability to remember that we were born worthy of love and belonging. So once that's happened, the first steps that I do with my students...one of them is to educate them about how shame gets internalised, what it's purpose might have been, how it went awry, how it's no longer – and wasn't at the time – telling you the truth. Shame isn't motivating, but a lot of us have tried to use shame to motivate towards a diet or athletic pursuit or even a career. So I first do education about this is shame, this is how it happened, this is what it's doing to your life, this is how it's unhelpful. And then here's love, here's kindness, here's acceptance of yourself and what does that do to your physiology, to your biochemistry, that then promotes your actual ability to grow.

**Dr Dave** So really self-love, self-acceptance...

**Sarahjoy Marsh** Yes. The first thing to look at is can I internalise a relationship of self-acceptance, self-love, self-worth, so that my nervous system stops broadcasting so often that I'm anxious, that I'm threatened and I'm about to be threatened by that shame voice again. Because that shame voice puts your nervous system into flight-fight-freeze-or submit reactions against life and against yourself. The relationship of love and kindness towards oneself actually alters the nervous system towards capacity. Now since shame is isolating, the next thing I tell students to practise is to create a gesture of kindness towards another human being, even if they don't know you're doing it. Like let somebody else into traffic, or acknowledge the postman when they come with the mail, or you're out in the world and you see somebody who seems relatively anonymous, you can say to them may you be free from unnecessary suffering, and experience peace and joy. And that well-wish to an anonymous other actually builds your inter-personal brain, and builds the nervous system towards what's now called the central vagal parasympathetic

response to life

**Dr Dave** Good for you! (laughs)

**Sarahjoy Marsh** What's that?

**Dr Dave** Good for you getting that sentence out. And I'm impressed that you're keeping up to date with that literature, the neuroscience literature. I've been interviewing people about those topics as well and I'm really impressed by how fluent you are as you are speaking about your approach and it's clear that you have...that not only do you do yoga and incorporating that with Buddhist philosophy but also with your training as a counsellor

**Sarahjoy Marsh** Yes I really enjoy weaving those things together

**Dr Dave** Yes. So you said there were four...the shame-love continuum was the first of four ...

**Sarahjoy Marsh** So there are four essential life skills. And actually the first one – because a lot of us are struggling, before we could even talk about shame, the brain is going to reject that because of the neurobiology of shame, it's very likely that the brain is already very frightened and overwhelmed. The biochemistry has a set point that isn't that friendly. So the first life skill is actually of getting in the gap. And by that I mean getting grounded, that's what the G stands for. Paying attention and becoming present. So this is like mindfulness practice and I like to say getting grounded, choose what you want to be mindfully tuning in to, then pay attention, and do it again and pay attention again, until you're actually training your mind and therefore your brain, to become present. Where your biochemistry can accept life as it is in the present moment, without feeling that you're about to be under threat. So that's the first skill I want to teach someone, and we do it in the body and with the breath because bringing those systems together more quickly changes the brain state. So I'll just say a little bit on the science of that because people don't understand when I say the breath and the body can change the brain state...well, for example the diaphragm and the brain are always toggling back and forth, communicating in very rapid-fire messaged with each other. So the diaphragm can become your go-to breathing muscle which means lessening belly tension, softening the skin of the body and releasing the apprehension about breathing. Once that happens the brain chemistry says 'oh we aren't under siege right now. We could risk being present to the here and now, to this moment'. So if I suggest it only cognitively I don't get as much traction as if I help somebody come back to their diaphragmatic breathing and their body-centred movement

practice, which we call yoga. Once I've got traction on that, then I can teach the student the next life skill, which people often have a little wrinkle about, it's called 'getting comfortable about feeling uncomfortable'. And my students say well I've already been uncomfortable, I've been profoundly uncomfortable and I say yeah, well you learned to tolerate that kind of discomfort, but I need to help you tolerate the discomfort of growing and evolving. Not just the discomfort of continuing self-harm, but the discomfort that lasts just long enough that you realise you're outlived the discomfort without having to binge or purge or hate yourself. And the next level of discomfort is the discomfort of celebrating that. Those are discomforts to celebrate, as I said, because they're building your capacity. Now you can start having the conversation about shame. Because shame conversation is pretty uncomfortable if you haven't had other tools to practise yet so that's ...moving from love not shame is the third life skill that we talk about.

- Dr Dave** I see. And the one that you were just talking about, the getting comfortable with the discomfort, that's also a kind of practice, or echoed in the body, I would imagine, as like doing stretches that are not entirely comfortable
- Sarahjoy Marsh** Right
- Dr Dave** So you're doing it at two levels... is what I'm noticing
- Sarahjoy Marsh** We are yes. And I teach people how to navigate discomfort in the body with stretching. So that we are practising in real time when they're in my physical presence and I'm in theirs. My sense of confidence in their body intelligence is great, and they start feeling sensations that are uncomfortable, and because our two brains are wired together as we all now know, my empathy for their circumstance builds the capacity to accept the sensation and think of it as, 'here's a chance for me to grow my bandwidth in life.' Then they can translate it from body sensation to emotional sensation and start practising getting comfortable feeling uncomfortable as a way to navigate emotions towards greater joy and love and towards self-acceptance.
- Dr Dave** Yeah. Now do you share with me the belief that the goal is not so much to be able to get into a certain pose as it is the process of growing into that pose, if one can do it or not. Because if it was all about being able to twist your body like a pretzel, then circus performers would all be enlightened beings.
- Sarahjoy Marsh** Right. And ballet dancers wouldn't have eating disorders.

**Dr Dave** Laughs

**Sarahjoy Marsh** I'm not singling them out, I just said that because I do have some students who are ballet dancers. I was a gymnast, that has probably fed into some of my eating issues and body issues. But if you think about it...the process of the yoga is more important than whether or not you are doing yoga. I can see my students, and I myself was tempted at times to go to yoga to burn calories, change the shape of the body, have more control over the body and try to make it do what I wanted it to do. And that actually isn't a yogic approach. And my training in art therapy was in what we call process-oriented art therapy, and my training as a yoga therapist, we could call that process-oriented yoga therapy

**Dr Dave** I'm hearing that. So what's the fourth major thing that you teach, the life skill?

**Sarahjoy Marsh** The fourth life skill is called personal buoyancy. Personal buoyancy like when something's buoyant on the ocean, it doesn't sink as much. Which is related to today's conversations about resilience and vagal tone. We are all born with a certain amount of vagal tone, a certain baseline for our resilience that can either be supported and further developed or it can get interrupted and compromised. Most of my students had their resilience or their personal buoyancy compromised often by trauma or by neglectful or mis-attuned environments. So by the time they come to see me their sense of buoyancy is actually pretty collapsible. What that means is, they make a decision in the morning that they're not going to eat a certain food that day, or they're going to outlive their painful behaviours, and by 10 o'clock they're already doing the behaviour. So they collapsed under their own leadership, again and again. Part of it is they don't realise they weren't personally buoyant enough to make a decision and follow through on it. Sometimes that means that we're not hydrated, or we don't have enough sleep or we don't have enough physiological equanimity, so the body's actually anxious and so is the brain and I teach people how to regain that resilience in their physical body. That's what we refer to as personal buoyancy.

**Dr Dave** Yes. Now in addition to these four life skills, you also talk about that we need to live a 360 degree life. Maybe you can tell us about that.

**Sarahjoy Marsh** Yes. I like to say we have the privilege of doing that, because we do have this human brain, and we have generations of humans before us and we can learn from them and of course our lives go downstream to our children and our children's children and our communities. So we have the privilege and

the honour of leading a 360 degree life and that means we get to live the full spectrum of what it is to be human. However, most people don't. we live a 40-50 degree life, like a small slice of that, which is to say, what I permit myself to express or experience. What I feel is ok to think or to feel. And when I've experienced myself or my students who have disordered eating patterns, that is getting more confined, not more expansive. So as we start expanding somebody's life from let's say 40 to 360, we actually go from 40 to 50 to 60...we go slowly. As you're doing that process, what you start encompassing is feeling yourself as part of the human condition, that has both physiological imperatives and spiritual capacities. And needs us to know how to experience sorrow, compassion, elation, joy, grief, tenderness, lovingkindness...there's such an enormous spectrum of what we can experience as a human without having to make ourselves bad or wrong about it. When we start allowing that to happen we live that more 360 life and are less confined to our perceptions of what's acceptable or unacceptable.

**Dr Dave** Ok. Coming back to the eating disorder. Explain binge eating disorder.

**Sarahjoy Marsh** Well binge eating is the sense of urgency coupled with the pace you're eating a certain amount of food. So it's like a large quantity in a short amount of time and a sense of urgency of doing it. Generally, my experience is we are trying to affect the physiology in the body in some way to get relief. We might experience it as getting numb, or suddenly getting lethargic or dull...and at least we're not so anxious. Binge eating is an effort to self-medicate, as I see it, and its generally built as a survival strategy early in life. We go to food – it works; we go to food again – it works; do it again – it works. We start escalating our reliance on food. The episodes might get bigger, faster and quicker and they might start happening closer together – that's when it's escalating. Some people might binge once a week – it's still a binge eating disorder, as we go to relying on a behaviour that actually feels more painful than helpful in hindsight.

**Dr Dave** And do you relate...you know, you talk about food in the context of addiction as well, and are there other kinds of addictions that end up coming to your programme?

**Sarahjoy Marsh** Yes I also work with people struggling with alcohol and drug addiction. We actually have a separate programme for the disordered eating students partly because for some people there's a lot more media exposure and a lot more understanding these days of alcohol and drug addiction. There's still judgment of course but when I combine groups, if you have a disordered eating pattern and you have a sense

that that's radically unacceptable, to be in a group that's focused on that feels safer and easier to talk about, and the behaviours don't seem so bizarre because other people also have behaviours that you can empathise or feel compassion for. But I do work with drug and alcohol rehab in a separate programme and we also work with people who have cutting behaviours, usually that's in my private practice that I'm seeing someone who's not just bingeing but also cutting. You know what cutting is, I'm guessing?

**Dr Dave** Yes oh yes. Self...tends to be young people, right? Young women who cut themselves with razor blades and so on.

**Sarahjoy Marsh** I've seen it in both genders these days and sometimes it's the one behaviour that a person can keep behind the scenes for years and years. So it might start when they're young but I've seen it go on for decades by the time somebody comes to see me they've been using that behaviour for decades and now they're asking can yoga help relieve this particular reliance on that behaviour.

**Dr Dave** Well how do people find you?

**Sarahjoy Marsh** We have a website. It's sarahjoyyoga.com – that's an introduction to my professional practice as a yoga therapist

**Dr Dave** I meant more generally than how will listeners find you. How do these people who are suffering and in pain ...the first thing that comes to mind is not yoga for most people who are suffering from addiction or, you know, food problems.

**Sarahjoy Marsh** And that's one reason that I wrote the book. I'm hoping to give people something in their hands that they can consider as an option and in the book my aim was to write it with a sense of empathy so the listeners or reader could feel like I really get them and then they might consider the practice of yoga as a new too.

**Dr Dave** Yeah

**Sarahjoy Marsh** Here in Portland how people find me is usually word of mouth or by their nutritionist, their naturopath or their therapist refers them to me.

**Dr Dave** a-ha. Ok. Because with all the yoga that's out there, with so many varieties...what you're doing is almost 180 degrees maybe from some other approaches to yoga which are more like going to boot camp.

**Sarahjoy Marsh** Right, yes, it's true. And that's why I actually have a handout, I'll send it to you. When professionals want to refer a student

to a yoga class or a client to a yoga programme, there are some questions they should be asking about the yoga programme or the yoga teacher before they refer. Because yoga shows up in a lot of different ways right now and some of those could be pretty unhelpful or could reinforce body-centred self-hatred or compulsive exercise.

**Dr Dave**

Yeah. Since we're talking about four life skills, 360 degree living...one of the things you write about are the three stages of recovery. What are the three stages of recovery?

**Sarahjoy Marsh**

The first stage as I see it is helping...it's called tapas in Sanskrit. Helping someone to relearn the art of self-nurturing discipline. The word tapas in Sanskrit actually means 'discipline' and people can take that to be punitive or recriminatory or rigid, so I frame it as the discipline required to nurture yourself in the fundamentals and those fundamentals also increase your personal buoyancy and they help to balance your brain chemistry enough for the second stage of recovery. Those fundamentals include things like, 'can I be disciplined enough today to hydrate myself?' A lot of our health problems actually are about dehydration but people don't know it. So I often give that as my first recommendation. Before a food recommendation I'm saying 'are you hydrated?' and let's look at your relationship to self-care by committing to hydrating every day for the next week. Come back and tell me how that went and then we'll know your relationship to caring for yourself and have that fleshed out a bit more.

**Dr Dave**

Well, how much water does one need to drink in order to be hydrated?

**Sarahjoy Marsh**

Depending on whether they are taking any pharmaceutical medications, or drinking coffee or alcohol and so on there's different ways to measure that. But the basic is about 50 per cent of your bodyweight in ounces in water. And that means if you weigh 100 pounds you are having 50 ounces of water over the course of a day. Not all at once in the first half hour of the morning because you can't hydrate that way, but you have it incrementally throughout the course of the day. And when I tell my students this I tell them I want to sip their water and say to themselves, 'I'm right now caring for myself. I am right now caring for my wellbeing, my brain and my body.' Which is different from the chatter that we as we're binge eating which is 'oh I'm really fucking this up again'. So that stage of recovery is to learn how to care enough to be kinder to the body and more nourishing. Then I can take the student to the next stage of recovery which requires that more stable brain chemistry and a more hopeful outlook and inlook and that's called svadhyaya, which means to study yourself, to

enquire about your behaviours and your mind states and emotions. But to really do so through the lens of self-empathy - to look at yourself as someone having the human experience and to understand that all of our behaviours arise from valid needs and all our moods and emotions arise out of valid purposes in the body. So we don't have to keep making them bad or wrong but rather a place of enquiry and curiosity. That's the second stage of recovery and it's a really rich stage of recovery because people start to realise first that they haven't been flawed, they never were flawed or broken. They haven't actually been all that alone, they are more connected to humanity than they realise, and that what they are experiencing can be celebrated rather than damned or judged. And the third stage of recovery in yoga is called ishvarapranidhana. It means 'surrender'. And I translate it as the stage of recovery in which we experience forgiveness and freedom. And that means forgiving ourselves for the pain that we've been in or the pain we've caused others by our behaviours. It brings us back to love. And the freedom then to keep experience ourselves as a person growing and evolving and the freedom from behaviours that were once rigid and painful. The freedom to live a vital and 360 degree life.

**Dr Dave**

Ok. You also have something that you describe as 'one minute dashboarding activities' that boost resilience. What do you mean 'dashboarding' and maybe you can give us some of those?

**Sarahjoy Marsh**

Yes. I have a concept in the book under personal buoyancy and it's called 'your body dashboard'. Much like your car you have a dashboard for the body. I actually have illustrations that I give students for that. So it looks like a dashboard. But on that body dashboard there are seven essentials for daily wellbeing and these are based on your body's intelligence, the underlying operating system. One is hydration which I mentioned a moment ago. Let's say the body dashboard a one-minute intervention is to ask yourself the question 'have I experienced nature today?' 'have I experienced the air against my skin?' or the sun through the window. Have I taken a look around me to see that I belong to this incredible majesty called nature And if I haven't, can I get up and go outside for a few moments? Can I refresh my brain and my relationship to the natural world? Another one might be, have I today balance my blood sugar, have I honoured that fundamental need in my body? If I haven't done that, what can I do now to bring blood sugar balance to my system? Do I need protein? Am I thirsty? How's my brain working? Can I care enough about that? And can I take a small action step in that direction? Each of those questions I recommend to the

student they reflect for about a minute and take action within that minute. So it's a quick, like I said, intervention in that regard.

**Dr Dave** Yeah, fascinating. So, what's...I'm imagining that you have maybe two main kinds of activities: classes on the one hand and individual sessions on the other. What do your classes look like?

**Sarahjoy Marsh** The classes I do for 'Hunger, Hope and Healing' are like small group therapy sessions. Because my background is in counselling and group dynamics I really enjoy working in the group process. I also find...

**Dr Dave** So about how many students?

**Sarahjoy Marsh** I limit it to twelve students for group therapy so we can really build a relationship from student to student; the shame lessens, the empathy increases, the courage in the room goes up exponentially. But if the group gets too big, people can feel a little bit lost in that, so my maximum size is twelve for group therapy.

**Dr Dave** Do you require a certain level of commitment in terms of how many sessions or what length of time they're going to come?

**Sarahjoy Marsh** Yeah the basic series is eight weeks long and sometimes like during the holidays we don't get eight weeks we only get four, but I ask people to commit to those four weeks, and to commit to each other as well as themselves.

**Dr Dave** Yeah ok. And then tell us more about the structure of a class session. How long does it go and how do you divide it up?

**Sarahjoy Marsh** The group therapy sessions are two hours once a week for the duration of the weeks that we have. We include a psycho-educational component that I'm presenting on. It's usually related to something in the book or a question that's come out of the group process. And then we have individual check-ins and that's where students see and hear and feel my response to other women, which is often a place of courage-building because a woman sees me respond to the other woman's check-in and gets a sense of her own capacity out of watching that dynamic, so I really appreciate that process. And then we have yoga, breathing and restorative poses at the end of the class.

**Dr Dave** And so are you working only with women?

**Sarahjoy Marsh** In these group sessions I'm working only with women right now. I haven't had enough requests from men. I would

certainly do a men's group. My minimum group size is six because I find that builds enough container to do the work, so if I had six men committed to the group I would certainly do it.

**Dr Dave** I see that you've created two foundations. Maybe you can tell us about those?

**Sarahjoy Marsh** My first non-profit is called Living Yoga, and I started that in 1998, teaching yoga in prisons and rehab centres and for homeless youth. So that was like my instinct to go hiking back in 1989, this was also an instinct to bring yoga into prison settings, that was my first institutional destination. And then I went to rehab centres and then shelters for homeless youth. And then in 2012 I started another non-profit called the DAYA Foundation. That's a Portland-based yoga therapy studio. And we provide programmes in-house for people with medical sensitivities such as Parkinson's, multiple sclerosis, spinal cord injuries, as well as anxiety, depression and PTSD. We do outreach in hospitals and school settings, and we work with the officers in the prison system now. And one non-profit serves the inmates, the other non-profit serves the officers.

**Dr Dave** Now I hear you using the word 'we'. Do you have advanced students who've graduated to the role of being co-teachers?

**Sarahjoy Marsh** Oh we have other yoga therapists. So I've trained yoga therapists including clinical psychologists who become yoga therapists as well as clinical psychologists. I train social workers in the work of yoga therapy and I've trained yoga teachers to become yoga therapists. So it's really a team of people serving in this way. We also have a board of directors and a staff, so when I say 'we' I mean everyone's contribution to making that happen.

**Dr Dave** Now the term 'yoga therapy'. I think maybe I've heard that term before...is there a movement that is emerging that's called yoga therapy?

**Sarahjoy Marsh** I would say yes. And the yoga therapy field is trying to define itself before it gets defined by another field! One of our organisations here in the US is called the International Association of Yoga Therapists, and I'm a part of that organisation and we're trying to define yoga therapy as a viable field that looks at it as a holistic practice incorporating the psychology, philosophy and physiology of yoga into healing.

**Dr Dave** That's fascinating, and that strikes me as a good idea, to the extent that...because it sounds like what you're doing is

really important work, and is distinctive enough that it deserves its own recognition.

**Sarahjoy Marsh** That's the foundation for why we're taking action in this area. And it's trying to make the language culture change, where I say to people "I'm a yoga therapist and a yoga teacher", because they're two different things. When I'm teaching my weekly classes at the yoga studio I'm acting as a yoga teacher – I can't take away the lens of my yoga therapy background or my psychology background – but I'm working as a yoga teacher in the classroom, and I might have 40 or 50 students in that room. I'm teaching it therapeutically but I'm acting as a yoga teacher.

**Dr Dave** Yeah.

**Sarahjoy Marsh** And in my yoga therapy practice I'm wearing my mental health hat, my spiritual-compassionate guide hat and my yoga psychology hat too.

**Dr Dave** That's a lot of hats !

**Sarahjoy Marsh** Well fortunately they're all connected.

**Dr Dave** You do a good job of blending them. Well, as we begin to wind down here, I wonder if there are other things that you'd like to add, maybe that my questions haven't evoked?

**Sarahjoy Marsh** Well I would just say in the same vein as the field of yoga therapy is growing and expanding, what I love to do as a professional in training settings is teaching clinicians such as yourself or someone else who's working in private practice, and they want to integrate pieces of yoga therapy into their existing practice. So our training is actually approved by the American Psychological Association, which is the only one of its kind right here in the US right now. And we teach clinicians and therapists and social workers how to bring elements of yoga therapy into their main practice, which might be a dialogue practice, like a traditional therapy relationship. And I find that very exciting because it starts introducing yoga therapy in settings where otherwise it wouldn't happen. So that's one thing I would like to highlight from our conversation today.

**Dr Dave** Now when you say that your approach is approved by the American Psychological Association...I'm not quite sure what has been approved by who. Can you say a little bit about that?

**Sarahjoy Marsh** So we teach a yoga therapy training that is 300 hours of study. The first 160 hours of study is more of the

physiological, physically-based yoga practices. And the second 140 hours is the psychology of yoga including mindfulness, interpersonal neurobiology, the physiology of breathing and using the entire pantheon of the psychology of yoga in that training. Those 140 hours are approved of for CE credits by the American Psychological Association.

**Dr Dave** Ok. And so do you travel around the country doing this or do people travel to Portland,

**Sarahjoy Marsh** Right now people come to Portland. We teach it in weekend modules, and there's eight weekends over the course of eight months. Those weekend are intensive, it's fourteen hours each weekend. And then we have a final four-day immersion where people come together and it's 30 hours of study in four days. That's relatively intensive also. We wanted to be travel-friendly for people to come here, because I can't travel any more than I'm already doing for my other work

**Dr Dave** Sure. And is this programme – the training programme – described on your website?

**Sarahjoy Marsh** It is, yes.

**Dr Dave** Because I think we might have listeners who'd be interested in getting that kind of training.

**Sarahjoy Marsh** It's our Yoga Therapy training and it's called the Part 2 training because it's the second 140 hours of training that we do.

**Dr Dave** And what is your website address again?

**Sarahjoy Marsh** It's sarahjoyyoga.com, which has two 'ys' in the middle, sarahjoyyoga.com

**Dr Dave** Ok. Well, Sarahjoy it's been a delight to speak with you and I want to thank you for being my guest today on Shrink Rap Radio.

**Sarahjoy Marsh** You're absolutely welcome, it's been delightful for me too.