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With Your Host

Susi Hatley

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hatley. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hatley.

Susi: Welcome and welcome back. I am so glad that you're here because we are continuing on with our miniseries on bone health, yoga and osteoporosis and this is all a lead-up to the upcoming yoga and osteoporosis program that I'm running.

And I'm so excited about this because it's a topic that is so vital and so important. And I have had many clients, as have some of the speakers in the program who have had clients who have improved their bone health. And this program is geared toward yoga teachers and health professionals who are utilizing yoga and want an integrative approach to supporting clientele.

Now I will say that when people have come to me, and same with the other practitioners, and they have osteoporosis our goals aren't to like, oh, we're gonna reverse osteoporosis. I really want to be fundamentally clear about that and it leads to the conversation I'm going to have with my guest today. What I'm doing is I am meeting my client where they are at and I am working with them and their movement patterns for where they are at.

And then it just so happens that when they go for an upcoming scan, they have received great news in terms of their score. So what we're going to be talking about today is really getting into some of the nitty-gritty of how some of that works. And I've got Ruth Ann Penny back on the podcast.

And what I love about bringing Ruth Ann into these podcast episodes, and she's been on a number of them so far and we'll put all the links to her other episodes in the show notes. But the reason I love to bring her on is because she comes into this conversation, she's older herself, she works with people who are over 70, she works with a lot of people who are over 80.

[From Pain to Possibility](#) with Susi Hatley

She comes from a long, long career of being a teacher herself, an educator herself, a consultant in the educational world. So she's got a depth of teaching skill, and inside of my yoga therapy certification program is doing more and more skill-based, like how we are teaching our clientele. And we've seen so much correlation between the healing process and the learning process, we're going to get into that today.

We've seen a lot that is important around being ready to learn, we're going to get into that today. And the importance of our presence, which is something I talk about ad nauseam for some people, but a lot. And really that we as yoga therapists are not providers of solutions, which might be surprising to some other people. And we'll get into what it is that we really are and how this all relates to working with people with osteoporosis.

I think this is really important because as we're going to get into this, and as you've heard already from other speakers, is that osteoporosis is often this very, very silent thing. And that's what can make it kind of land in those experiences that have a latency or a very obvious sense of fear because people have been told just don't fall, right? Don't fall. But we can also have fragility fractures that aren't related to falling.

And so as Ruth Ann and I were talking about before we got into the episode, it's like you go in and you find out your score and you leave and you are a different person, right? The diagnosis of osteoporosis really can land in a way that is life-changing is probably the way to put it.

So this episode is going to get into these pieces around the relationships between healing and learning, the readiness to this process, and then our role, our role as health professionals. Now, this program, Yoga and Osteoporosis, is geared to health professionals. I really want to emphasize that. So what you're going to be hearing today is really designed for that.

And if you're someone who's not a health professional, I know that there are lots of people who aren't yoga teachers who are listening to this and are very interested in this information. You're going to get a lot from this

episode and I hope that it provides a step in the direction for your own health and healing.

So, Ruth Ann, I'm so glad you're back. Welcome, welcome, welcome.

Ruth Ann: Thanks, always fun. Always great to talk about old folks like me.

Susi: Because there's so much, right? There's so much. I often like to talk about, or start these kinds of conversations off with one of the – Is it a reality? I'm always nervous when I say that word when I'm about to talk about what I'm about to talk about.

But one of the things I've seen as a very common piece is in 200-hour and 500-hour teacher training, what we're often taught is, all right, here are a bunch of poses. And here is a way to sequence them. And here is what you do in front of the room or these days in front of the Zoom camera, and here is how you can bring this information across.

There is not a lot of teaching from the perspective of here are some skills and tools that you are going to learn from me as the teacher. There's a lot of learning that happens by just following or watching other people and that's not a bad thing I'm not saying that's a wrong way of going about it, but what I'm saying is what it can lead to is a very black and white way of here is what you do.

And then if there's someone who can't do something, well here's a modification. But the modification isn't really meant to help the person function better, it's more about keeping the class going. Which again, it's not a bad thing, it's just we need to recognize the intent there.

And so when we come around to something like osteoporosis, like a lot of conditions, but especially with osteoporosis I find, there's a lot of fear. There's a lot of fear for the person who has osteoporosis about going to a yoga class or even a yoga therapy class, there's a lot of fear for the teacher, which makes a lot of sense. And it shows where that paradigm that we learn in 200 and 500 hours really has a limit.

And what I'm hoping with this program is it kind of opens the gates on a new way of thinking, and this episode is going to help with this, as with the other ones, of recognizing where we can venture into as yoga teachers, as yoga therapists, as health professionals who want to be integrative in their approach of really helping our clients. Because we can, we can really, really, really help them.

So if we start there, why don't we begin there, with just this relationship between healing and learning. Of recovery and learning, of gaining confidence with one's body and learning.

Ruth Ann: Yeah, I think that the process of healing from an injury perhaps, or healing as one deals with a condition, it could be a chronic one, it could be an incurable one, it could be a curable one. But some element of healing, a goal for the person who's inside that experience is really about helping the person who is healing understand themselves better so that they can monitor their own healing sensations, they can monitor their own levels of confidence, they can monitor their own environment better and they can feel more autonomous.

So for me, all good learning of any kind is a process that leads the learner towards greater autonomy and understanding. Understanding of themselves, understanding of the world, whatever. In other words, the teacher's goal is always to fade to black, right? To be non-essential.

So in the paradigm that you just described where the yoga teacher in a 200 or 500 hour training or 300 hour training is given a variety of scripts that they can shuffle and use in different situations, that script isn't going to necessarily build the autonomy in the learner that is necessary for them to heal or learn.

So for me, if I'm with someone who has a condition, my goal is to help them to understand themselves better so that they can be in charge of their own healing journey and be less afraid of it and feel less dependent on others.

Susi: So when we're looking at something like osteoporosis, there are factors here though that compare to other conditions because there's a silence of it. And before we got into recording this, we were talking about stress fractures that you might not even know are happening. And they can increase propensity for a future fracture, but yet there might not be a sense of it happening in one's body.

So there's a piece around the recognition of how our clients are icebergs. And this is something I do a lot of inside of the certification program, it really is a key sort of consistent factor all the way along, is really being able to meet a person where they're at. And there's a lot of things a person's not saying because we only have the tip of the iceberg and there's a whole bunch underneath the iceberg. I mean for them too, there's a whole bunch underneath the iceberg.

And when it comes to something like osteoporosis that, I think, is what creates a lot of fear for the teacher. So how to navigate that, within the context of the healing and learning how can a teacher just begin to navigate that idea?

Ruth Ann: Really good question because most people who come with conditions that are not osteoporosis are coming with symptoms that they can actually feel in their body, right? My shoulder is frozen, my knee is gimpy, I have tingling in my foot or balance issues or whatever. Those are all sensory; they've been able to tell you what on the sensory motor level is happening to them, whether it involves pain or not, but there's some sensation.

Whereas with osteoporosis, there often is not unless it's so severe that a fracture has occurred and they now know that that fracture is associated with their bone density loss. But presuming they're just coming because, hey, I'm 62 and I've never had my bone density tested. I go and, oh my God, I've got a low DEXA score. Now I've got osteoporosis or I'm sinking towards it. That person comes with only one piece of data, and that's that they're scared.

And so I guess the job of the teacher is, especially as you say, Susi, if we're going to meet people where they're at. If we're going to say my first job is to greet this person and to try and understand them, then that is the one thing that must happen in this case because you have nowhere else to start. You don't have a sense of what the condition is doing to them yet or has done to them, really. So therefore, you have to start with who they are as a total person.

Perhaps you're spending more time on their history, perhaps you're spending more time on their current state. You're trying to understand what their fears are, what their lifestyle issues are, what their compelling reasons are, et cetera, et cetera so that you can at least begin the process, not of designing a lesson right away or designing a stimulus right away that might or may not help, but you begin at the place of observation. You begin at the place of trying to understand who they are and what they're bringing to you.

And that often is very scary for people because it's saying, no script. Basically you're ad-libbing, you're coming into a situation where you have no script all you have is the person in front of you and you've got to try and develop some kind of understanding which will lead you, eventually you hope, to a theory or a hypothesis or a notion of what they might try to do in terms of their movement that would be helpful.

It's exploratory and for most yoga teachers who have only come through a 200-hour training, they can often feel completely at sea with the idea of just looking or just watching or just gathering data or just talking to them or just listening to them. That seems too wishy-washy, too unformed, and too scary for a lot of teachers. And yet, it's the only place there is to start. And you're likely going to do more harm if you revert to a script than if you don't.

Susi: I'm glad that you made a comment to that because it can be, I mean I see it when people come into the certification program. There's a certain percentage of people who come in and are saying like where's the script for the back pain, or where's the script for the heart disease, or where's the script for the fill-in-the-blank? And what I'm actually training people how to do is how to be with someone without a script because, as I say over and

over and over again, how anyone expresses any condition is going to be different. So there isn't actually a script to work with.

And then people say, "Well, can't we just start with one?" It's like, well, you could. And if you actually just meet the person where they're at and start there and start with what you're saying here, you're going to help them so much more to be able to tune into themselves.

It reminds me of a story of a client I had for a short period of time who had a rib fracture in another class and she was quite scared. But then when I watched her movement, I would not have ever taught her the movement that she had done which she correlated to the fracture happening because her body couldn't do it. Like her body couldn't move there.

And so being able to meet a person and being able to see what's going on is you're seeing how the person's body moves, how the person breathes, how hard a person is pushing. And those all are factors that need to be recognized in order to support somebody.

And when I think about the clients that I've had who when they've gone and gotten another scan and their bone health has improved, I could also say that there's also similar clients I've done the same sort of process with and they've gone back and their flow meter readings from a respiratory condition have improved or something, like it's not just about their bone health, right? It's them learning about and recognizing themselves and their body and their tissue and what they can perceive, and then growing that ability to perceive, yeah?

Ruth Ann: Yeah. And we often talk in the yoga world about Ahimsa, do no harm, and about Patanjali's adage that stability first, by which he means safety and security, I interpret the ability to be in a place where you feel you can begin.

And so something as simple as asking a person who comes to you and who is frightened to move because they're afraid something's going to crack and break, to be in a position to suggest that perhaps they could lie

down on the floor – I'm just drawing this as an example – or be in a place where they feel very safe and then begin to explore their breathing or whatever else, other elements of movement and being that might help them to feel even safer. That has to happen first because the big fear with osteoporosis is fear of falling.

The real obstacle is fear. So beginning at a place where you settle them down, then opens the door where you can perhaps begin to explore some movements that feel safe in their body, that don't send danger signals. And from there, bit by bit, you can grow to a place where they're learning a repertoire, which is their repertoire of what feels good and what feels safe and what feels doable.

So maybe all they can do when they lay down on the floor is move their fingers and toes, that's all that feels safe. Okay, fine, that's where we begin and then we move to other parts of the skeleton. And one of the things that you've done such a good job in your program of helping yoga to understand is that just because one element of movement or one way of movement may feel dangerous in that person, or may feel painful, or may feel scary or limited or anything, doesn't mean there isn't another plane of movement or another way of moving that isn't dangerous.

In other words, if I can't move into spinal extension without feeling scared, I've been told, or spinal flexion or never drop your head or never do cat-cow, what can you do as a spinal movement and that anything you can do, and here's the language of what's possible as opposed to we can get into a whole discussion of what's not all the caveats and all the dangers. What is possible is a starting place.

And as you say, as soon as you see that they can move one way well, you get information right there. Oh, look at that, they can move in the frontal plane. Great, that's a place to start. And from there you have to be willing as a teacher to say, all right, if they can do that, then what else might be possible for them? Where's the next place we can go in our conversation together?

Susi: Yeah, and it's so great to hear that because one of the things we also hear in the world of osteoporosis is you've got to do heavier weights and you've got to do balance work. And yet if someone doesn't even feel safe to do any of those things, A, they might not even do them. And then B, while they're doing them, who knows what's going on inside of them in their nervous system? What habitual patterns are we actually building, not only in a neuromuscular perspective but like an emotional perspective as they're doing that, right?

So our bodies, it's just not throwing heavy weights. I mean I think about Amy Yapp who will be involved in this program too. It's like for her, lifting really heavy weights, she has hypermobility. That was the last thing that she could do for her body. So she had to kind of move like the way that you're talking, move bit by bit along the way and figuring out what her body could absorb and what it could do. And onward she went and things started to improve, right?

So it's really interesting. And I hope what you're hearing, the listener, is that there are a lot of different pathways to improving one's function, improving one's ability to balance, and improving one's ability to be on the ground. And I mean even the term, we've spoken about this in previous episodes, just the term fall prevention, like all you need to do is just don't fall.

Ruth Ann: Yeah, just lie down for the rest of your life, you'll be fine.

Susi: All right, so where does readiness fit into this, Ruth Ann?

Ruth Ann: Well, I think a lot about readiness when I'm teaching because people can come with a real goal. I mean obviously if someone's gotten as far as me as a yoga therapist, they've been thinking a lot about what might be helpful. I mean the average person who comes to me has probably already been to some and continues to see some allopathic health professionals for various things. They may have some experience with movement already.

But being motivated to come and work on my osteoporosis, improve my DEXA score, get better at moving my body so that I can add load is different than right now, today, at 11 am standing on one foot for five seconds. Am I ready to try that now?

And so the readiness could be willingness, it could be emotional readiness. And it often is in cases like osteoporosis. Am I feeling safe enough to try something? Is there trust enough between you and the student? Which is huge, huge, huge. Do they trust you? Do you trust each other?

But it could also be physical readiness. I mean, for example, I have one of my students, believe it or not she's 92, she's just wonderful. She's terribly fragile. She has great fragility. She has all kinds of things wrong with her, if you want, that have accompanying bone density issues or as a result of bone density issues, lack of bone density.

One of the things that we've been working on most is getting her out of her thick shoes and feeling her feet on the ground because if she's going to stand, she's going to have to be aware of the earth beneath her feet. And so her readiness to stand depends on the sensory motor capacity of the bottom of her foot, right?

So that's a readiness issue that has to do with her structure. Because she's game, she's ready to do it all. She's like, "I'm I. I'm 100% in today. Where do I start?" Well, we start in a really interesting place, we start with her getting to feel what her big toe is doing.

So it can be a variety of kinds of readiness. And it could also ebb and flow. For example, some might say and be ready, and then overdo it and then you have to – So to me, checking on the readiness is something that's always going on. Something that's going on in each session. How ready are you to "progress," although I don't like that word too much. How ready are you to try some new stimulus that might be a little bit more challenging? How ready are you to add stress, add duration challenges, whatever?

It may vary from session to session, so you have to be ready for that. It's not a straight line, even though their motivation remains high, generally, to heal. Still highly motivated.

So I feel that's really important if you're going to be in the kind of teaching situation where you're in a relationship, right? People who are doing scripted teaching aren't thinking about readiness, they're assuming it. They're assuming that everyone who has come is both motivated and ready. And they might all be motivated, but they may not be ready.

Susi: Mm-hmm, I love that. So then that actually leads really nicely into this idea of presence.

Ruth Ann: Yeah. And again, performance, this sounds like really strong language but teaching is not performance. I mean sometimes it is. If you're up on a stage and there's 1000 people in front of you, yeah, there's a performative element to that. You've got to hold people's attention, whatever. If you're doing media work, yes, there's some performance element.

And I certainly found that, if I could just digress, when I'm teaching on Zoom it's more performative. And that's too bad in my world because I don't have other ways besides demonstrating as much. And the more you get into demonstrating, the more performative it is. That said, the best teaching moments are the one in which there is great exchange between the teacher and the learner. Both people are being fed information, both people are learning, both the teacher and the learner are teaching each other and they're learning from each other.

And so when that's happening then you're in a position where you don't have to depend on the script so much anymore. And things start to progress, if you like, fast as you're in that exchange.

Susi: Yeah, I love that. And then this really kind of as a summary to all that we've spoken about here is moving beyond being a provider of solutions. And that can sometimes blow people's minds, but isn't that why people are

showing up? And how would you kind of summarize all that we've said so far of like we aren't actually a provider of solutions. And then what are we, if we were to summarize everything we've said so far today?

Ruth Ann: I think we undervalue the idea of having a critical, and I mean that in a good way, I mean a healthy critical eye beside you, watching and offering you information. That is a huge gift to people, to have someone standing by their side watching them with full attention, full presence, ready to move into that exchange I just described.

That is going to offer the client much more than the script can. And so I may have a lot of alternatives, in fact, I hope that what I've got as a yoga therapist are alternatives and a willingness to try some alternatives. An ability to say, "Well, if that's hard, let's try something that's very similar but just a little bit different and see what that produces."

So in a sense I'm not providing solutions neat and tidy. I'm offering the idea that you can perhaps try, with a minor tweak, try something a little bit different and observe to see what happens there. And you can do it safely because I'm here beside you watching too. I'm watching with you, we're in constant exchange. So it's safe.

So it's not as neat and clean as here are 16 things that you can do, and if you do them it'll all get fixed and better. I'm offering you some variations on ways of thinking and approaching and movement in tiny incremental ways that allow you to see them.

The other thing I have to say is that when we work that way with people, we have to be really careful to keep what is happening very clean and very simple. We simplify, simplify, simplify so that it's not just an exercise you're giving them. You're offering and watching and experiencing together one small discrete element of their movement. It's not a solution, if you put it that way, it's one small thing that is clean and free of clutter and not complex and simple.

Sometimes when we say, “And just step back with your right foot,” that could involve 17 different things in a person’s body. So it seems like a simple instruction, but it’s not. Do you see where I’m headed?

Susi: Yeah. Yeah, totally. And what it kind of leads to is people might want to be the provider of solutions, and we are ultimately enabling a solution. That’s why people get better when they work with us. That’s why people gain better balance. That’s why people get stronger. That’s why people have shifts in experiences. And then sometimes the scans and the things, all the scans that are available can show better results.

And the distinction is what is driving that. It’s not me being a provider of a solution. People don’t sign up with me because I’m going to provide them a solution. Well, they might. But what they learn in the process is that I’m not actually providing them any kind of solution, but a solution arises out of what we actually do provide or offer.

Ruth Ann: Yeah, and the more you’re able to build the skill of interoception

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Susi: Yes.

Ruth Ann: So I might say, “Here’s an idea, let’s just move the scapula a bit. Slide the scapula up, slide the scapula down.” I might think as the provider, if she could just kind of loosen some of that tissue, that myofascial tissue back there, it would have a great effect on her headaches and her neck and all. That’s the tape that’s playing in my mind as the teacher. But what I’m really trying to get her to do is to sense what happens inside her body when she allows her scapula to slide up and down gently.

And the learning is not coming from my words, it’s coming from her sensations of what’s happening inside herself. So my role is to increase her skill at learning from her own sensations, as opposed to increase her proficiency in certain moves that I teach because I’m a yoga teacher.

Susi: And, to be additive with that, you may have had a thought pattern go through your head about if only blah, blah, blah. And then you've taught her about the blade movement, then she increases the interoception and perhaps the proprioception of that area, and then lo and behold her hip feels better. Or she's standing taller on her feet. Or she's lighter or more grounded. And then it's like, oh, well there's a whole bunch more information that maybe I expected or didn't expect, but here it is. Isn't that interesting, there's a relationship now to that headache or that neck or that balance or that confidence or whatever arises.

And that's the thing, we don't know what will actually arise. But then the information shows itself and that information then feeds into the next thought process, which leads to the next stimuli.

And that really is that ability to feel. When we think back to again there's so much that is silent about osteoporosis, so the ability to feel, to perceive, to increase interoception and proprioception really is, like it's vital to being able to be balanced, to walk with ease, to feel one's sense in the world, to be able to adapt, to have variability, to become more nimble, yeah?

Ruth Ann: Exactly. If I were to go back to then what is the role of the teacher? One would be, in the role of the teacher or yoga therapist would be to have, I mean there's no way around the fact that I have to have a nicely built out repertoire of movement alternatives that I can suggest. There's no doubt that I have to do that. And I have to understand my anatomy sufficiently and my biomechanics and kinesiology sufficiently to be able to offer some kinds of alternatives to try out.

I mean we're not doing nothing. We've got a skill set, we've got some content expertise, great. But the real job inside of that is the job – We used to say when I was teaching, the job of the teacher is to make the students' thinking visible to themselves. Make the students' thinking visible to themselves.

In the world of yoga therapy it's almost exactly the same, to make the clients' feeling or felt sense understood to them. And from that, then they

can ask themselves the next questions, they can ask you the next questions, you can have the next discussion that breeds, as you say, the next movement alternative or opens a door that you never even imagined. All of a sudden they're breathing better and they say, "Holy cow, look at that." And then bingo, you have a whole new world you can step into them with that will produce even more wonderful results for them.

I think this process of having your content knowledge sharp, developing the discipline of becoming a really good observer and a really patient observer and offering step-by-step incremental simple alternatives and making sure that as you do that, the clients' own sense of themselves is as well developed as you can help them make it is the key. Because ultimately, as I said, you want to step away and you know that they have the capacity to make their own sensations knowable to themselves, understood within them.

Susi: So, so, so good. Love it. This has been a really rich and great, great, great conversation. So those of you who are health professionals and yoga teachers who are wanting to grow your skill set working with your folks with osteoporosis, osteopenia, and growing your confidence and clarity with how you're doing that, then I encourage you come and check out Yoga and Osteoporosis. You can see it over at functionalsynergy.com/bone. It would be so much fun to have you aboard and we'll see you there.

Thank you so much, Ruth Ann, I'm so glad that we had this conversation.

Ruth Ann: Always fun, always fun.