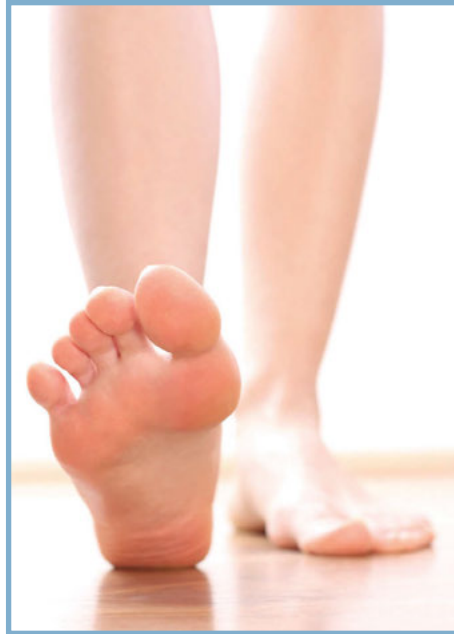


By Robin Rothenberg

Over the past few months I've received many inquiries regarding foot pain, including questions about how to address plantar fasciitis, bunions, and heel spurs, all of which I have suffered from for much of my life. So, in this issue I'd like to share what I've learned about healing these problems through yoga practices. I'd also like to address some common yoga techniques I've encountered that were not so effective and to offer an approach that has entirely eradicated my own foot discomfort. After 50 years of aching tooties, I can finally say I have "Happy Feet" (Warner Bros. Pictures, 2006).

To understand the complexity of the feet, one has to have some basic understanding of the nature of fascia. The bottoms of the feet are layered in bands of fascia-connective tissue that forms the foundation for our arches and links the muscles that line the front, back, insides, and outsides of our legs all the way to our hips, torso, and head (and vice versa). Therefore, imbalances in the feet can greatly affect the knees, hips, and lower back. Fascia has a matrix-like quality and surrounds every structure of the body: bones, muscles, organs, and so on. The fascial web is kept hydrated largely through movement. When fascia is held fixed, it dries up, becomes hard and sticky, and loses its ability to glide freely, which can lead to adhesions, restricted movement, and pain. Therefore, when working with the feet, movement—and by this I mean *variety* of movement—is key.

I came to yoga with feet that had hurt my whole life: I had collapsed arches and a pigeon-toed stance that resulted from internally rotated femurs, especially on my right side, causing significant left-right imbalance. My first real "aha" moment in yoga involved attempting to make my feet parallel and lift my poor arches, which offered some relief. Such began a hopeful, but not exactly smooth, journey from foot *duhkha* (suffering) to *suhkha* (happiness). Over the years I stretched my feet, and rolled on soft tennis balls and reflexology balls with hard bumps that beat my soles to a pulp. I lifted my toes and spread them out, weaved my fingers between them. I weighted the outsides of my feet, refusing to let my arches fall, circled my ankles, and stretched my calves. I had my feet and legs rolled to release the fascia and strengthened my ankles on wobble boards. I gobbled fabric with my toes. Everything helped a little...but overall I still had daily pain, at times so severe that I took to wearing an ankle brace when



teaching because walking barefoot had become unbearable.

Then a few years ago two pieces of information coalesced in my mind, shifting my whole approach to my feet. First, I began to learn more about fascia and its qualities, and with this information I changed my yoga practice to include non-linear movements, micro-movements that tugged and wiggled the matrix web of connectivity in wave-like undulations that freed chronic tension in my shoulders, my back, and around my hips. It occurred to me that although I had been stretching my feet over the years, I had always stretched them the same way, across the bottom. Fascia responds best to random, ever-changing movement—repetitive patterns create rigidity. I began exploring versatility of movement in my feet, stretching into the sides, back, and top of my foot, linking tight spots in my feet to tight knots in my calves and sometimes all the way up into my hip. While not always comfortable afterwards, I found it to be delightfully pain-reducing.

The other lightning rod for change came from an IAYT colleague, John Childers, to whom I am forever grateful. John wrote a Common Interest Community session for SYTAR 2009⁹ offering a cure for plantar fasciitis. Of course, that grabbed my attention! The focal point of his presentation was a one-legged adaptation of supported bridge pose with the lifted leg extended and held parallel to the floor, the toes grasping a marble. This action creates an intense contraction from the bottom of the foot up through the calf muscles. Immediately my mind raced through all I've

learned about the importance of balancing stretch with strength and the usefulness of combining contraction with extension. These concepts have formed the foundation of much of my therapeutic work for chronic pain. Yet, I had never considered implementing them for my feet.

John's presentation helped me realize that the fascia on the bottoms of my feet were "locked long"—tight and tense in extension. The cure for locked-long tissues (think chronic slump and over-stretched, but tight erectors in the thoracic spine) is to strengthen them to shore them up and simultaneously to contract them to counteract the extension. I began to combine undulating stretching with strong contractions, building from non-weight bearing to increasingly more weight bearing. Like magic, the pain that had plagued me for my entire life began to subside immediately.

I can now say that I no longer have plantar fasciitis, I can even walk barefoot on my gravel driveway without wincing. Freedom from foot pain has truly changed the way I stand; I feel more solid and confident and less fearful in general. Even more amazing than the decrease in pain has been the diminishing size of my bunions; they reduced by a good 30–40% and my big toes now sit properly rather than turning inward, which I attribute to the redistribution of weight through the center of my ankle and strengthening of my arch. I stopped wearing any kind of hard-soled shoe for hiking and prefer my Vibrams (toe-shoes), which again allow my feet to flex and move naturally rather than holding them in a fixed position. Over the past two years, I've shared many of these practices with my therapeutic students with similar conditions. Feedback has been very positive and students have expressed experiencing great relief from working this way.

Here are a few tips for practice that I used to heal my foot problems:

1. Sit in a chair and place your feet on a soft support like a yoga bolster on the floor in front of you. Begin to move them in a variety of unusual and exploratory ways. Pay special attention to the places that feel tight or that cramp. Use your breath and move in and out of the resistant areas, never insisting yet returning again and again to massage them free. You can also do this from a supine position, prone, and in seated forward bends.
2. Once you've stretched the sides, tops, backs, and bottoms well, contract the
(*Mentor's Corner continued on page 40*)

(Mentor's Corner continued from page 14)

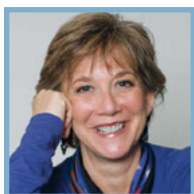
soles (all toes curled under) and hold the contraction for increasing number of breaths (1-8). If you experience a lot of cramping initially, don't force. Do several quick contract and releases, stretching the toes up. Gradually increase your ability to hold the contraction as the fascia softens up.

3. Practice moving each of your toes individually, initially using your hand to prevent clusters of toes moving together, until your toes move independently.
4. Begin to work the feet like this progressively in *tadasana* (mountain pose): stretch and undulate; toe curl and contract.
5. Work the deep contraction of the feet progressively into postures like *utkatasana* (powerful pose), warriors 1 and 2, and bridge (I still use the one-legged bridge variation described above).
6. Always stretch the feet after strength work.
7. Work with one-legged balance with the eyes closed and move your body in space rather than holding it static as in tree pose; this helps recalibrate proprioception from the inside.
8. Stop wearing hard-last shoes that hold your foot in a fixed position for long periods of time. While they may feel supportive at the time, they limit movement and therefore are ultimately damaging to the health of the fascia.

This is just a taster to get you started. I wish you all happier, healthier feet in the near future. Many Blessings. [YTT](#)

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In 1979, Strupp and Hadley threw the field of psychology on its ear.

anxiety. The severity of individuals' symptoms ranged from mild to moderately severe. Comparison of the two therapist groups revealed that, on average, those treated by professors evidenced as much improvement as those treated by professional therapists. Strupp and Hadley concluded that "non-specific factors" in the helping relationship were largely responsible for symptom change.

This idea of non-specific factors in psychotherapy is not considerably different from the phenomena that we witness and experience as yoga practitioners and yoga therapists. Some elements of therapeutic success are, by their very nature, endemic to the process. These might include the interpersonal dynamics between the therapist and patient, the patient's relationship to his or her practice, or the ways in which the practice fulfills a spiritual or psychological need on the part of the client. Some ideas seem rather ethereal, ubiquitous, or immeasurable. That does not, however, mean that they cannot be measured.

Several decades ago, a number of researchers began devising methodological and statistical techniques to quantify and understand the micro- and macro-social dynamics that occur during psychotherapy sessions.³ In one such study, Patterson and Forgatch⁴ sought to disentangle which aspects of client-therapist interactions led to client behavior change. Mothers' behaviors during videotaped family therapy sessions were coded using six mutually exclusive categories: "interrupt," "negative attitude," "confront," "own agenda," "not tracking," and an aggregate of cooperative behavior. Therapist's behavior was coded using seven mutually exclusive categories that included "support," "teach," "question," "confront," "reframe," "talk," and "facilitate." In their analyses, Patterson and Forgatch⁴ discovered that therapists' attempts to "educate" (i.e., "teach" and "confront") were associated with mothers' increased noncompliance, whereas "facilitation" and "support" were related to increased compliance. Building upon these findings, they then manipulated when therapists used teaching ("teach" and "confront") strategies. They discovered that therapist "teach" and "confront" behaviors were typically followed by increases in client noncompliance (e.g., "interrupt," "negative attitude," "confront"), and the absence of teaching behaviors were

followed by less client resistance.

While this example may seem simplistic relative to yoga, it offers a parsimonious account of scientific methodology used to assess therapeutic process. The fields of nursing, behavioral interaction research, and intervention science have continued to develop methods, measures, and analytic techniques to assess therapeutic dynamics and outcomes that were inaccessible in the era of Freud and his contemporaries.

In spite of the advances in science, there will continue to be non-specific factors in psychotherapy that account for behavior change. Therapy is, after all, a dynamic and individual process that is subject to a multitude of variables that cannot be measured simultaneously. Yoga, with its attention to the physical, psychological, and spiritual domains, is no exception. In fact, the multidimensional aspects of the yoga process may render it even more difficult to measure and understand. This does not, however, make it impossible.

Perhaps it is time for yoga therapists and researchers to make peace with the fact that there are many aspects of yoga therapy processes, methods, and outcomes that can and will be empirically assessed and scientifically evaluated and that there are many non-specific factors that will remain a mystery. We can be receptive to the research that needs to be conducted in order to establish yoga therapy as a respected discipline in Western healthcare, and simultaneously respectful of the legacy of tradition that guides our efforts. The future of yoga therapy and its integration into modern medicine may depend upon it. [YTT](#)

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