



# Dominos: Mental Health Impacts of Australia's Environmental Crises

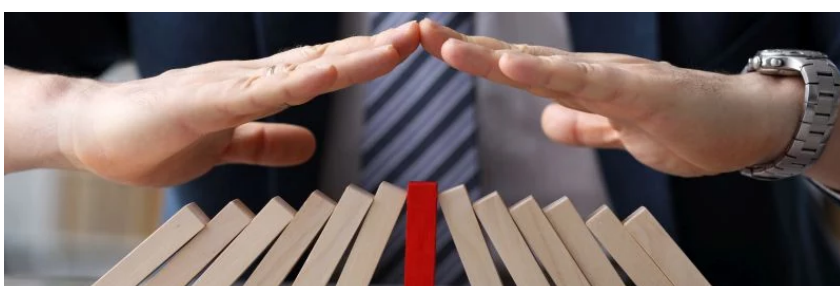
April 19, 2021

Alan Rosen, AO, FRANZCP



[Series | Climate Change](#)

*Australia's cascading environmental crises are all likely effects of climate change. How can psychiatrists and other mental health stakeholders respond?*



Megaflopp/AdobeStock

## EARTH & PSYCHIATRY

*-Series Editor: H. Steven Moffic, MD*

If you have read *Thornbirds*, Colleen McCullough's 1977 blockbuster novel, you will know that Australia is not all panoramic vistas and rural dynasties, but also a nation that contends with, absorbs, and bounces back from occasional disasters: bushfires, floods, and droughts. But our recent experiences have been very different.

Over the last few years, Australia has been afflicted by an overlapping sequence of unusually prolonged droughts,<sup>1</sup> extreme [bushfires](#) that cast persistent heavy and potentially deadly smoke over urban as well as rural [populations](#),<sup>2</sup> pandemic-induced lockdowns, with its isolation and uncertainties, and most recently, devastating storms and widespread flooding. All of these caused deaths, grieving, and trauma, to say nothing of the vast loss of wildlife and habitat.<sup>3</sup> They also have been punctuated by additional plagues of dust storms, locusts, and mice.

Studies suggest that it may be more difficult to recover resilience from recurrent knocks than from a single event. Taken together, adverse events are sometimes called "domino crises." The more dominos over a shorter period, the more difficult it is to recover.

In the Australian countryside, more than 60% of communities that bore the brunt of the floods were also still recovering from the extreme fires a year earlier, followed by the pandemic. Climate change-related disasters increasingly overlap both temporally and geographically, and occur with greater frequency, intensity, and duration. Such a staccato volley of climate crises may be "threat multipliers, compounding harms" from

vector-borne diseases, stressful secondary life events, and compromised mental health.<sup>3-5</sup> Historically, societies that fail to develop buffers and strategic resilience against the domino effects of climate change and other disasters may be more [vulnerable](#) to instability and collapse.<sup>6</sup>

With the recent flooding, many rural landscapes became temporary inland seas. To provide some idea of comparative scale, the affected areas are reported to have been about the area of Alaska. On a brighter note, floods have likely broken the years of drought in some rural regions, but not all of the worst affected. The intensity of these extreme droughts, fires, storms, and floods indicates that they are likely to cause a cascading sequence of severe climate change related events.

As well as stress, anxiety, depression, and trauma responses, distinct mental health conditions relating to climate change are now increasingly recognized internationally (eg, eco-anxiety: the chronic fear of ecological doom<sup>7</sup>; and solastalgia: the existential distress and grief due to the loss of familiar habitat<sup>8</sup>). The latter condition may have been familiar to indigenous peoples, who lost familiar environments, custodial roles, and sovereignty over their lands and waters due to colonization. Perhaps our wider societies may now be catching up and beginning to understand indigenous concerns better, especially in Australia. Indigenous quests to have their expertise in communal, land, fire, and water management more widely valued and re-established are crucial not only for the continued existence of indigenous societies, but also arguably for the survival of our species and our planet.

It is important to acknowledge the well-documented risks and existential threats of the pandemic and other climate change-related events to all vulnerable individuals, especially those in indigenous communities. Indigenous communities are particularly concerned about the effects of climate change on their elders, who have a life expectancy more than a decade lower than wider populations.<sup>9</sup>

At the same time, there is also a glimmer of hope. Australasian indigenous communities effectively prepared their communities to for COVID-19, demonstrating their ability to act with self-determination and full community consultation. National and regional Aboriginal organizations rapidly mobilized local networks to take preventative action, invoking prompt government support for community-controlled strategies. These included: Aboriginal health and community workers proactively assisting with contact tracing and deterring overcrowding; ensuring food and medicine supplies; and immediate lockdowns with exclusion of visiting strangers.<sup>10-12</sup>

Nationally, over the first year of the pandemic, the per capita rate of COVID-19 cases among the indigenous population was only one-sixth of the per capita rate among the general population, with 22 hospital admissions, 1 intensive care unit admission, and 0 deaths.<sup>12</sup> Maori individuals in New Zealand have a similar story to tell. Despite constructive attempts by Aboriginal groups to bring these encouraging outcomes to national and international attention, it has been difficult to do so. Is this due perhaps to our media attention being attuned mostly to bad news? Or have the pervasive expectations and dire warnings poor outcomes for indigenous peoples (due to the pandemic and other climate change related events) led too many governments to accept the inevitability of a dismal fate?

There have been lessons for and from Aboriginal and Torres Strait Islander communities and other indigenous communities on ameliorating the impacts of climate change. How can the wider medical community learn and benefit from this traditional knowledge and wisdom, so both practical application and modern technology can be integrated?

There is a strong parallel here with working "2 ways" or in "2 worlds" in mental health, as advocated by indigenous leadership.<sup>13-15</sup> Working in 2 worlds means using traditional cultural "healing in combination with (evidence based) clinical approaches when working to restore the wellbeing and mental health of Aboriginal and Torres Strait Islander peoples," and training an Aboriginal mental health workforce in both traditional and modern methods.<sup>14</sup> It is crucial to build synergies between traditional cultural healing practices and evidence-based clinical interventions. They can both optimize transgenerational resilience and outcomes for mental health sequelae of

complex psychiatric disorders caused by climate-related and other severe trauma. Similar synergies could be applied fruitfully to land, water, fire, and pandemic management.

A recent *Washington Post* got the story right, but the headline a bit wrong. It trumpeted: "Australia made a plan to protect Indigenous elders from covid. It worked."<sup>16</sup> Australia did not make a plan. The headline should have read: "Australian Aboriginal national networks and local communities collectively prepared with a community-controlled plan for COVID-19, and for once, persuaded government to back them promptly. It worked." Hopefully we are all learning the value of this for managing the climate change phenomena that we have yet to face.

All future mental health and wellbeing strategies should include participatory, collaborative, hyperlocal work that permeates, mobilizes, and [engages](#) all communities and societies as whole ecosystems.<sup>17,18</sup>

### Acknowledgments

Learnings from Professors Alexander MacFarlane, Pat Dudgeon and Fiona Stanley, Mr Tom Brideson and Ms Vivienne Miller.

**Dr Rosen** is an officer of the Order of Australia, a Fellow of the Royal Australian and New Zealand College of Psychiatrists, is affiliated with the Brain & Mind Centre at University of Sydney and the Institute of Mental Health at the University of Wollongong (Australia), and is Chair of Transforming Australia's Mental Health Service System (TAMHSS). He has been a psychiatrist serving Aboriginal communities in a remote region of New South Wales for 35+ years. Dr Rosen has no conflicts of interest.

To see more on Earth & Psychiatry, please see [The Power and Potential of Earth Week and Psychiatry](#).

### References

1. Rigby CW, Rosen A, Berry HL, Hart CR. If the land's sick, we're sick:\* the impact of prolonged drought on the social and emotional well-being of Aboriginal communities in rural New South Wales. *Aust J Rural Health*. 2011;19(5):249-54.
2. Rosen A. Climate changes are leading to 'eco-anxiety,' trauma. *Clinical Psychiatric News*. April 22, 2020. <https://www.mdedge.com/psychiatry/article/221163/anxiety-disorders/climate-changes-are-leading-eco-anxiety-trauma>
3. McInerney M, MacKee N. Another catastrophe: back-to-back climate emergencies are taking their toll on our health. *Croakey*. March 24, 2021. <https://www.croakey.org/another-catastrophe-back-to-back-climate-emergencies-are-taking-their-toll-on-our-health/>
4. Salas RN. The climate crisis and clinical practice. *N Engl J Med*. 2020;382:589-591.
5. Kessler RC, McLaughlin KA, Koenen KC, et al; WHO World Mental Health Survey Consortium. The importance of secondary trauma exposure for post-disaster mental disorder. *Epidemiol Psychiatr Sci*. 2012;21(1):35-45.
6. Feng Q, Yang L, Deo RC, et al. Domino effect of climate change over two millennia in ancient China's Hexi Corridor. *Nature Sustainability*. 2019;2:957-961. <https://www.nature.com/articles/s41893-019-0397-9/>
7. Usher K, Durkin J, Bhullar N. Eco-anxiety: How thinking about climate change-related environmental decline is affecting our mental health. *Int J Ment Health Nurs*. 2019;28(6):1233-4.
8. Albrecht G, Sartore G-M, Connor L, et al. Solastalgia: The distress caused by environmental change. *Australas Psychiatry*. 2007;15 Supp1:S95-8.

9. Rosen A. For Indigenous communities, climate crisis could prove calamitous. *Clinical Psychiatric News*. May 13, 2020. <https://www.mdedge.com/psychiatry/article/222198/anxiety-disorders/indigenous-communities-climate-crisis-could-prove>
10. Dudgeon P, Wright M, Derry K. 2020, A national COVID-19 pandemic issues paper on mental health and wellbeing for Aboriginal and Torres Strait Islander Peoples. The University of Western Australia Poche Centre for Indigenous Health. 2020. <https://apo.org.au/node/306661>
11. Eades S, Eades F, McCaullay D, et al. Australia's First Nations response to the COVID-19 pandemic. *Lancet*. 2020;396(10246):237-238.
12. Talley NJ, Stanley FJ, Lucas T, Horton RC. Health and climate change MJA-Lancet Countdown report: Australia gets another failing grade in 2020 but shows signs of progress. *Med J Aust*. 2021;214(2):75-76.
13. Durie M. Providing health services to indigenous peoples. *BMJ*. 2003;327(7412):408-409.
14. NATSIMHL. National Aboriginal and Torres Strait Islander Leadership Mental Health. Gayaa Dhuwi-Proud Spirit Declaration. 2019. <https://natsilmh.org.au>
15. Coopes A. Relationships, stories and healing: Indigenous knowledges for mental health and wellbeing. *Croakey*. August 31, 2017. <https://www.croakey.org/relationships-stories-and-healing-indigenous-knowledges-for-mental-health-and-wellbeing/>
16. Pannett R. Australia made a plan to protect Indigenous elders from covid-19. It worked. *The Washington Post*. April 9, 2021. [https://www.washingtonpost.com/world/asia\\_pacific/australia-coronavirus-aboriginal-indigenous/2021/04/09/7acd4d56-96a4-11eb-8f0a-3384cf4fb399\\_story.html](https://www.washingtonpost.com/world/asia_pacific/australia-coronavirus-aboriginal-indigenous/2021/04/09/7acd4d56-96a4-11eb-8f0a-3384cf4fb399_story.html)
17. Belkin G, Appleton S, Langlois K. Reimagining mental health systems post COVID-19. *Lancet Planet Health*. 2021;5(4):e181-e182.
18. Rosen A, Gill NS, Salvador-Carulla L. The future of community psychiatry and community mental health services. *Current Opinion in Psychiatry*. 2020;33(4):375-390.

---

## The Global Burden of Trauma

June 24, 2021

[Randall Bell, PhD](#)



*Is unresolved trauma the number one problem on planet earth? An economist with expertise in disaster-related distress makes the case.*

---

"Trauma eventually affects everyone on the planet," says Randall Bell, PhD, who has worked on disaster recovery around the globe. But after the disaster, it is time to figure out how to survive, and then thrive.

In this Mental Health Minute, Bell discusses his latest book, [Post-Traumatic Thriving: The Art, Science, & Stories of Resilience](#). Marshalling a combination of scientific studies and personal stories, he lays out a 3-stage journey from trauma to recovery.

**Dr Bell** holds a PhD in socioeconomics from the University of California, Los Angeles. He is the Chief Executive Officer of Landmark Research Group, LLC.

---

## Compassion in Medicine: Lessons From the Dalai Lama

June 23, 2021

[Susan J. Noonan, MD, MPH](#)



*According to the Dalai Lama, physical care is not enough to achieve wellness.*

---

Susan J. Noonan, MD, MPH, discusses what she learned from the Dalai Lama.

**Dr Noonan** is a physician consultant and Certified Peer Specialist in the Department of Psychiatry at McLean Hospital and the Massachusetts General Hospital. She is the author of four books and a blog on managing depression, most recently [Helping Others With Depression: Words to Say, Things to Do \(December 2020\)](#). Dr Noonan has a new mental health and wellness virtual coaching practice, opening in July 2021, known as Noonan Wellness Coaching, and can be confidentially reached through her website at <https://susannoonanmd.com>.

---

# The Empty Nesters, The Pandemic, and Mia

June 23, 2021

[Nyapati R. Rao, MD, MS, DLFAPA](#)



*During the pandemic, this psychiatrist is only able to connect to his beloved grandchild through FaceTime. He considers it a blessing.*



Basicmoments/AdobeStock

## COMMENTARY

My wife and I sat down to watch the news on a pleasant summer evening in 2020. That day's contents included reports about multiple deadly hurricanes in the Gulf of Mexico, wildfires in California, and racial riots in big and small cities across the United States. Simultaneously, the world dealt with the COVID-19 pandemic that had killed 1.3 million individuals worldwide and 230,000 in the United States, as of November 2020.

Signs of the devastation wrought by the pandemic were ubiquitous. Hospitals were overflowing with severely ill patients, and the staff had to use temporary morgues in huge, refrigerated trucks. Consequently, there was a higher incidence of physical and psychiatric illnesses, even in those not infected by the virus. Millions lost their jobs,

and there was no end in sight to this agony. Quite fortuitously, our 20-month-old granddaughter came to our rescue with her intelligence, loveliness, curiosity, and guilelessness.

Before describing how a toddler living 1000 miles away can salvage her grandparents' sagging spirits, let me provide the context. My wife, a computer professional, and I, a psychiatrist, became empty-nesters when our daughter left home to study medicine this past summer. In choosing medicine as her career, our daughter followed her physician brother's footsteps. Our son is married to his classmate in college, also a physician, and the couple has a lovely 20-month-old daughter, Mia. Mia is a beautiful baby with chubby cheeks, large eyes, an expressive face, and a full head covered with unruly, curly, dark hair. She is very curious about the world around her. Mia loves the outdoors and often asks her parents to take her to their backyard, where she runs around with boundless energy. Nothing escapes her attention, whether it be an airplane flying in the distant sky, a helicopter hovering low nearby, or beautiful birds sitting on tree branches.

Mia is a ray of sunshine in an otherwise bleak current environment. Her parents call us several times a week. Our son and daughter-in-law live in Nashville, TN, and we live on Long Island, NY, making video chats via phone/computer the only link between us. We are grateful for these video chats in our lives because they offer us such an enriching experience.

While watching the news on that late summer evening, the phone rang with FaceTime's familiar sound. Momentarily, we saw Mia seated in a highchair waiting for



her dinner and looking particularly for her grandmother, whom she calls "Ammanna."

What happened next profoundly touched me. Mia turned towards her father and said, "Tata has an Ouchy!" Clouds of worry eclipsed the joy on her face. She started to suck on her fingers, which is what she does when she is anxious, and stopped being playful. She extended her little hand as though she wanted to touch my face through the phone to reassure herself that I was okay. The band-aid that I had on my face—remnants of a shaving accident on my chin that morning—caused her alarm. I told her I was okay.

Mia had finished with me and turned her attention back to her Ammanna while removing her fingers from her mouth. She began her chant of "fflauwer, fflauwer, and chimes" (flower and windchime). My wife apologized to Mia for the delay, and armed with her phone, set out for a walk around our garden to show the colorful flowers. Mooch, our miniature poodle, marched behind.

We have a beautiful flower garden, a moderate-sized deck, and a pergola with a wind chime. By now, Mia had learned to accurately identify each plant's location in the garden and its flowers' color. She would exclaim *llellow* (yellow), red, purple, pink, white, and orange—naming flowers of various varieties as her grandma went around the garden. If her Ammanna missed any color, Mia would demand to see that flower again. While the tour of our garden is in progress, Mia is making sure that her Appa in their kitchen by her side did not miss any of the action by quizzing him, "Did you see that?" Her father answers, "Yes, I did. Did you see that? Isn't that beautiful?" Mia nods her head to express her appreciation of her father's attentiveness by saying, "What a guy!"

Mia, her Ammanna, and Mooch finished seeing the flowers to Mia's satisfaction; her grandmother walked up to the pergola where the wind chime hung. The rods' continuous chiming made her ecstatic.

As Mia began to eat, somewhat reluctantly, she yawned, looking sleepy and tired. My son said, "Say good night to Tata and Ammanna." She looked at my son as though she was imploring him to let her stay with us for a few more minutes while fighting a second yawn. My son was firm in his instruction, and Mia said reluctantly good night to us. Also, my ouchy was cured due to the caring and love I saw in her eyes. My wife and I felt sad and turned off the phone with the knowledge that in another 24 hours, Mia would be back again, bringing more joy to her Ammanna and Tata.

Given the past few months' experience, one could say life is full of tragedies, famines, fires, pandemics, and illnesses. However, it also has beautiful moments. As per Donald Winnicott, MD, the British psychoanalyst, who used the term *holding* to refer to the supportive environment that a therapist creates for a client, one can liken holding to the nurturing and caring behavior a mother engages in with her child, which results in the sense of trust and safety in the child.<sup>1</sup>

Due to the advanced modern technology like Facetime, changing lifestyles, and the stresses of contemporary life, the caretaker's circle can include extended family and friends. Such loving individuals' involvement will enhance the baby's self-esteem, diminish her stranger anxiety, and improve her communicational and empathic skills.

In India, where we come from, the elderly and retirees' lives can be quite hectic because of their active involvement in raising their grandchildren. There's a cultural acknowledgment that the elderly are repositories of wisdom and life experiences, and [80% of the elderly live with their children](#).<sup>2</sup> For Indians, empty nesting is not a familiar life experience. Grandparents spend their time on family, social, and spiritual activities. The grandchildren learn about living in a complex society through multiple interactions with their elders more than they would in school.

My wife and I came to the United States 42 years ago. As we look into the future, we

miss the wise presence of the family elders. We miss the absence of the noise and chaos of India. The silence in empty-nester homes like ours is deafening. The opportunity to witness the development of Mia's personality is a gift to us from our children. One more day has passed in this endless march of events in the pandemic, but we were able to live our lives without the madness on the streets touching us. Thank you, Mia!

**Dr Rao** is professor of psychiatry and the Former Von Tauber Chair, Psychiatry & Behavioral Sciences at Nassau University Medical Center.

**References**

1. Winnicott DW. *The Child, the Family, and the Outside World*. Perseus Publishing; 1992:17-44.
2. Biswas S. Why Indians continue to live in joint families. September 14, 2020. Accessed June 22, 2021. <https://www.bbc.com/news/world-asia-india-54053091>

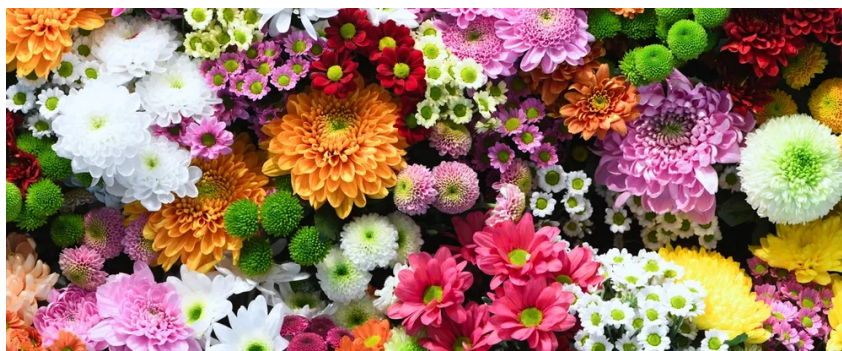
## The Empty Nesters, The Pandemic, and Mia

June 23, 2021

Nyapati R. Rao, MD, MS, DLFAPA



*During the pandemic, this psychiatrist is only able to connect to his beloved grandchild through FaceTime. He considers it a blessing.*



Basicmoments/AdobeStock

**COMMENTARY**

My wife and I sat down to watch the news on a pleasant summer evening in 2020. That day's contents included reports about multiple deadly hurricanes in the Gulf of Mexico, wildfires in California, and racial riots in big and small cities across the United States. Simultaneously, the world dealt with the COVID-19 pandemic that had killed 1.3 million individuals worldwide and 230,000 in the United States, as of November 2020.

Signs of the devastation wrought by the pandemic were ubiquitous. Hospitals were overflowing with severely ill patients, and the staff had to use temporary morgues in huge, refrigerated trucks. Consequently, there was a higher incidence of physical and psychiatric illnesses, even in those not infected by the virus. Millions lost their jobs, and there was no end in sight to this agony. Quite fortuitously, our 20-month-old granddaughter came to our rescue with her intelligence, loveliness, curiosity, and guilelessness.

Before describing how a toddler living 1000 miles away can salvage her grandparents' sagging spirits, let me provide the context. My wife, a computer professional, and I, a psychiatrist, became empty-nesters when our daughter left home to study medicine



this past summer. In choosing medicine as her career, our daughter followed her physician brother's footsteps. Our son is married to his classmate in college, also a physician, and the couple has a lovely 20-month-old daughter, Mia. Mia is a beautiful baby with chubby cheeks, large eyes, an expressive face, and a full head covered with unruly, curly, dark hair. She is very curious about the world around her. Mia loves the outdoors and often asks her parents to take her to their backyard, where she runs around with boundless energy. Nothing escapes her attention, whether it be an airplane flying in the distant sky, a helicopter hovering low nearby, or beautiful birds sitting on tree branches.

Mia is a ray of sunshine in an otherwise bleak current environment. Her parents call us several times a week. Our son and daughter-in-law live in Nashville, TN, and we live on Long Island, NY, making video chats via phone/computer the only link between us. We are grateful for these video chats in our lives because they offer us such an enriching experience.

While watching the news on that late summer evening, the phone rang with FaceTime's familiar sound. Momentarily, we saw Mia seated in a highchair waiting for her dinner and looking particularly for her grandmother, whom she calls "Ammanna."

What happened next profoundly touched me. Mia turned towards her father and said, "Tata has an Ouchy!" Clouds of worry eclipsed the joy on her face. She started to suck on her fingers, which is what she does when she is anxious, and stopped being playful. She extended her little hand as though she wanted to touch my face through the phone to reassure herself that I was okay. The band-aid that I had on my face—remnants of a shaving accident on my chin that morning—caused her alarm. I told her I was okay.

Mia had finished with me and turned her attention back to her Ammanna while removing her fingers from her mouth. She began her chant of "fflauwer, fflauwer, and chimes" (flower and windchime). My wife apologized to Mia for the delay, and armed with her phone, set out for a walk around our garden to show the colorful flowers. Mooch, our miniature poodle, marched behind.

We have a beautiful flower garden, a moderate-sized deck, and a pergola with a wind chime. By now, Mia had learned to accurately identify each plant's location in the garden and its flowers' color. She would exclaim *llellow* (yellow), red, purple, pink, white, and orange—naming flowers of various varieties as her grandma went around the garden. If her Ammanna missed any color, Mia would demand to see that flower again. While the tour of our garden is in progress, Mia is making sure that her Appa in their kitchen by her side did not miss any of the action by quizzing him, "Did you see that?" Her father answers, "Yes, I did. Did you see that? Isn't that beautiful?" Mia nods her head to express her appreciation of her father's attentiveness by saying, "What a guy!"

Mia, her Ammanna, and Mooch finished seeing the flowers to Mia's satisfaction; her grandmother walked up to the pergola where the wind chime hung. The rods' continuous chiming made her ecstatic.

As Mia began to eat, somewhat reluctantly, she yawned, looking sleepy and tired. My son said, "Say good night to Tata and Ammanna." She looked at my son as though she was imploring him to let her stay with us for a few more minutes while fighting a second yawn. My son was firm in his instruction, and Mia said reluctantly good night to us. Also, my ouchy was cured due to the caring and love I saw in her eyes. My wife and I felt sad and turned off the phone with the knowledge that in another 24 hours, Mia would be back again, bringing more joy to her Ammanna and Tata.

Given the past few months' experience, one could say life is full of tragedies, famines,

...with the past few months' experience, one could say, in terms of tragedies, pandemics, fires, pandemics, and illnesses. However, it also has beautiful moments. As per Donald Winnicott, MD, the British psychoanalyst, who used the term *holding* to refer to the supportive environment that a therapist creates for a client, one can liken holding to the nurturing and caring behavior a mother engages in with her child, which results in the sense of trust and safety in the child.<sup>1</sup>

Due to the advanced modern technology like Facetime, changing lifestyles, and the stresses of contemporary life, the caretaker's circle can include extended family and friends. Such loving individuals' involvement will enhance the baby's self-esteem, diminish her stranger anxiety, and improve her communicational and empathic skills.

In India, where we come from, the elderly and retirees' lives can be quite hectic because of their active involvement in raising their grandchildren. There's a cultural acknowledgment that the elderly are repositories of wisdom and life experiences, and [80% of the elderly live with their children](#).<sup>2</sup> For Indians, empty nesting is not a familiar

life experience. Grandparents spend their time on family, social, and spiritual activities. The grandchildren learn about living in a complex society through multiple interactions with their elders more than they would in school.

My wife and I came to the United States 42 years ago. As we look into the future, we miss the wise presence of the family elders. We miss the absence of the noise and chaos of India. The silence in empty-nester homes like ours is deafening. The opportunity to witness the development of Mia's personality is a gift to us from our children. One more day has passed in this endless march of events in the pandemic, but we were able to live our lives without the madness on the streets touching us. Thank you, Mia!

**Dr Rao** is professor of psychiatry and the Former Von Tauber Chair, Psychiatry & Behavioral Sciences at Nassau University Medical Center.

**References**

1. Winnicott DW. *The Child, the Family, and the Outside World*. Perseus Publishing; 1992:17-44.
2. Biswas S. Why Indians continue to live in joint families. September 14, 2020. Accessed June 22, 2021. <https://www.bbc.com/news/world-asia-india-54053091>

## International Yoga Day: Mind, Body, Soul Wellbeing

June 22, 2021  
[Jaya Jaya Myra](#)



*June 21 is International Yoga Day!*



---

Jaya Jaya Myra discusses yoga at large and the philosophy behind it.

**Jaya Jaya Myra** is a best-selling author, TEDx & motivational speaker, and mind-body wellness expert teaching the definitive connections between purpose and health. Her debut book, [\*Vibrational Healing: Attain Balance & Wholeness. Understand Your\*](#)

[\*Energetic Type\*](#) is published in 10 languages and available worldwide. Her 2nd book, [\*The Soul of Purpose\*](#), is now available.

---