

# Yoga Therapeutics

## *Preparation and Support for End of Life*

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This article describes how Yoga therapeutics can provide preparation and support for end of life geriatric rehabilitation. As an integral practice Yoga therapeutics provides the geriatric rehabilitation professional with practical tools and rationale as either sole providers or as members of an interdisciplinary team. Context is provided for how Yoga addresses dying and death with techniques that employ skills within the traditional providers' scope of practice. Yoga therapeutics offers both self-care for the provider as well as the extensive list of techniques to share with patients. Following proper training and personal practice, the provision of Yoga therapeutics has the potential to facilitate a "good death" and minimize suffering in end of life geriatric rehabilitation. **Key words:** end of life rehabilitation, geriatrics, palliative care, yoga, yoga therapeutics

**ha.bil.i.tate** [huh-bil-i-teyt] **Origin:** 1595–1605; < ML habitātus, ptp. of habitāre to make fit.<sup>1</sup>

Traditionally our focus as rehabilitation professionals (providers) is to "make fit to live in again" or rehabilitate. This chapter shifts our focus toward using Yoga therapeutics to facilitate the process of assisting the geriatric population in making lives that are not only fit to live in but also to die in. Together we work with the patient and their family to create a "good death" in the language of Hospice<sup>2</sup>—a death as full of dignity and choice as much as possible while controlling the experiences of pain, suffering, and isolation.

Yoga therapeutics offers providers a wealth of resources to support such an outcome. The chapter begins by setting the context of relationship between end of life (EOL) support rehabilitation and Yoga therapy. Then after discussing personal preparations for utilizing Yoga, the chapter concludes with a description of practical technologies, their clinical rationale, and guidance for application.

### **SETTING THE CONTEXT: EOL SUPPORT REHABILITATION AND YOGA THERAPY**

In 2030, 20% of Americans will be aged 65 or older.<sup>3</sup> This aging population will want the same choices in "dying

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well" as they have had in "living well." Society seeks a vision of death that embraces the significance and dignity of each individual and is not dissociated from life. Grief, loss, and dying are not phases to "move through" but rather are natural life experiences that are integrated into and inform our living.<sup>4</sup> Ninety percent of all American deaths occur from chronic conditions that often require geriatric rehabilitation.<sup>5</sup> Although a slow and progressive deterioration can be disheartening for the patient to experience and challenging for the family to observe, a centered presence in the face of impending death will optimize opportunities for meaningful death experience. There are many different ways in which the journey to the EOL begins so that each person dies in their own unique way, and in their own time.<sup>6</sup> Supporting this individual process with awareness, knowledge, values, and presence is both the practice and the goal of EOL Yoga therapeutics.

### **END OF LIFE SUPPORT REHABILITATION**

End of life support rehabilitation requires a different orientation to goal setting and treatment than care for those who are likely to regain a premorbid level of function. Providers have a critical role in optimizing quality of life through the application of our respective skills as members of the interdisciplinary team related to the evaluation and treatment of conditions affecting "habilitation" from the moment of birth until the moment of death.<sup>2</sup> Providers support a good death through a host of interventions to reduce pain, optimize the patient's remaining function, and enhance the quality of life for whatever time is left. Traditionally as a patient declines in function, treatment intervention can be helpful in providing palliative care, education, adaptive devices, or alternative movement strategies to optimize safe function. Outcomes will not be solely functional, but can include improved decreased physiological and psychological stress, improved sleep quality, respiratory function, and a decreased need for analgesic medication. More importantly, skilled mindful intervention can help the patient and family to "maintain safe, energy-efficient mobility in the presence of declining systemic function, a process which can best be described as 'rehabilitation in reverse.'<sup>7</sup>" Understanding the physiologic elements of the dying is critical in providing Yoga therapy support to patients and families as they experience this natural process. Particularly important is the definition of pain used in

hospice as “whatever the patient says it is” to include suffering physically, mentally, emotionally, and spiritually.<sup>7</sup> Thus, any patient report of pain is acknowledged and addressed in a compassionate and efficacious manner.

## YOGA THERAPY

Yoga therapy is ideally suited for EOL geriatric rehabilitation. For those readers who have experienced a Yoga class, that final portion that feels so good is usually referred to as relaxation pose, but is technically *savasana*, or “corpse” pose. Here’s why.

Yoga teaches that the phases of life itself brings with them specific areas of emphasis and challenge. Youth is oriented to the physical and material, as the individual strives to develop a livelihood and determine their role in society. Middle age is based in continuing to acquire and sustain. The importance of relationships and making a “difference” plays a larger role during this phase of life. Seniors review their life in the presence of disease, disability, and impending death. They may ask such questions as: Who am I? Did, or do I make a difference? What is next? Can I handle getting old? What will become of me? All very “spirit” oriented questions that impact the role of the provider. These reflections of spiritual searching by the patient demand a different approach in identifying and achieving their goals, and hence each Yoga therapy session concludes with the end, corpse, in awareness.<sup>8</sup>

For this chapter, EOL Yoga therapy includes (1) the practice of awareness of dying while living, (2) support for individuals experiencing life-threatening illness, grief and loss, and, (3) support for those transitioning from physical life to death. Emphasis is placed on gentleness, listening, and empowerment. It may include a wide range of tools and practices from the Yoga tradition such as *āsana*, *prānāyāma*, and *dhyan* (meditation) that can alleviate the anxiety and suffering that arises from illness, loss, and death, while opening the heart and mind to the mystery of life and death. Yoga therapy has the overall therapeutic goal of providing a professional, safe, and healing atmosphere that allows patients to openly explore living, illness, grief, and dying. The care aims to alleviate suffering by compassionate, nonjudgmental support as the patient moves through the many physical, mental, emotional, and spiritual experiences associated with serious illness, grief, and EOL.<sup>4</sup>

Paradoxically, a Yoga practice that embraces the natural cycle of life and death can enrich living in the present. Yoga therapeutics supports geriatric rehabilitation by offering expanded tools beyond the classically trained manual and neurological skills of a provider. Specifically, Yoga addresses these changing roles and level of function, the shifts between independence and dependence, fears and anxieties, EOL concerns and questions, and a strong support of their faith tradition.

For proper context, it is important to know Yoga is a life science philosophy that makes no statement about a specific religious practice or spiritual belief.<sup>9</sup> As a 5000-year old set of psychospiritual precepts and technologies, the methods have stood the test of time. The Western focus on Yoga has been on the physical, measurable health benefits. Over time, Yoga results in increased strength, balance, stamina, flexibility, and relaxation.<sup>10</sup> However, the stereotype of bizarre body positions and occult religious practices is inaccurate and unfounded. Simple practices done with mindfulness or attention achieve strong physiologic changes without pain or extremes of range of motion. Beyond the familiar emphasis on postures, breathing, and meditation, Yoga therapeutics includes 5 additional paths or limbs of personal development. These include the patient studying their relationship with themselves, others, and their spiritual beliefs in a higher power. Yoga is a system of responding only after one attends to the present reality and develops personal responsibility and efficacy in facing a current challenge. The willingness to look and approach not only physical but also emotional/psychological barriers empowers the entire geriatric rehabilitation process. These barriers open the way for discussion and resolution of questions such as the following: How did this happen? (Lifestyle-related illness/accident prevention); Can I prevent it from happening again? (Patient education); But I never have... (Old paradigms/fears); Who will help me? Why bother? and, What good am I? (Social/pastoral support).

As experienced, successful geriatric providers know, it is often necessary to wear all of these departmental *bats* in the real world. The attractive simplicity of Yoga therapeutics is that all of the areas can be accessed through the traditional rehabilitation skills of movement and breathing. The neurophysiological rationale is well documented by Taylor and Majmundar.<sup>10</sup> A gross simplification of the rationale is that the human movement system performance is impacted by not only structure and physiology, but is also influenced by emotional, psychological and spiritual conditions. Yoga as the study of this interconnection between body, mind, and spirit moves toward a balance of the entire organism. The focus of the mind on the sensation of breath and movement reduces stress, or the sympathetic response, allowing the autonomic nervous system to move toward homeostasis with the inherent facilitation of sensorimotor integration.<sup>10</sup> The increased perception of proprioceptive information, awareness of thoughts and emotions, decreased cortical activity, and the development of nonreactivity to physical sensation result in the attainment of positive functional outcomes. The relaxation benefits of Yoga therapy for energy conservation can be of great significance, as patients are often performing at near maximal energy output levels. The provider’s Yoga practice also increases sensitivity to interdisciplinary team consults. Classically, the functional goal of the *Yōgi* was the

<b>TABLE 1 Classical Yoga References to Death</b>	
<b>Classical Reference</b>	<b>Relevance to EOL Support</b>
<i>Katha Upanishad</i> : Yama, Lord of Death	Yama teaches a young boy the wisdom of life and death, and how detachment to the outcome of right action is essential.
<i>Yoga Sutra I.2</i> : Yoga is the stilling of the movement of thought in the indivisible intelligence.	In EOL care, there are times when confusion, anxiety, and fear are present. Through Yoga practices such as meditation and <i>savāsana</i> , equanimity and peacefulness are cultivated.
<i>Yoga Sutra I.3</i> : Then the seer exists by itself and as itself.	Yoga allows patients to explore and discover who they truly are, their essential being, through introspection and witness consciousness. Through the awareness practices of Yoga, what is important and meaningful in life may shift and be reprioritized. Daily life is re-examined and daily concerns tend to fade as death approaches.
<i>Yoga Sutra I.18</i> : Different from this is the practice which is based on cessation of all effort.	Adoption of a philosophy of nonstriving opens the body, breath, mind, heart, and spirit to relaxation and peacefulness within is important even while working toward treatment goals. The cessation of all effort is, in essence, “permission” to “just be” and rest in the moment and mystery. Nonstriving is an expression of the “being” of Yoga.
<i>Yoga Sutra I.23</i> : Surrender to the Omnipresent, ever-existing reality, or God.	The theme of “surrender,” understandably a very difficult practice, is ultimately the core of EOL Yoga therapy. The practice of <i>savāsana</i> (corpse pose) provides an opportunity to practice acceptance and surrendering to the “ever-existing reality,” however named, and to the mystery of life and death.
<i>Yoga Sutra I.26</i> : Enlightening experience of all the sages from the beginning of time is not conditioned by time.	Timelessness or a shift/loss in the sense of time arises in both Yoga and at the EOL. An EOL Yoga practice allows for personal philosophies of life and death to be re-examined, strengthened, or transformed.
<i>Yoga Sutra I.31</i> : The presence of the following symptoms reveals the disturbance of the mind: sorrowful mood, psychological despair, the motions of the body, and inhalation and exhalation.	Sorrow, anxiety, physical discomfort, and despair, which are recognized in this <i>sutra</i> , are often present for the dying and their families and friends as they face the physical, mental, and emotional anguish of saying goodbye. The practices of Yoga offer preparation, compassion, and a deeper exploration of death and dying that may alleviate some suffering.
<i>Yoga Sutras II. 3, 4, 6, 7-9</i> : Kleshas: ignorance, egotism, attraction, repulsion, and clinging to life cause suffering. Ignorance is the cause of all the other sources of psychic distress, whether dormant, weak or spread out. The power of sight sees; however, when fragmented identifies itself as the seer; there is ego-sense. Repulsion abides in the erroneous classification of an object or experience as pain-giving. Clinging to life is self-sustaining and a dormant factor in wise beings.	These roots of suffering ( <i>kleshas</i> ): (1) Ignorance of the truth of oneness, duality, separation; (2) Attachment to a disintegrating experience of ego; (3) & (4) Attachment and aversion; and (5) Clinging to life, finite self, fear of death can be present through experiences of loss, grief, death, and dying. The relevance of the <i>kleshas</i> can be seen in Kübler-Ross’s widely known five stages of grief and dying, which incorporate experiences of denial, fear, and anger. <sup>12</sup>

Abbreviation: EOL, end of life.

elimination of postural sway, and from this practice come the objective measures of increased flexibility, strength, and balance/postural stability—all the more important for the patient and the family’s “posture” in the unfamiliar world of the dying process.

There are many classic Yogic references to support the philosophical foundations for EOL Yoga, including the *Yoga Sutras* of Patanjali. The *yama* of *abimsa* (firmness in nonviolence) referred to in Patanjali’s *sutras* is integral to EOL Yoga. Table 1 highlights some of classical Yoga references for EOL support and points then to the value of the provider’s personal practice development. The *sutras*’ translations are by Swami Venkatesananda.<sup>11</sup>

Respecting the breadth and richness of the Yogic tradition, the focus of this article is to provide a perspective into what Yoga therapy is and offer some insight into elements that can be used within a geriatric rehabilitation setting. The actual study of Yoga requires a qualified teacher, academic study, and most importantly, experiential immersion.<sup>8</sup> The courageous Yoga therapy exploration asks, “Knowing that you will die, how do you wish to live?”<sup>4</sup>

## PROFESSIONAL PERSONAL DEVELOPMENT

Developing a personal Yoga practice as a foundation for utilizing Yoga therapeutics is essential. Your practice will enrich your ability to serve EOL in rehabilitation as a clinical

mastery practice of ongoing reflection and mindfulness.<sup>13</sup> Being comfortable with dying is a challenge for many providers and individuals because of the limited exposure during our training and clinical practice, and the nature of modern culture. The process of understanding the meaning and nature of death through Yoga therapy studies, to be able to speak of living and dying with comfort and ease, takes time and practice through repeated exposure and experience. This development can occur through personal practice, reading, conversations with our peers, and eventually during work with people approaching the EOL.

Your personal practice will enhance your sensitivities in EOL care around the violation of *ahimsa* (nonharming). As your practice deepens, you become more aware of unintentional harming or insensitivity by yourself and others in the therapeutic process. The provider's recognition through the Yoga practice that death is inevitable and naturally occurring can bring about a freedom from the fear and a recognition that everyone has choices in how one's days can be lived. Listening to the patient with empathy and unconditional positive regard is a way of communicating compassion<sup>12</sup> without inadvertently using potentially harmful statements of "I know how you feel" (you don't) or "It will be alright" (it may not) or worse "you shouldn't feel that way" (why not?). If in your Yoga practice you have faced your own fears of loss, suffering, and death, you will recognize your own and the aging adult's feelings, thus having a sense of their strengths and weaknesses, and awareness of their thoughts and feelings about death and dying. For new or middle-aged providers, it is important to not project their own discomfort about death because "they have so much to do" as for many seniors this is no longer the case. Awareness that such discomfort as a provider is a personal reaction and likely not shared by the older adult who is at the EOL can help the provider accept a larger reality and comfort with the continuity of life.<sup>2</sup>

The development of compassion for self and others is another essential quality in personal practice. A compassionate exploration of personal mortality is necessary before opening oneself to others' losses and deaths. Specifically, the practice of *āsana*, *prānāyāma*, *mudrā*, *dhyan* (meditation), and Yoga *nidra* practices described in this article will facilitate compassion for self and others.<sup>14</sup> Creative expression, including art, journaling, photography, poetry, or music may also be of value while exploring your experiences around loss. Then, as you prepare to be with the patients, allow adequate time to center and ground yourself in right action and appropriate intention before each and every session. Those interactions will deepen your own practice and maintaining a connection with your own teachers or mentors will be invaluable for supporting your personal and professional EOL practice.<sup>4</sup>

## PRACTICAL TECHNIQUES

### General considerations

The power of Yoga therapy can be appreciated in asking, "Who can benefit?" The only prerequisite for patient participation in Yoga therapeutics is that they be breathing. All of the technologies and practices described are intended to generate the previously mentioned neurophysiological response with subsequent subjective and functional outcomes. Any additional rationales will be noted for the specific activity.

Yoga therapy techniques are available for a broad list of diagnostic categories in EOL geriatric rehabilitation. Consider that edema reduction, breathing exercises for relaxation, positioning, gentle massage or stretching, side-to-side positioning for lateral chest excursion, chest mobilization, and guided breathing are all familiar rehabilitation techniques. Placed within the Yoga context of the following techniques, there are numerous additional creative adaptations available to the provider.

Before presenting the techniques, some basic considerations about intentions and environment help foster the optimal experience. Be attentive to the healing environment of the space to include the use of colors, artwork, eliminating extraneous sound to include radios and televisions, providing supportive reading materials, or some simple beauty such as a flower are helpful. Begin with both you and the patient in comfortable positions. Ask questions, knowing your comfortable and aligned posture will enhance your ability to listen to the patient's story and that awareness will unfold for both of you. Reinforce the precept of *ahimsa*, and let the patient know that if any activity does not support them, they may either disregard it silently or share their concern with you.

### CENTERING AND INTENTION

Invite patients to close their eyes if they are comfortable with the darkness, and begin to gently focus their consciousness inward. Shifting positions or using a centering breath for physical comfort is useful. Ask if the patient wishes to create an intention for the visit. In some circumstances, modeling by sharing your intention for the session can be helpful. For example, "My goal is to provide a comfortable, warm, fun, open, educational, inspirational session that supports and creates awareness and peace in heart, mind, body, and spirit."<sup>4</sup> With the intention set, keep in mind that Yoga therapeutics does not replace traditional methods, but rather complements all the tools already used within rehabilitation.

### PATIENT STRESS ASSESSMENT INVENTORY

The direct assessment of stress is important. Yoga therapy is a direct and powerful way to mitigate stress and the physiological effects of stress. The inclusion of the checklist below in intake assessments will facilitate awareness for both

the provider and patient. The simple checklist has minimal time requirements, but it may illuminate some critical antecedent or comorbid factors. The provider will also be able to monitor progress and stay sensitive to changes throughout the course of care. Changes in perceived stress provide further learning tools for appreciating the body-mind connection, as well as documented outcomes.

If not already part of your standard intake, note and document any of the following behaviors or perceptions that reflect the physiology of the stress response: (1) increased muscle tone (2) cardiovascular stress, (3) anxiety/panic, (4) elevated blood pressure; (5) fear/pessimism, (6) easily distracted, (7) angry, (8) depressed/lethargic, (9.) guarded/splinting/clenching, (10) poor balance, and (11) thoracic/chest breath.

Providing a simple Patient Self-Assessment Stress Inventory can clarify or reinforce potential connections to their current complaints. Often no one lets the patient and family “see” the connections. The provider then correlates the results with the clinical findings and includes them in the problem list and treatment strategy that may include physician notification or referral to the appropriate department or agency.

## PRE-POST BODY SCAN/SENSORIMOTOR INTEGRATION

Encourage the patient to form both a preintervention base line of internal awareness or proprioception followed by a postintervention comparison, allowing sensorimotor integration to reach a cognitive level of appreciation. A modern day adaptation of the old Yoga adage is “they can’t heal what they don’t feel.” Provide a period of time for sensorimotor integration to occur during and after interventions verses “rushing the patient out the door.” Sitting or lying for 5 minutes sensing the breath in and out is simple and effective. You can also lead patients through a body scan, guiding them in sensing the physical body. Invite them to notice what might be present for them in the moment. This can be an appropriate time to introduce the experience of witnessing and nonreactivity to sensation.

A guided breath scan is a bridge to more subtle awareness by assisting them to nonjudgmentally explore their breathing and the qualities of breath. Allow them to experience and embody their natural breath by observing the breath. Later on, if appropriate, ask questions such as “Who am I today in this breath?” “Can you let the breath come into you?” “Who or what is breathing you?” and “Where did your first breath come from?” The body and breath scan often are the foundation for an extended Yoga *nidra* practice. Yoga *nidra* is a form of *pratyahara* (nonreactivity) practice. For providers interested in the profound power and value of this practice, further training is warranted. The practice has immense potential for the experienced patient and provider, but it requires more than a cursory introduction to instruction.

## Breath assessment/instruction

The breath is both a mirror of the individual’s autonomic nervous system and a tool for direct modulation. One of the first physiological effects of stress is a shift to a thoracic or chest breathing pattern. This fact is a risk management tool by noting when the patient’s breathing shifts during an intervention, as they may be under some type of stress, be it pain, fear, or cortical distraction. No matter the source, they are possibly at risk for injury or at a minimum, have degraded their ability to integrate the intervention at a subcortical level. Awareness of the breathing creates quantifiable and sensible phenomena that can be used with even the minimally responsive patients. An expanded assessment in the evaluation beyond rate and basic pattern includes body parts that move with the breath, any retention or irregularity in rhythm, and visible areas of collapse or holding that limit the breathing pattern.

The regular practice of making the aforementioned observations and assessments of both you and the patient will create a keen sensitivity for identifying restrictions or barriers to awareness. These restrictions inform the direction of the intervention and your personal practice as well. The introspective aspect of the breath immediately establishes the body-mind connection for both the provider and the patient.

## Breath instruction/regulation (*Pranayama*)

Simple and straightforward *prânâyâma* is indicated for this population. More technically demanding techniques should be used sparingly and only with patients that are experienced Yoga practitioners. The instruction in gentle diaphragmatic breathing, or whole body breath, facilitates the relaxation response, bringing homeostasis to the autonomic nervous system, calming the all aspects of the patient’s experience. Breath awareness maintains an internal focus by the patient with such techniques as linking all movement in synchrony with the breath (ie, opening the front of the body with inhale and closing the front of the body with exhale through the sagittal plane), or by requiring the patient to count breaths rather than repetitions. When instructing attentive breathing, keep the following in mind:

1. Breathing should always be comfortable and without struggle.
2. Cue the patient to attend to the breath when they have conscious pain perception.
3. Emphasize a full and complete exhalation.
4. Have them count the inhalation in and the exhalation out when anxious.
5. Acutely, soft belly...sense the sound, movement, and tactile sensation of the breath without “touching” or changing the breath, just observing.
6. Option: use hands or a weight on the abdomen to enhance feedback and recruitment.

7. May add “sigh,” “hum,” or “yawn” on exhalation to release tension/frustration.
8. The imagery of a balloon breath by imaging as if expanding the lungs or regions of the body like balloons can also help. Guide and allow patients to visualize their deep, slow abdominal inhalation “inflating” their arms and hands fully like a balloon and on the exhalation releasing or “deflating” the fullness of the balloon sensation.
9. If comfortable, add an additional count to the exhalation every third breath to achieve balance between inhalation and exhalation.
10. Reinforce that the benefits of the diaphragmatic breath are decreased pain and muscle tone with increased comfort.
11. Explore the natural pause (silence) between inhalation and exhalation to bring comfort on all levels of being.
12. Instruct “Skin Breathing” imagery as relaxation occurs by asking the patient to visualize the subtle sensing of where their skin ends and the air and outer world begin, or inviting them to imagine the pores of their skin breathing.
13. Breathe! The patient will model or entrain with the provider’s breathing pattern<sup>14</sup> ... *are you breathing?*

### Activities of daily living instruction

Increased emphasis on self-awareness with activities of daily living and therapeutic exercise, such as: asking the patient to note the pattern (chest vs diaphragmatic) and direction of the breath (inhalation/exhalation) through activities; the sensations involved at various aspects of the body during an activity, or the altering of movements based on a focus at various areas of the body (ie, Sense the sensation in your shoulder and how it changes if you breathe in or out as you lift or as you press down more firmly with the big toe.). Simply slowing down, paying attention to the embodied experience of routine chores can be powerful (bathing, toileting, driving, eating, etc).

### GUIDED IMAGERY

Utilize the sports science and performing arts powerful techniques of visualization and guided imagery/relaxation, particularly during passive modalities or in waiting rooms/treatment rooms to facilitate movement and healing.<sup>8</sup> As one of the many aspects of motor planning and performance, the use of imagery can elicit subtle electromyographic activity correlating to the described activity and enhance actual performance. The work of Kabat-Zinn<sup>15</sup> in demonstrating the healing effect in psoriasis with guided imagery suggests literal support of integumentary integrity. Verbally guided visualization images of a favorite walk that the person might have enjoyed (to a park, the ocean, or community locations) are effective. This “walking together”

can provide the patient and caregivers with a sense of doing something purposeful and pleasurable, as they reflect on their memories and life review issues together.<sup>2</sup> Today’s technology can easily have any of these recorded and repeated with an inexpensive MP3 or the family computer for later use.

### Modality support

Traditional modeling says that the application of a modality (ice, heat, e-stim) creates healing. Modalities facilitate an internal change brought about by the natural order and tendency by the body of a human being to move toward homeostasis. The question is not whether it is heat first, ice after ... in Yoga therapeutics, traditional modality use is subtler and requires a rethinking. From a deeper philosophical viewpoint, the external sensory input elicits a physiological biochemical reaction by the body that is genetically encoded and would not occur in nonliving material. Exactly how this is driven and what parts of the genetic code alter chemistry and metabolism to carry out these responses is, to a large degree, a mystery. Shared with a sense of wonder and awe, as the provider explains the role of the modality, the focus will begin to shift from an external healing source (that is the provider or the ice or heat as the healer) to the healing as something that occurs within the individual.

As the patient begins to grasp the magnificence of the ability of the body to heal and respond to external stimuli, this leads to asking what really is responsible for the healing?; What is my definition of healing?; Where does the intelligence or information come from to execute the healing?; and, If it is not the “mind” portion of an individual, then what is it that carries out this incredible role? This may lead to a greater appreciation of the individual’s participation in all aspects of their life and an understanding that healing is done not in isolation or dependence, but in cooperative and supported relationships and can occur beyond curing the physical body.

### Mudra

Individuals of all levels of mobility are able to experience *mudras*, hand and body gestures that direct breath, energy, and awareness. The subtle act of a *mudra* affects body, breath, energy, mind, emotions, wisdom, and spirit. There are *mudras* to open, to receive, to ground, to pray, to offer, and to meditate.<sup>16</sup> A few of the possibilities for an EOL Yoga therapy *mudra* practice are listed in Table 2.

### Restorative Yoga

Please see the chapter by Lasater dedicated to Restorative Yoga for a full discussion on the topic. This process of active relaxation versus distraction/recreation is a powerful means of allowing the body to move into a full relaxation response. As such, Restorative Yoga is ideally suited for

**TABLE 2 Mudras for End of Life Practice**

Mudra	Description and Effect
<i>Anjali mudra</i>	Hands in “prayer” position, near the heart. A balancing, calming <i>mudra</i> .
<i>Vajrapradama mudra</i>	Hands interlaced openly, palms toward chest, with thumbs upward. A <i>mudra</i> that can elicit steadfastness, confidence, connection, and trust.
<i>Padma mudra</i>	A <i>mudra</i> that creates the image of a lotus flower. Hands in <i>anjali mudra</i> , allow the base of the palms to stay together as the mid-palms and fingers open like a flower blooming. Thumbs and little fingers touch lightly at tips. An opening <i>mudra</i> that may bring sensations of hope and healing.
<i>Samputa mudra</i>	Hands cupped, palms placed together diagonally one on top of the other, creating a space within the hands. A <i>mudra</i> that may evoke gratitude.
<i>Adhi mudra</i>	Fingers lightly curled around the thumbs, place the soft fists palm down on knees, floor, or bed. A grounding <i>mudra</i> that may calm and comfort.
<i>Mandala mudra</i>	Right open cupped hand resting in your left open cupped hand, creating an oval. Thumbs come together at the top, completing the circle. A balancing <i>mudra</i> that may bring a sense of wholeness and connectedness.

both patients and providers with profound effects on comfort and ongoing inquiry.<sup>17</sup>

### Comeditation

While not a classical Yoga tradition, this simple technique is both useful and a wonderful home technique for family and caregivers to use. The authors trained with Boerstler and found the process to be simple to learn and readily transferrable.

The cobreather follows the breath of the patient with their own breath. Simple sounds or mantras preselected by the patient can be intoned in rhythm with the breath, or just quiet breathing in tune with the patient. This entrainment appears to set up a supportive rhythm that leads to a slowing and softening of the pattern. No definitive research is available, though Siegel’s work on attunement in the therapeutic relationship is a possible avenue for explanation.<sup>14</sup> The fact that the technique can be used when the patient is verbally nonresponsive is helpful for giving family members something “to do” while providing themselves with much needed physiological rest.<sup>18,19</sup>

### Grief support

Please see the chapter by Sausys dedicated to grief support for a full discussion on the topic. Keep in mind that grief often has both a somatic and postural component. Querying on intakes regarding recent loss and grief, as well as lifetime layers of loss can often uncover otherwise overlooked relationships. Changes in your or your peer’s posture may also be first signs of need for support and self-care. Self-monitoring your mobility and changes in your posture and breath in your ongoing practice are excellent forms of preventative care.

### Asana (Yoga Postures)

When selecting postures, follow the wisdom of “less is more.” *Asanas* may vary from strong, active sequencing to

adaptive, restorative poses, but should always reflect the stated goals and needs of the individual on that day. The session can be a creative, organic exploration of postures based on meeting the patient where he or she is. Throughout the asana practice, be sure to provide ongoing cues for how to integrate breath with movement.

Postures may be explored with a focus on the energetic or symbolic properties of the *asana*, rather than a focus on achieving a picture-perfect pose. The provider must be prepared to offer supports and adaptations. Be aware that accepting support or modifications is sometimes difficult for patients, as it may appear to be another example in their life of present or future loss. Such a situation provides an opportunity to explore accepting, receiving, and surrendering within life. Within each and every posture, create space for the “sweet spot,” where all instruction and striving is suspended, and silence and effortlessness may be enjoyed. Keep in mind that stillness in certain poses may elicit a strong emotion in the patient. Being prepared for these moments is essential. Compassionate, entrained breathing can hold the space for both the patient and the provider to fully experience the emotional response in a safe atmosphere. A few examples of supported, modified *asanas* are listed in Table 3.

### Savasana (Corpse)

In its fullest expression, *savasana* is a courageous exploration of the mystery of life and death. Often described as the most difficult asana, this practice warrants its own subsection. Dying is natural and universal. *Savasana*, literally translated as “corpse pose” provides an opportunity to practice moving toward the ultimate letting go. In Yoga philosophy, through *savasana*, a glimpse of what is called the true Self—the unborn, undying consciousness—may occur as one moves beyond his or her personal experience toward a connection with the universal

**TABLE 3** Examples of *Asanas* in End of Life Practice

Asana	Description
Seated <i>ardha chandrasana</i> (half moon) side bend or <i>tadaka mudra</i> (supine crescent moon)	Cue to open, lengthen, and breathe into the side body.
<i>Paschimottanasana</i> (seated forward fold) or <i>sukhasana</i> (easy pose, with a forward bend)	Cue to breathe fully into the back body and, when appropriate, placing hands on the patient's upper and lower back to assist with the awareness and direction of the breath.
Supported <i>matsyasana</i> (fish pose)	Support with a bolster/blanket under the torso, a bolster under the knees, head support, and a comfortable open arm position.
<i>Makarasana</i> (crocodile pose)	Explore from a resting posture to fuller spine extension.
<i>Tadasana</i> (standing or supine mountain pose)	Explore the bidirectional energy of being grounded, rooted, and connected into the earth (downward energies), and being open and lifted (upward energetic qualities).

consciousness or his or her personal description of a higher source.

It is important to include *savasana* in every session. The patient lies down and rests in stillness as they honor the “being” of life. The physical body should be supported and comfortable, the breath natural, and the mind quiet with a gentle inner focus as the emotions move toward equanimity. As thoughts, emotions, and sensations are witnessed, they can be gently released to allow fully being present in the moment. Have them appreciate a sense of wholeness just as they are in that moment, in that body, with that current emotional and mental state, and the current circumstances of life. This nonjudgmental awareness also provides an opportunity to witness their impermanence and mortality. Gentle, supportive cues assist the patient and can include: Allow your bones to melt into the Yoga mat; imagine your entire body breathing; witness thoughts and emotions as they pass by; honor your wisdom as you connect to the universal wisdom; let joy, peace, and bliss wash over you; and, single word cues such as: release, relax, guide, notice, receive, rest, dissolve, allow, open, let go, accept, honor, soften, welcome, be present, be still, connect, permit, embrace, sense, enjoy, surrender, pause, unfold.

### Sharing, closing, and home program suggestions

Allow time for sharing of the patient's experience as the session comes to a close. They may also have gained insight into some new way of being with their dying process and wish to formalize an intention around future attitudes and responses in the days ahead.

All of these techniques have elements that with the patient and the family, lend to creative, supportive home programs. It is important to remember that individuals experiencing change, loss, serious illness, and the EOL still have goals. Researchers Kinnier, Tribbensee, Rose, and Vaughan observed, “Confrontation with death can serve to shake individuals into reassessing their priorities and may provide

them with sagacious insights about life.”<sup>20</sup> Yoga practice cultivates introspection and distills what is important in life and living. *Svadhyaya*, or witnessing and introspection, helps the patient prioritize goals and assists in finding meaning in life. This intentional period creates new goals for the plan of care.

### CONCLUSION

End of life Yoga therapy has the capacity to allow the strength and beauty of the human spirit to shine. The adoption of Yoga therapeutics into a geriatric practice is a fun, creative process supported by sound science.<sup>8,21</sup> This is only a small sampling of virtually unlimited possibilities in supporting patients in their healing process of dying. Through the philosophy and tools of Yoga therapy, rehabilitation professionals have the honor and opportunity to support others in creating living during dying.

Each of us is an essential part of this transformation, as we allow Yoga to guide the courageous exploration of life, illness, grief, and physical death. The opportunity to guide an individual through EOL in the discovery of the powerful reality of their mind, body, and spirit as an integrated unit is true Yoga for each of us. The prudent provider should take note, as hopefully the day will come when *geriatrics* is who we are, not who we treat.

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