

How yoga can promote therapeutic relationships

Clare Morris describes how yoga can help in forming therapeutic partnerships, helping anxious and disoriented people make sense of the world around them

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Highly creative interventions that improve the quality of life and well-being of people with dementia have proliferated in the last decade, but we do not see these routinely in all care homes. Care staff continue to be challenged in their quest to provide relief for frightened, anxious, disoriented people.

As so often, it is not just a question of technique, tools, and approaches. It is also about the relationship, the connection between client and caregiver or practitioner. What is the nature of this connection and how can yoga in particular contribute to promoting a therapeutic relationship with people with dementia?

In my article *Working with people, making sense of dementia* (Morris 2000) I outlined the key elements of Personal Construct Theory (PCP), a theory created by George Kelly (1955) about the person and how they make sense of events around them and change. It is a very creative and inclusive theory about all people: about ourselves in any of our roles including as carers and practitioners, children and adults with disabilities, and people who struggle to communicate through the normal channels. PCP has been central to my development as a therapist and my work with people with brain injury.

Implicit in PCP is that it is in the nature of people to make sense of events around us. For each of us that is our universal task in living, to create and update our unique theory of the world around us and test it out with our behaviour, bringing validation and elaboration of our theory, or invalidation, and thereby change – unless we choose to resist that change. PCP provides a very detailed and comprehensive framework to describe and work with change and resistance to change (Morris 2004).

Therapeutic relationships

Kelly defines the therapeutic relationship as similar to that of research students and their supervisors; therapists providing expertise in intervention while clients are the experts on themselves. Client and therapist work together as “co-experimenters” (Winter 1992). This concept of therapy as a partnership has helped me to feel more comfortable in not knowing, in making mistakes and learning from them, in inviting the client to comment on the process and enter into a dialogue about how to help.

I have found this to be probably the most empowering thing you can do for a person with



dementia, sharing their dilemma and asking them for guidance. This might seem very challenging with some people with severe communication difficulties; however it is both respectful and effective to always ask for permission and then explain what you are doing and why as you proceed, asking how it feels and being receptive to any feedback. Eye contact and the beginnings of a connection are made. I have a firm belief that no one is beyond some sort of help, if only we can begin to step into their shoes.

Naomi Feil’s Validation Therapy (1982) has contributed a great deal to bringing our attention to the experience of dementia and tapping into the feelings underlying disoriented communication. For me, studying yoga and sharing it with my clients has underlined the value of seeing people with dementia as their own expert, and provided an opportunity to work with feelings through the more tangible body. The outcomes have taken me by surprise, not least because people with severe memory impairment can remember movements and postures they have made before in contrast to those that are novel. This is a validating experience that leads clients to continue engaging.

Adapting Jo Manuel’s work (www.specialyoga.org.uk) with children with a wide range of neurological and emotional disabilities, I have been working with people at all stages of dementia on a free-lance basis for the past year. This includes people who are bed bound and ‘chair shaped’ and for whom personal care is often a painful and distressing experience, people who are ambulant and whose symptoms are so alarming they are constantly on the move, and the

Photographs show Clare Morris working with Grace (see box, opposite)

diverse range of scenarios in between, not least those people who try to get up from their chair or bed and yet are unable to walk safely.

Precepts of yoga

So how do we create this partnership with people with dementia? How do we promote the 'therapeutic alliance' that is a strong predictor of outcome in counselling and psychotherapy and so relevant to all forms of intervention? Manuel (personal communication) describes seven precepts for teaching yoga rooted in Buddhist teaching, and reflecting on these has given me the courage to take the plunge and try things out, to talk to all my clients about yoga and to share it wherever appropriate and wanted. The precepts are:

- **Humility:** no one knows the answer to the problem of living with progressive and fluctuating cognitive impairment, but therapists can bring themselves and their acceptance, and hope to help the individual affected if they can.
- **Generosity:** giving without expecting anything in return. This involves not expecting that what I offer will have a particular outcome, nor necessarily any thanks. Some people's symptoms are so distressing that we may not feel validated ourselves.
- **Patience:** giving time, being receptive to our clients' pace, which Manuel describes as "the cheerful endurance of trying conditions" (personal communication). We need to trust that what we are doing will help and not be discouraged by a delayed response.
- **Loving kindness:** bringing peace, calm and tranquillity to the situation with non-attachment. Acceptance of ourselves and the other as we and they are.
- **Empathy:** to recognise, accept and share the emotions of another, trying to understand in contrast to providing sympathy.
- **Gratitude:** appreciation of the value of what is happening right there, the privilege we have in connecting with another.
- **Compassion:** an emotion triggered in response to another's suffering, promoting the desire to help.

Manuel suggests that through applying these precepts comes trust, care but not fear, a soul connection, and unconditional love. In psychotherapeutic terms, it is a therapeutic alliance.

Making a difference

The most unexpected outcome of using yoga in my work has been how quickly a connection and therapeutic relationship has been established with people with dementia, whether in residential care or in the community. It applies to people who are bed bound and find it difficult to communicate, as well as people at an earlier stage of the illness.

Yoga has not always formed a significant part of their care and support, but most people have heard of yoga and often have strong opinions

Two contrasting clients

Grace is 67 with three daughters in their 30s, and is a long-term client. She has had three strokes and has a progressive cognitive impairment which manifests in disorientation. Weekly yoga therapy for a year, following discharge from physiotherapy due to cognitive impairment, has led to significant changes.

Bed and wheelchair-bound, including four months in a neck brace following a fracture to her neck, she is now able to stand for short periods, take a few steps, and on occasion transfer without the aid of a hoist. Grace reports "Yoga helps me a lot ... I am more relaxed and I feel happier".

In the past she has at times been less than enthusiastic about yoga but would always feel better for it. Now she is aware of significant, meaningful progress (validation), Grace is keen to get started as soon as I arrive. Her daughters report increased lucidity, increased flexibility, less rigidity, greatly increased range of movement, less pain, and the vital importance for them in seeing her progress.

Pat, by contrast, is in her early 80s and is physically very able. A care home resident, she is one of the higher functioning people and at times becomes very frustrated by the other residents, causing challenges for care staff.

As part of a six-week project to evaluate the role of yoga in a care home, she had observed me working with others, but had politely refused to engage. She changed her mind on my final visit, indicative of the benefit people can gain from merely watching others, and described it as "the best exercise I have ever done, when can I do more?".

Names have been changed

about it too. It provides a novel and personally meaningful exchange, which is precious to people who feel frightened and isolated, and the opportunity to refuse a particular intervention is in itself validating. Yoga has provided a vehicle for engaging with people who cannot communicate verbally, but who are clearly able to respond to a therapist talking through and facilitating some basic postures. It can bring a sense of surprise and awareness of difference in their body, producing reactions like greater communication, yawning and relaxation of stiff limbs.

In the remainder of this paper, I'd like to offer some examples of what I mean. Nora* has a severe memory disorder and severe anxiety, continually asking where she is, what she is to do, what is going to happen next, and showing evidence of visual and auditory perceptual impairment which requires one-to-one care. "What are you doing to my legs," she asked (I was aligning her posture and this brought her into the present moment). Asked if she had ever done yoga she said no, and when asked if she would do some with me, she looked me in the eye and made a face.

However, after complaining about her back she did sit up, straighten and arch her back, followed by the counter-posture, rounding her shoulders. She subsequently denied any discomfort in her back. She went on to smile at a song she had sung me the week before, reminisced about her family and only became anxious again when she asked to go to the toilet and was distressed by the process. In her room the cycle of questioning continued when she said: "I am dying, I am dead. What am I to do?" Having no answer for that I shared the problem and replied "That's a million dollar question, is there something I can do to help?" ►

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► She asked me to get on the bed and took my arm around her, hugging it to her chest as she lay down, feet still on the floor, but quiet and in relative peace. “Can it be just me and you forever?”

Another client, Jean, is in her 70s and experiences frequent hallucinations, which are said to escalate in the afternoon. I decided to try firm touch to her feet, legs, arms and shoulders, an approach which helps children with autism and hyperactivity. Jean quietened and was visibly more comfortable as a result. On the other hand, Peter is in his 80s, and spends a great deal of time saying prayers, mainly “Oh Lord, help me”. His carer reported that it was easier to provide personal care following interventions on several occasions in a chair and in bed.

Mindfulness, awareness and movement

The key issue for me is the use of posture and movement as a route to mindfulness, a tangible way to dwell in the present moment, and in so doing bring relief from the devastating consequences of all the different forms of cognitive impairment.

Peter Blackaby (2014) explains how it is “feeling” movement that allows us to learn (sensory motor cortex) and not “telling” our muscles to move (motor cortex). He quotes a study where monkeys have had the motor cortex for a skilled movement removed from their brain and yet can still make that same skilled movement. Another part of the brain takes over. However, when the sensory motor cortex is removed for that same skilled movement, the movement can no longer be made at all.

It is the noticing involved in the practice of yoga that brings about change in body and mind. Focusing on movement, noticing, softening, breathing, is to be mindful, to be present in the moment, and if a person with dementia can be helped to do this, the distress that arises from not knowing who is who, where they are, and what is going to happen next can be alleviated, not only in the moment but also over time.

* All clients' names have been changed

Using spontaneous activity

Kathleen illustrates the significance of spontaneous activity. She is an elderly lady who cannot walk safely but often tries to stand, saying she must get up but “I am not allowed to”. For her safety she is continually asked to sit down, but what if you were to ask her if you can help?

I asked her to put her hands on my shoulders and to stand tall, to feel the ground under her feet, and straighten her legs. This focused her on the process of standing and the sensations in her body, and extended the range of movement in her hip and knee joints. She had exerted energy and taken notice. She was pleased to rest and then to be helped to stand more fully upright again. The intervention led to Kathleen being content to sit for longer without any sign of agitation.

Her spontaneous attempt to stand (an experiment to test out her view of events at the time) had been validated, and her body felt the benefit of having experienced being more upright, if only briefly and temporarily.

People with dementia and their carers

The key ingredient, beyond the specific movements and postures, is to be present in the moment with your client and to work from there. Yoga facilitates this. Acquiring an understanding of yoga in our own bodies is the best training to begin to use yoga with people with dementia, by developing self-awareness and by giving us the courage to apply the seven precepts to forge a connection with distressed people. It is not necessary to be a yoga teacher, nor be able to tie yourself in knots, but only to be willing to experience yoga for yourself and consider the ways you can share it with the people you care for.

To make a meaningful difference is so important in the business of caregiving, not just for the client, but for their family, and not least for the caregiver. We are drawn to this work for a reason, and making a difference provides us with validation. Caring for ourselves and our staff is critical in addressing issues of burn-out and staff retention. Yoga and mindfulness are valuable life skills that could go a long way towards supporting people in the task of caring for people with diverse and challenging needs. ■

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