

Yoga for Grief Relief Relevant Knowledge for Yoga Therapists

By Antonio Sausys

I was first struck by major grief at the age of 19 when my mother, my best friend, died of a stroke at age 52. The journey into the grief that followed my mother's departure transformed my life, and it continues to do so today.

At that time I was on my way to becoming a psychotherapist, studying at a university that offered humanistic psychology. Simultaneously, and somewhat surprisingly, I also found myself starting a journey into a new world of interconnectedness, through meditation and integration into my life of the practices of yoga. After witnessing in my psychotherapy practice that talking about one's problems does not necessarily resolve them, I immersed myself in somatic psychology, learning to use the body as both a diagnostic tool and a field of operation for healing. Yoga and somatic psychotherapy became an inseparable dyad. Little did I know then, back in 1996, that I was practicing what we today call yoga therapy!

A few years later, I met Lyn Prashant, PhD, the creator of Integrative Grief Therapies. She was conducting interviews for instructors, and during my interview she asked me if I could design a routine to address the physical symptoms of grief. I was astonished and pleasantly surprised. Someone other than me was aware that grief is not just emotional! In the years to come, she helped me understand grief and the need for a somatic approach to grief counseling and therapy. The more I learned about grief, the more I understood that it is a lot more common than we might think. Although grieving is a normal process, not a pathology, it can be a fierce and intense experience during which people often need support to fully allow it to run its natural course.

Three Myths of Grieving

To help yoga therapists understand what they might need to know about grief, there are three important myths about grieving that I would like to address here so that yoga therapists may be more prepared to deal with the grief they will encounter with their clients, even if grief is not the presenting symptom.



Myth #1 *Grief only appears as a result of someone having died.* The truth is that grief is the normal reaction to the loss of people or things that we are attached to. We can grieve the loss of a relationship, an ideal we once held dear, or even the discontinuation of a TV series that we watched for the past three years. Believing this myth to be true can result in people being unaware of their own losses and subsequent grief, believing that losses such as divorce or moving to a new city are

not valid causes of grief. Not only does this hinder the grieving process, it can intensify it. For example, I often hear people sharing in a circle who feel shame or guilt for grieving a relatively minor loss such as losing the family photos to a fire or even for grieving a divorce. In not acknowledging that such grieving is normal and to some extent inevitable, and in unfavorably comparing their losses to the loss of a loved one, they are unable to appropriately process and move through the grief they are actually experiencing.

Myth #2 *Grief is purely emotional.* Grief affects the whole being and presents emotional, spiritual, and neurologically based mental and physical symptoms. The latter was for years grossly disregarded in the field of grief work, but is now being recognized. Physical symptoms of grief include alterations of breathing, eating, sexual, and sleeping patterns, as well as changes in heart rhythms and endocrine and immune functions.¹ It is also normal to experience pain, real physical pain, usually in the chest area. Even emotionally, most people associate grief with just sadness, not recognizing that anger, guilt, and anxiety can also be emotional symptoms of grief.

Myth #3 *Grief is the price we pay for love.* This well-known phrase was uttered by Dr. Colin Murray Parkes, made famous later by Queen Elizabeth II, and many people believe it. However, in my opinion, grief is the price we pay for attachment, not love. While secure attachment is crucial for early development, at some point we need to let go of our dependence on childhood securities and develop a mature relationship with attachment. Attachments are, after all, inherent to the human condition, and we all develop them. However, if we continue to depend on the presence of another for our happiness or even for the presence of love, we are bound to suffer. Ultimately, love is not dependent on anything for its existence, and in that sense it is the opposite of attachment. From this viewpoint, grief as a response to the loss of someone or something that we are attached to is a different stream in the flow of life.

The Grieving Process

Once we lose something or someone we are attached to (primary loss), other losses occur as a result (secondary loss). For example, after a divorce (primary loss) it is usual to lose the social network the partners enjoyed together (secondary loss). Secondary losses are as valid sources of grief as the primary ones, and sometimes they are felt even more intensely than the primary one. This is partially related to the fact that while the primary loss is a single event—you divorce only once—secondary losses occur frequently, for example, each time you are not invited to a social event because you lost your social circle. In addition, new grief triggers old grief, and others' grief triggers our own. Considering the total sum of these losses and the resulting grieving processes, I have come to understand that grief is the second most prevalent feeling in the human heart after love and that all of us will feel it throughout our lives in one way or another. Yet love is often spoken about, while grief is hidden away and rarely brought out in the open. Repressing this powerful force in the heart can cause multiple psychological and physical imbalances.

Every health condition, whether mental or physical, implies a certain degree of grief because it involves some form of loss: either loss of functionality due to the condition itself or the loss of the illusion of

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an absolutely healthy life. As a result, most yoga therapists will face grieving individuals in their practice and should expect the symptoms of grief to appear in addition to the symptoms of the condition being treated. The symptoms of each condition need to be properly differentiated and understood in order to generate an effective treatment plan. If the yoga therapist is not aware of the root cause of symptoms, he or she may then pay attention to some partial symptoms of grief, such as persistent sadness, and perhaps think that the client is depressed. Normal grief is sometimes misdiagnosed even by mental-health practitioners as clinical depression, anxiety disorder, or even post-traumatic stress disorder. Having adequate knowledge regarding grief can inform the choices of yoga therapists and help them determine the best course of action for their clients.

In general, it would be sufficient to receive general information about the grieving process as part of a yoga therapy training, where a deep knowledge of yoga is also provided, but if the yoga therapist intends to actually support and assist a grieving individual using yogic tools, then special training is needed. While knowledge of yoga is foundational, a deep understanding of the grieving process, including the neurophysiological bases for the symptoms, and a clear understanding of the spiritual implications of this human experience are essential. Then the therapist can do more than just assist a griever

in mitigating the symptoms but also can help the griever through a profound opportunity for a kind of rebirth, a renewal after the loss of what formerly was part of his or her self-definition.

So, going on the assumption that every yoga therapist will encounter grieving individuals, whether grief is the primary presenting symptom or not, here are some appropriate initial treatment guidelines to best serve those grieving.

“Grieving individuals need to be heard,”² not to be told what to do—hear them out.

Because of the common discomfort surrounding grief, we may be inclined to try to relieve the pain clients are experiencing by asking them to do something to change it, whether it's an asana or a trip to see a shaman in the mountains of Peru. However, for a grieving individual, such suggestions may feel like they are not being given the space to grieve, or even that they ought not to give themselves that space. Instead, I recommend *compassionate listening*. By that I mean just listen, holding a quiet and calm spiritual space—refraining from nodding constantly, touching your client's hand, or even giving clients tissues when they have not asked for them. Stay present, with steady eye contact, and just listen to what clients are saying. In that way, you'll avoid unhelpful interventions and, more importantly, you will be giving your clients opportunities they probably are not getting from their regular social interactions. As expressed by Dr. J. William Worden in his book *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*: “The first task of grieving is to come full face with the reality that the person is dead, that the person is gone and will not return.”⁵ (p. 39) Emotional acceptance of the reality of a loss (not just loss from death) is a crucial part of the normal grieving process. For a certain period of time, repeating the details surrounding the loss, including the feelings and sensations, helps grievers accomplish this task.

Most grievers want to regain a sense of self—help them normalize, control, and balance their reactions.

It is common for grievers to think they are going crazy, to feel that nobody can

understand what they are going through and that they will not be able to overcome the painful situation they are in. Based on some general knowledge of grief, yoga therapists can let clients know that “the profound changes he or she is experiencing are normal and involuntary reactions to loss”³ (p.18), that most griever feel sick at some point, even though grief is not an illness. They can let their clients know that it is common to experience difficulties in making decisions, even simple ones, due to the fact that grief “shatters and scatters linear thinking,” as I have often heard my mentor Lyn Prashant say. Normalization gives appropriate context to the griever and can help to calm anxiety.

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The next tier is often helping clients with some kind of calming and balancing technique, depending on the symptom. Grief is inherently an out-of-control situation—if we could control loss, we would probably not lose anything in life! The resulting reaction includes a certain lack of control of the regular rhythms (heart beat) and functions of the organism such as the eating and sleeping cycles. In the same grieving process, a person can feel anxious and hyperactive the first two months after a loss, then depressed and fatigued the following month. The simple practice of single-nostril breathing can offer the griever the possibility of calming when agitated (*chandra bhedana* pranayama), and energizing when depleted (*surya bhedana* pranayama), helping them develop a much-needed sense of control. Once the symptoms are relatively under control, balance should be maintained. Suggesting the practice of *trataka* (concentrated gazing), for example, half an hour before bedtime and half an hour after waking up, can reset the sleeping cycle and combat the

classical insomnia that worries most grievers.^{4,6} In addition, this technique can help balance the endocrine system, which is quite taxed while grieving; greatly reducing the characteristic mood swings those grieving experience.

We can be present for another's grief only to the extent that we know our own—go there yourself.

It is probably true that you don't need to have arthritis to understand and help people who suffer from it, but in the case of grief, your knowledge of your own grief is essential if you want to be therapeutically effective. This is true regardless of whether you are professionally dedicated to grief counseling and therapy through yoga or whether you have detected grief symptoms in your chosen practice. Unless recognized and resolved, your own grief will cause you to project your own reality onto your clients, most likely in the form of trying to fix them and “save” them, rather than accompanying them through their journey of grieving. Instead of remaining in the seat of the therapist and supporting your clients, beginning with the way you react to your clients' disclosures, you are more likely to interact with them in a social way and repeat some of the challenges they are already experiencing in their regular lives. Therefore, yoga therapists must be rigorous in their self-inquiry into their own grieving before attempting to assist others in theirs.

Yoga therapists should not be expected to know everything about every condition, but because of grief's incidence in all aspects of life, having some initial knowledge about grief and how to support those grieving is at the base of any effective therapeutic yogic interaction. Most yoga therapists can listen compassionately and offer some words of normalization and techniques for control and balance to a grieving individual. Then, if necessary, clients can be appropriately referred to a competent psychotherapist who can take adequate care of them.

In the meantime, by simply being present for your clients' losses, you are helping them with one of the most vulnerable aspects of life. Because we identify ourselves through our attachments, when

we lose the things and persons we are attached to we lose part of who we are, but because we continue living, a new identity must be recognized. Your compassionate assistance in this difficult process can help individuals re-identify themselves. Because we are yoga therapists, our help in this re-identification process can lead an individual back to his or her own soul, the ultimate destination of yoga. If that is the case, you are honoring the yoga in yoga therapy, helping individuals to connect with their deepest selves in a wise and compassionate way.

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