

Yoga Therapy in Practice

Transpersonal Integrative Yoga Therapy: A Protocol for Grief and Bereavement

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Abstract: *Grief and bereavement are universal human experiences that can have profound effects on body, mind, and spirit. Yoga, as part of a therapeutic approach, can help relieve suffering during the grieving process. This article describes one approach to offering Yoga as a therapy for grief and bereavement. Transpersonal Integrative Yoga Therapy is a multidimensional group protocol that combines Yoga with conventional and transpersonal psychological therapies. Transpersonal Integrative Yoga Therapy has eight main practices: (1) asana (postures), (2) pranayama (breathing), (3) guided relaxation, (4) selected readings, (5) experiential integration, (6) meditation, (7) selected music, and (8) sharing and/or witnessing. Transpersonal Integrative Yoga Therapy holds as a guiding principle that grieving is a natural state of response to profound loss, not a pathological one. The therapeutic process creates a safe and sacred space for processing sensations, thoughts, and emotions. Part 1 of this article describes how the eight core practices of Transpersonal Integrative Yoga Therapy can be used to address grief and bereavement, and provides guidance to Yoga therapists and mental health professionals interested in developing their own protocols. Part 2 describes an evaluation of an eight-week intervention using Transpersonal Integrative Yoga Therapy for grief and bereavement. Grieving adults who participated in the Yoga therapy intervention showed significant improvements in vitality and positive states and a trend toward improved satisfaction with life. Exit interviews and end-of-intervention surveys provide more detailed understanding of how Yoga can influence the grieving process.*

Keywords: *Yoga, grief, bereavement, music, meditation, writing, multimodal therapy*

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Background

This article addresses how Yoga therapy can be helpful for grief during a period of bereavement. Grief is universally understood as an internal state of intense feelings in response to a loss, particularly a death. Feelings of grief may range from sorrow and regret to guilt, resentment, depression, and withdrawal. Bereavement is the period of time when one grieves the death of a loved one, be it through external expression (mourning), or internal anguish.¹ During bereave-

ment, grief may wax and wane, intense and protracted at times, and barely felt at other times. The complicated emotions that accompany the loss of a loved one may take years

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to resolve. During this time, a feeling of grief or sense of unresolved or repressed grief may linger.¹

The Experience of Grief

Grief can touch every aspect of a person's experience, including body, mind, and spirit. Grief can trigger a wide range of physical symptoms, such as tightness in the throat, shortness of breath, an empty feeling in the stomach, lack of muscular strength, muscle tension, pain, headache, change in appetite, nausea, heart palpitations, and sleep disturbances.²

During a grief experience, it is not unusual to experience childlike feelings of helplessness and loss of control over the environment.³ This sense of vulnerability and dependency may cause a person to lose faith in his or her own ability to survive. Feelings, images, memories come alive for the person in grief that may have been long buried. A 54-year-old woman grieving her mother cries like a child because her first and most fundamental relationship has been taken away from her. A sibling loses his brother and feels regret and shame for how he treated his brother when they were children.

Western Approaches to Bereavement

Grief and the bereavement process are a fundamental human reaction. Most traditional societies provide and encourage public expression of emotion, especially sadness and, in some instances, anger.⁴ In contemporary Western culture, however, the behavior and experience of the bereaved are constrained in two ways.⁵ First is the view that there is a "right" way to grieve, and that if a person does not grieve in this way, he or she will suffer negative psychological consequences. Helping professionals such as psychologists and clergy commonly hold this view.⁵ The second constraint is the cultural norm that prolonged public expression of grief is inappropriate. Many expect grief to be worked through quickly, in weeks or even days—not just to help the mourner feel better, but to protect others from having to witness a messy and disturbing grief experience.

Without adequate support for their feelings, some people do not want to go through their pain alone. They may avoid facing their emotions and find themselves shutting down and withdrawing. Many bereaving adults do not ask for help, hide their grief from others, and hold their symptoms inside.

To address these constraints, Western models of support for bereavement have focused both on facilitating the personal process of grieving and on providing a safe and comfortable environment for participants to share their experiences.⁶⁻⁸ Conventional therapies encourage participants to grieve and mourn in their own way and in their own time

and allow them to express their thoughts and feelings in an environment of nonjudgmental listening.

The current trend in psychological therapies is toward integrative approaches, such as using touch therapy with grieving mothers,⁹ combining art therapy and behavior therapy,¹⁰ and a family systems approach that places the bereaved and the therapist within the larger context of the family.¹¹ This trend toward an integrative approach is positive; however, awareness of the mind-body relationship and, specifically, how to work with grief as it is experienced through the body, remains absent from most approaches to bereavement. This is evidenced both by lack of mention in the literature, as well as from the author's training and communication with leaders in the bereavement field.

The author set out to create a protocol for grief that facilitates mind-body integration by combining several components, each addressing different aspects of the body, mind, and emotions. Yoga, being a multimodal practice in itself, provides a natural doorway in to the body-mind system. A growing body of research suggests that mind-body practices, such as Yoga and meditation, can decrease symptoms of depression, anxiety, negative mood, and fatigue.^{12, 13}

Because grief is experienced physically as well as mentally and emotionally, a treatment protocol that includes the body could allow more of what is experienced in grief to find healthy expression and therefore a more timely, fuller recovery. The intention in creating the protocol was to allow participants to process somatic symptoms, emotions, moods, and thoughts in a safe and contained space, free from the pressure to socialize.

The author developed a Yoga-based approach to grief that encourages deeper experience and insight by facilitating personal integration through several modalities, all within the context of a supportive group. This article describes this approach to Yoga therapy so that it may inform the work of both Yoga professionals and mental health professionals.

Transpersonal Integrative Yoga Therapy

Transpersonal Integrative Yoga Therapy is an approach that arose from the author's training in transpersonal and clinical psychology, psychodynamic therapy, and grief counseling, as well as her experience as a Kripalu Yoga and meditation teacher.

The Transpersonal Approach to Therapy

Transpersonal, as the etymology of the word implies (from Latin *trans*: beyond and *persona*: mask), means to transcend the limits of personal identity. Transpersonal therapy assists the individual in moving beyond ordinary ego functioning through deep internal exploration of

thoughts, emotions, and the physical body. This process leads to increased self-awareness and understanding and a sense of deeper personal integration and wholeness.¹⁴ The role of the transpersonal therapist is to facilitate this process without interfering and to provide an empathic presence, not to fix the client.

The Eight-Limbed Path of Yoga describes a similar process by which consciousness becomes unencumbered from its identity of a limited self. A transpersonal approach reflects many of the principles of this path. For example, transpersonal therapy encourages the practices of *svadhyaya*, self-understanding, as well as *aparigraha*, nonattachment to ego and the possessions that reinforce the egoic personality. This makes a transpersonal approach well-suited to integration with the traditional practices of Yoga. The transpersonal approach to therapy is also consistent with modern approaches to Yoga therapy that emphasize empowering the client through awareness, rather than fixing the client or “doing to” the client.

Kripalu Yoga

Kripalu Yoga was chosen as a complement to the process of transpersonal therapy because of its similar focus on increasing awareness and experiencing integration. Kripalu Yoga is a meditatively oriented approach to Hatha Yoga that emphasizes formal training in developing consciousness. Through movement (*asana*) and breath (*pranayama*), tensions and sensations in the body are brought to conscious awareness for closer examination.¹⁵ Kripalu Yoga also facilitates the states of sense withdrawal (*pratyahara*), concentration (*dharana*), and meditation (*samadhi*). Together, these practices help unify the body/mind system.

Principles and Practices of Transpersonal Integrative Yoga Therapy

When applied to bereavement, Transpersonal Integrative Yoga Therapy addresses the effects of grief on body, mind, and spirit within the context of supportive community. Sessions are designed for groups only. Groups meet for two hours a week for six consecutive weeks. Each session follows the same sequence of practices beginning with the body: Yoga *asana*, *pranayama*, guided relaxation, literary readings, Yoga *nidra*, journal writing or creative expression, meditation, and voluntary sharing and witnessing. No more than 12 *asanas* and three *pranayama* practices are taught in total. Carefully selected music played intermittently throughout helps facilitate the entire process.

The following section describes in more detail the principles and practices used in Transpersonal Integrative Yoga

Therapy for exploring the process of bereavement. These principles and practices are meant to illustrate an approach, not to provide a strict protocol for others to follow. The principles may be applied to other forms of Yoga therapy, and the practices may be adapted to suit the training of the Yoga therapist and the needs of the clients.

Sacred Space—Creating Safe Containment

One of the most important principles of Transpersonal Integrative Yoga Therapy is creating psychological safety that invites relaxation into deep inner work. This sense of safety can be established (or undermined) in many ways, including the teacher’s appearance, body language, mood, and attitude toward the clients. Each of these things should be considered in order to set an initial impression of safety, warmth, and acceptance. The teacher’s quality of voice, eye contact, sensitivity, and honesty are key to creating a learning environment that is safe, sacred, and psychologically well-contained.

The physical setting of the session is equally important. A sense of safety can be facilitated by low, soft lighting; comfortable temperature; good air quality free of strong odors, smoke, or other irritants; general cleanliness of the space; silence or soft music; and a clear visual space that does not clutter the mind.

Music

Music, well-known to affect mind, body, and spirit, can assist in the release of emotions, aid in physical comfort, reduce anxiety, and give rise to deeper states of consciousness.^{16, 17} In Transpersonal Integrative Yoga Therapy, music serves two main purposes. The first is to evoke images in the form of feelings, sensations, memories, and other associations, as well as to support exploration of those images within the safe container of the class. The second purpose is to provide a sensory-emotional experience of being held and nurtured. Music is played selectively during private centering before the session begins, as well as during *asana* practice, relaxation, Yoga *nidra*, and writing periods. Some examples of music that calms the nervous system yet stimulates deeply held emotions include *ZenNotes* by Shastro and Nadama, *Graceful Passages: A Companion for Living and Dying* by Michael Stillwater and Gary Remal Malkin, and *The Origin of Fire: Music & Visions of Hildegard von Bingen*, by Anonymous 4.

Exploring the Body Through Asana

In Transpersonal Integrative Yoga Therapy, *asana* practice is used as a means for discovering and releasing physical tension. *Asana* practice also serves as a portal into the mind/

body system. Participants draw their attention to body sensation and the thoughts, images, and emotions that may arise during the *asana* practice.

In each session, participants are guided through 50 minutes of *asana* practice. In addition to gentle warm-ups and floor stretches, two basic beginner-level *asanas* are selected from each of the following categories of postures: sitting, standing, forward bending, back-bending, and side-bending. Modifications are offered, as necessary, to accommodate participants' needs and abilities. *Asanas* are practiced both dynamically (coordinating breath and movement) and statically, held for longer periods to practice awareness.

Following the initial instruction of each *asana*, participants are lead through the experience of *asana* practice with minimal cognitive distraction. Rather than continuously teaching new technical intricacies of each pose, Kripalu's method for guiding alignment uses simple language (e.g., lengthen, elongate, extend, engage, maintain, focus, feel, notice, sense, realize) to keep attention focused on the internal experience of the pose. This method helps clients sustain focus—something that is especially challenging during the throes of grief. Back-bending *asanas* such as *mat-syasana* (fish pose) open the heart and release the throat and voice. Standing *asanas* such as *tadasana* (mountain pose) are grounding and strengthening. Simple seated forward bends such as *balasana* (child's pose) ease physical and emotional surrender. These *asanas* practiced in this way are meant to help with the processing of the complicated emotions that accompany the loss of a loved one.

Exploring the Breath Through Pranayama

In Transpersonal Integrative Yoga Therapy, *pranayama* techniques are taught to participants for three reasons. First, they are used to enhance greater mind-body connection and for synchronizing physical movements with breathing rhythms. Second, they are used as tools to enhance focus and attention during meditation and Yoga *asana* practice. Third, they serve to slow down heart rate and lower body temperature to induce calm states of mind. The *pranayama* techniques chosen for the practice have been shown to reduce sympathetic nervous system activity and shift the autonomic balance toward parasympathetic dominance.¹⁸ When this shift happens, especially in a supportive environment, a person becomes more resilient to the stress of the grief experience.¹⁹

A typical session of Transpersonal Integrative Therapy includes abdominal breathing, *dirgha* (the complete breath, or three-part Yogic breathing), and *ujjayi* (the ocean breath).

After the initial training of *pranayama*, it is integrated with *asana*, meditation, and relaxation practices. When practices are joined together, potential exists for bringing images, memories, dreams, and experiences under the microscope of still awareness, making them ready for deeper examination by the client.

Integration Through Relaxation, Reflection, Expression, and Meditation

Following *asana* and *pranayama* practice, clients are guided through integration experiences starting with relaxation practices, reflection, expression, meditation, sharing, and witnessing. These integration experiences are designed to encourage clients to journey a path of exploration and discovery with freedom from expectation and judgment.

After *asana* and *pranayama* practice, participants are invited to relax in the supine relaxation pose (*savasana*). They are then guided through a relaxation practice. One typical practice is conscious relaxation, in which sequential parts of the body (legs, feet, arms, hands, neck, face, and back of the torso) are voluntarily contracted, muscles held tightly, and then released. Another possible guided relaxation practice is the visualization of imagining the breath having the qualities of light and warmth. Each inhalation is free to move throughout the body-mind system, illuminating areas perceived as dark or scary, and infusing them with warm, glowing energy. Each exhalation is imagined as a release of all that is dark, scary, or past. Another example is the Chinese *qi gong* practice of "smiling into the organs." In this guided relaxation, participants hold in mind pleasant images and project feelings associated with them into internal organs or other areas of concern in the body.

After the end of the relaxation period, participants may be further guided into the practice of Yoga *nidra* (Yogic sleep), a form of deeper relaxation and meditation. Releasing into Yoga *nidra* allows more subtle, even unconscious, layers of tension in the mental and emotional body/mind system to surface and be safely examined.²⁰⁻²²

Once participants are deeply relaxed, selected literary and spiritual works having a bereavement theme—such as those by spiritual teacher Jack Kornfield and poets Derek Walcott and Kabir—may be read aloud. Hearing such works while deeply relaxed is believed to help individuals experience and process images, memories, and deeply felt emotions that are often repressed during daily life activities.^{23, 24}

To give clients time to reflect on and express thoughts and emotions that came up during the relaxation and reading periods, they then spend 30 to 40 minutes journal writing or

in another form of creative expression, such as drawing with colored pencils and markers. Expressing emotions through writing or creative expression has been shown to improve both physical and emotional well-being.^{23, 24} The process of journaling or drawing in response to the selected literature and Yoga practices can be a significant catalyst for healing and self-integration. This also helps those in grief develop kind regard for themselves, process and integrate feelings and thoughts, and develop the emotional resilience to deal creatively with what cannot be changed in their lives.²⁵

Clients write or draw in silence. Often, this is when they release emotions by crying. It is a time for the therapist to give space for their process and not try to intervene. The therapist, by being there for the client, protecting him or her via a safe space and reliable containment, and providing consistency through a stabilized role, helps anchor anxiety and amplify clients' creativity. This is an opportunity for the Yoga therapist to practice restraint and to allow the clients' process to unfold. Interrupting the clients' process to fix or soothe may make the process more comfortable for the therapist, but would derail the clients' journey of discovery. Several boxes of tissues placed around the room for easy access, as well as some supportive seating that participants may transition into for the writing period, are supportive props for this part of the session.

After the writing period, participants are then guided routinely into about five minutes of meditation practice. During the first session, they are taught beginning level techniques—to focus on the breath as a stable, foreground object. With this focus, they then are taught to witness the mind's activity as an impermanent flow of thoughts and images. Over the course of the six-week program, they learn by practice to develop concentration, awareness, and contentment.

Through this practice of meditation, participants learn to step back from the mind's activity and witness it as a stream of thoughts that arise and fall away and need not direct one's life. They become aware of how their mental processes (including ruminations) may influence the quality of their present experiences. As they learn to disidentify, or at least to nonjudgmentally observe, the mental activity, participants begin to appreciate the control they can have over their own happiness through changing their relationship to their thoughts. When this is understood through direct experience and practice, and any degree of disidentification is experienced, those in bereavement may find their grief more manageable and less overwhelming. Through guided focused attention, participants begin to realize the deep contentment of *santosha* and regain a more equanimous, accept-

ing state of being. The painful habit of being fixed in grief is then gradually replaced with a balanced range of thoughts, emotions, and behaviors.

Participants are then invited to share, if they so choose, by reading aloud excerpts from their journal or showing their creative expression pieces. During sharing, other participants listen as witnesses only. No comments or discussion follows the sharing. This helps maintain the psychological safety of the space, as well as protect and honor each participant's private experience within the communal group. Unlike in many social situations, or conventional groups, there is no social pressure to justify or explain one's feelings, or to receive and respond to gestures of sympathy or advice.

Evaluation of Transpersonal Integrative Yoga Therapy for Bereavement

An exploratory mixed-method study (using both quantitative and qualitative measures) was conducted to better understand the process and benefits of Transpersonal Integrative Yoga Therapy for bereavement. The results of the study offer insight into how Yoga therapy can benefit individuals experiencing grief.

The study was implemented with voluntary participation of 14 women and 2 men recruited from local hospice and meditation communities. They participated in a six-week, two-hour weekly course that included Yoga *asana*, *pranayama*, guided relaxation, Yoga *nidra*, poetry and literary readings, journaling, meditation, and sharing and witnessing. Outcome measures included standardized questionnaires of positive states of mind, satisfaction with life, and vitality, as well as open-ended questionnaires and semi-structured depth interviews. With the exception of a final questionnaire, a demographics survey, and the interviews, all other measures were assessed both before and after the study.

Participant Recruitment

Participants came from a wide range of hospice and meditation communities in the San Francisco Bay Area. Community members who had used hospice or bereavement services at the Kara Foundation, Pathways Home Health and Hospice, the Bill Wilson Center, the Center for Living with Dying, Hospice of the Valley, Petaluma Hospice, and the Jewish Community Services of Palo Alto received electronic or printed flyers that were distributed among volunteers and support group leaders for further distribution to clients 18 years of age and older who were in any stage of bereavement. A recent death in the Insight Meditation Center community in Redwood City prompted the author to include in

Teaching Strategies

Offer clear guidelines. Be specific about what is expected of participants. Regression and vulnerability are common reactions to grief. Like children, participants in this process do best when they understand what will be happening and what is expected of them. They appreciate structure and the psychological safety it gives them.

Hold sacred space. Each session is a space and time for deep and meaningful work. Don't make the class a casual social event. It defeats the purpose. Holding a nonsocial atmosphere is probably the most important support in this kind of Yoga therapy.

Prepare the space thoughtfully. Before clients arrive for each session, have any necessary props, writing and drawing tools, and seating placed within easy reach of the clients' mats so that they can transition from relaxation to writing or creative expression with minimal distraction and movement. You want to avoid a client coming out of Yoga *nidra* and having to get up and walk across the studio to search their purse for a pen! As the facilitator of the experience, set the stage for them to stay with that state of deep relaxation as they write. Have participants place all other personal belongings in a designated space at the side or back of the room when they arrive for each session.

Avoid technical language when leading an *asana* experience. Transpersonal Integrative Yoga Therapy is meant to be experiential. Getting too technical about postures moves participants out of their direct experience and into a thinking and analyzing mode. Once you have taught them how to do an *asana* correctly and safely, let them explore on their own.

Leave space. The less said by the instructor/therapist, the better.

Don't evaluate participants' performance with criticism or praise. The emphasis is on their internal experience and not on how well they learn the Yoga techniques.

Be prepared for clients' emotional releases. Participants can have strong emotional releases during these practices. This can be unsettling to Yoga therapists who are not also clinically trained in psychology. Keep in mind that your participants are adults and are capable of handling their own experiences and emotions. Refrain from acting on any impulses to fix or soothe. This will only interfere with the client's process.

Keep the sharing portion of the session structured. Have participants read excerpts from what they have written. This is not a time for them to go off on tangents or editorialize about what they have written. Simply reading aloud what they have written is powerful for them, as well as for the other participants who witness them. Some explaining may be necessary for creative expression pieces, but, again, encourage keeping this to a minimum. For example, a client may show an abstract drawing and say, "This represents the rage I am feeling inside of myself." Then he or she could pass the image around for all to see, if he or she wanted to. In all cases, encourage the clients to let the image speak for itself.

recruitment members from the Insight Meditation centers in Mountain View and Redwood City.

Selection Criteria

Self-selected enrollment occurred over a period of one month. Selection criteria included physically and psychologically healthy men and women over the age of 18 in some phase of grief bereavement following the death of a loved one. Participants were asked to indicate what had been their relationship to the person(s) they were grieving, when the death had occurred, and what emotional support they had received, if any. As bereavement and grief may be quite extended, there was no requirement for how recent the loss needed to be.

During an initial telephone screening, the researcher (a psychologist) assessed eligibility and excluded from the group individuals with unstable medical or severe psychiat-

ric conditions based on self-report and level of coherence as detected through voice and quality of conversation.

Potential participants were excluded if they were unable to fit class participation into their schedules, could not speak or understand English, were physically incapable of getting on the floor for movement, or had other contraindications for group *asana* practice. Prior experience with Yoga *asana*, *pranayama*, and meditation was not necessary, nor did it exclude anyone from the study.

The Intervention

Six weekly two-hour Transpersonal Integrative Yoga Therapy sessions were held in a large, private, temperature- and light-controlled padded studio at the Institute of Transpersonal Psychology in Palo Alto, California. Each session included eight modalities: (a) *asana*, (b) *pranayama*, (c) guided relaxation, (d) selected readings, (e) writing or

creative expression, (f) meditation, (g) sharing and witnessing, and (h) music.

Participants were asked to attend all six sessions. Four women missed one session each for medical reasons, unexpected change in work schedule, or previously scheduled personal reasons. These women were permitted to resume their participation and completed the other five sessions of the course.

Tools of Evaluation

Quantitative Measures

Quantitative data was obtained from three surveys administered before and after the Transpersonal Integrative Yoga Therapy intervention.

The Vitality Plus Scale assesses appetite, energy level, sleep patterns, relaxation, and body stiffness. It has shown good internal consistency and test-retest reliability.²⁶ For each statement, respondents choose a number from 1 to 5 that best describes them. For instance, if they usually fall asleep quickly when they want to, they circle 5. Otherwise, they circle a number from 1 to 4 depending on the extent to which they have difficulty falling asleep.

The Positive States Survey measures the ability to experience states such as productive rest, concentrated attention, nonsexual pleasure, and intimacy.²⁷ An example question asks respondents to rate on a scale of 1 to 4 the “ability to attend to a task you want or need to, without distraction from within yourself.”

The Satisfaction With Life Scale measures global judgments of one’s life.²⁸ This scale has shown sufficient sensitivity to detect change in life satisfaction during the course of clinical intervention and shows discriminant validity from emotional well-being measures.²⁹ It asks respondents to agree or disagree with five statements—e.g., “In most ways, my life is close to my ideal”—on a scale of 1 to 7, ranging from strongly agree to strongly disagree.

Qualitative Measures

Both before and after the Yoga intervention, participants also completed surveys containing the following open-ended questions about how bereavement was affecting their body, mind, and mood:

Bodily Symptoms (physical sensations, tension, restriction, pain, energy): When you think about your loss, how do you feel in your body? Has your sleep changed? If so, please describe. Has your appetite/eating changed? If so, please describe.

Cognitive Functioning: Please describe any changes you are experiencing in memory, concentration, and rumination. If you ruminate, what kinds of things do you ruminate about?

Mood (your internal, subjective experience): How do you currently feel when you think about the loss of the person/s you are grieving?

Open-ended questions allow participants to express shades or levels of meaning rather than being compelled to choose from a limited number of possible alternatives. These open-ended reports provide a more nuanced view of how participants’ experiences of bereavement changed over the course of the intervention.

At the end of the intervention, participants also completed an open-ended exit survey and a private 45- to 60-minute exit interview within four days of the final session. The exit survey asked participants to report how the intervention had influenced them overall. In the final interview, participants were asked to share how satisfied they were with the course and to comment on what was most challenging, pleasant, and unpleasant about the experience.

When all questionnaires were collected and interview data transcribed, an extensive analysis process began. For the purposes of this paper, some of the most common themes and typical responses are shared, particularly those that may inform the work of Yoga therapists and healthcare providers. Readers interested in a full analysis of the qualitative data can contact the author for a comprehensive report.

Results

Demographics

The bereavement group (N = 16) included 2 men and 14 women. Their ages ranged from 29 to 69 years, with a mean age of 52.8. This was a well-educated sample of people, all having at least some higher education: one held a bachelor’s degree, seven had master’s degrees, and two had doctoral degrees. There were 14 Caucasian and 2 Asian participants. Eleven participants reported having a spiritual or religious practice.

Descriptive Statistics for Bereavement

The time since loss of a loved one through death ranged from 1.7 months to 44 years, with a mean time since loss of 6.6 years. This is a very large spread, considering most participants entered the program because of a recent loss. However, as participants delved into their grieving process during the intervention, some found that they had unresolved grief from previous losses. Nine participants came to realize they were grieving more than one death. Altogether, the group reported grieving at least 28 losses, with some participants not specifying the exact number.

The leading cause of death among these losses was disease related (12). Two losses were from suicide, three from natu-

ral causes, one accidental, one from surgery complications, and one from sudden heart attack. Eight of the losses were reported as cause unknown. Eight deaths were expected, 10 were unexpected, and 10 participants did not comment on “expected versus unexpected” for all their losses.

Most of the participants (11) had experienced some form of therapy for their grief, including both traditional and alternative methods. Just under half (7) reported “a lot” of social/family support during their grieving process. Three said they received “a little support,” and six said they received “moderate support.”

Quantitative Outcomes

Table 1 shows descriptive statistics for the three quantitative measures both pre- and post-intervention. On average, scores increased for all three tests, showing improvement from pre- to post-intervention.

	Pre		Post	
	Mean	SD	Mean	SD
Vitality Plus Scale	3.26	1.12	3.63	0.98
Positive States Survey	3.01	1.52	3.42	0.57
Satisfaction with Life Scale	3.50	1.70	3.90	1.83

Table 1. Descriptive statistics pre- and post- intervention ($N = 16$)

As shown in Table 2, the Wilcoxon-Mann-Whitney test, used for nonparametric studies, computed p -values for the change in outcomes from pre- to post-intervention, based on an alpha level of 0.05. Participants improved significantly in the Vitality Plus Scale and Positive States Survey. There was a non-significant positive trend for the Satisfaction with Life Scale.

Fisher’s Exact Test was used to examine whether age or education levels were significant predictors of improvement. None were statistically significant; improvement was found to be independent of age and education levels.

Change from Pre to Post	W-M-W Test p -value	T-Test p -value
Vitality Plus Scale	0.01	0.00
Positive States Survey	0.00	0.00
Satisfaction with Life Scale	0.17	0.18

Table 2. Wilcoxon-mann-whitney pre minus post test p -values for quantitative and qualitative test results ($N = 16$)

Qualitative Outcomes

All participants reported feeling satisfied with their experience in the course. Responses ranged from extremely satisfied to somewhat satisfied. They appreciated the effectiveness of the integration of different modalities, having a time and place to go each week for grief work, and the opportunity to share their experience. Participants reported a wide range of benefits from the intervention, such as greater acceptance of their loss, greater appreciation for their body, less isolation, more ability to attend to the present moment, and a more realistic perspective on loss.

Table 3 lists some of participants’ comments on how the intervention influenced their bereavement process. Table 4 lists comments made in the exit interview, organized by theme. These comments illustrate the range of benefits and changes participants experienced during the interventions. Tables 5 and 6 list participants’ comments about what they found most rewarding and challenging about the intervention.

Conclusions

This study examined the effects of a Yoga therapy protocol for grief and bereavement. Participants’ vitality and positive states significantly increased after a six-week intervention. The observed mean change in life satisfaction was also positive, but not statistically significant, given the small sample size of this study. The participants’ high levels of satisfaction with the course, and the positive changes reported in open-ended questions, may be interpreted as further support for this Yoga therapy protocol.

Limitations

Participants’ involvement in therapy outside of the study may have confounded the results. As mentioned, this was a well-educated sample, with 68.8% of participants having had some form of therapy for their grief. Some participants reported that the intervention coincided well with their bereavement counseling, which was typically talk therapy or socially-oriented activities with others in bereavement. Since this was an exploratory study, the researcher did not test whether the Yoga therapy intervention could, or should, stand alone as a supportive therapy for bereavement.

Self-selection bias may have affected results as well. However, research findings strongly suggest that providers of grief therapy recruit from populations who would seek treatment voluntarily.³⁰ Therefore, in this study, the researcher deliberately sought to recruit participants who are typical of clients who would normally seek treatment.

Body	Cognitive	Mood/Emotions
Sleeping has improved	More productive	Less anxious
Wake up only one time each night	Setting priorities	No longer anxious
Much more aware of my body	More focused	Doing more inner work
More in tune with my body and how it integrates with mind	More tendency to explore my unresolved grief	Much calmer
I allow myself to cry	I realize it is not bad to look at grief and walk through it	I am more accepting
Stomach feels lighter now	I realize I am not alone in my grief	Less judgmental
My physical posture creates emotional strength	Decided to seek out more group support	I feel safer
My core is stronger	More able to write out thoughts, feelings, experiences	Feeling my edge better
Taking better care of myself	Better balance between focusing on myself and reaching out to others	Feel more kindness
More open and strong in my posture, psychology, and approach to the world and life	Realized my anger and that I don't want it anymore	Feel more like being who I am
	Easier to make decisions	Not feeling as guilty
	Tuned in that all is as it is supposed to be	Feel more normal
	Tuned in to beauty	More present to emotions and my process
	More open to the unknown	Feel stronger
	Opening to a new relationship	More centered
		Feel less burdensome to others

Table 3. Representative reported changes from post intervention qualitative questionnaires (N = 16)

The small sample size (N = 16) is another limitation. Future studies examining Yoga therapy for grief and bereavement should include a larger number of participants, a control group, and more ethnically, economically, and culturally diverse populations.

There is a possibility in any study based on self-reports that the data are confounded by a variety of other factors. The influence of demand characteristics is not uncommon in research studies. It is possible, for example, that participants were responding to what they assumed the teacher/researcher wished to hear, or that their responses presented their opinions of what they thought should have changed, rather than reflecting genuine changes. However, their

reports and demeanor during the one-on-one interview seemed to be as genuine as one could expect. Many of them cried. Some shared life-altering changes such as finding it in their hearts to forgive long-held grievances against siblings, or finding for the first time their ability to let go of the person they grieved, so as to move forward in their lives for the first time since their loss.

Contraindications

Transpersonal Integrative Yoga Therapy may take a person into deep experiential states they may not be prepared to move into. Those who report having been diagnosed by a psychologist or psychiatrist with unstable conditions

“I have touched something in myself I was not paying attention to before. Discovered there is much more to me than I ever thought about or paid attention to.”

“The pain has reduced enough that I stopped taking ibuprofen.”

“I’m very much in tune with my feelings.”

“I feel more loving; more compassionate.”

“I have more awareness of how I react to things, so more awareness of what is around me.”

“[I am] a little bit more at peace with death because I feel more connected to life and life’s natural processes.”

“I am more able [to express feelings] on this particular issue of grieving. It has opened up conversation for me.”

“I am more productive toward the things I’m doing, and able to approach things more before [I] have to. I’m less aggressive toward people.”

“[My] living space—I want it to look nice. Bought new clothes, shoes, some kind of shift took place. I feel that I could open up.”

“[I am] connecting with that forgiving, loving part. More of an awareness with that ‘God part.’ I can bless, love, and let go; empowering; don’t feel so victimized. Class gave me an opportunity to write from a heart space.”

“I was so into my stories. I’m more conscious of being present [about] my goals rather than my stories. I’m there with the [grief] work, rather than being unconscious about it.”

“The quiet time and journaling was when I could reflect for myself and realized how inappropriate my anger was.”

“More aware of how vulnerable we are. Trying to live more purposefully. Been asking what is my purpose, how can I live it out. More aware of tension and how I can let it go. I am aware that I hold tension in face and shoulders. More bodily awareness; use breathing in the car and grocery store. Makes me feel more at ease.”

Table 4. *Examples of Participants’ Comments on Selected Themes at Exit Interview*

such as bipolar disorder, personality disorders, dissociative states, or somatization disorders risk being overwhelmed by the experience of symptoms that may arise during the course. Therefore, a formal intake assessment or screening may be useful.

Transpersonal Integrative Yoga Therapy also may not be equally effective, or even useful, in all cases. People with great ego instability, identity diffusion, or psychosis, for example, may be better helped with other types of therapy. Those with severe anxiety or panic attacks may need additional preparation and support. People who lack the capacity for self-reflection and inner work, or who have fragile defenses, may need supportive therapy before moving into the inner-directed work.

Replicating a Transpersonal Integrative Yoga Therapy Protocol

Certification as a Yoga teacher in most reputable Yoga training programs implies in-depth study, understanding, and experience of Yogic techniques and their effects. However, a teacher attempting to replicate the study with the protocol as described would benefit from some training or exposure in the meditatively-oriented Kripalu Yoga method.

It is important to note that the instructor of the intervention was both a Yoga teacher and a clinical psychologist in training at the time of the study. She was able to contain the participants’ emotional upheavals without feeling

“The Yoga was...satisfying—an integrated process rather than a series of discrete postures. Using body to focus inward was very helpful.”

“Breathing and *upavistha konasana* [wide-angle forward-bending pose] especially.”

“I liked mountain and standing squat combined with breathing. [I] got into the posture flow and cat/cow—feel solid, centered, and kind of strong in them. I noticed I could relax into them. A nice surprise that I could do some of those.”

“The class helped me continue on my spiritual path. Feel more at ease about where I'm going. More accepting that I have lots to offer. I appreciated the relating of postures to being uncomfortable or challenged.”

“The stretching [was] a symbolic release of tension. Journaling was quite an eye opener. Cried —that was a release. Share or not share, write or not— freedom of choice, so I could focus on what I was feeling. The *metta* [lovingkindness] prayer. Loved the music—just enough to feel peace, but not distracting. Mountain [pose], both standing and lying down, opened me up—the opposite of containing.”

“The gentle yoga put me in my body, which is my biggest challenge. I have PTSD and tend to dissociate. After writing (very important to me), I was struck [that] I could write. The body preparation helped me do that. Breathing. Meditation. The course helped me be in my body. [I] realized actual hope, joy, and sorrow can exist together more on a spiritual level. Really liked listening to the other people, and being able to see them—their courage—that made us all into one.”

“The breathing—helps with rumination.”

“Definitely the breathing —three-part breath. The relaxation, tensing and relaxing the body, journaling was helpful. It helped [me] process. I would go back later and read what I had written. Music helped me to drift away, to stay present, to push out thoughts that were cluttering my mind such as chores and tasks.”

“Breathing felt like a safe way to come into the moment. Helped me to stop the ‘yadda yadda.’ [I] came away feeling refreshed. The fish pose—I felt more present with it—definitely into the body. It washed away that obsessive thing I was engaged in.”

“Everything, mostly relaxation and listening to poetry. The cadence of the words, feeling safe with the class and instructor. Was in a better state in the class and could think within myself rather than react. Time for me, which I know I needed.”

“Writing has made the biggest change for me, then the breathing (*ujjayi*).”

“Writing—I don't usually take the time for it. Perfect time to let go after doing all the physical work.”

“[I] really appreciated that there was no talking or chatting. The quiet and silent energy in the room was very soothing—like entering a sanctuary.”

“Overall [it was] good to have a place to go to work and have a container for the grief process. Very beneficial was the sharing. It was quite moving. Seeing that others have lost people, and to be in a circle of such people, was a good thing. I could feel it in my body (makes me think of getting more support).”

Table 5. *Examples of participants' comments on most rewarding aspects of the course*

“[I] loved the deep breathing and relaxation. Really enjoyed listening to the sharing at the end and no cross-talk. [I went] very deep, very quickly. Yoga and journaling and sharing were well-connected, that made it ok to share. In the relaxation, being still and concentrating on breathing gave me a sense of ease.”

“Initially I expected all participants to be female. I had to adjust to that. But, the men's contributions were so wonderful. The level and kind of intimacy makes me feel good about human nature and that men can understand their hearts so well and be able to share it.”

“The class size was good and the variety of ages and variety of losses. It showed me that death can happen at anytime. Made me feel compassion.”

“I felt a great deal of freedom to choose my [own] level of participation.”

“Sharing: it was nice to see different styles of how people wrote—seeing and hearing their own personal stories and how they feel with their grief.”

Table 5. *Examples of participants' comments on most rewarding aspects of the course (continued)*

“Showing up and trying something new. [I am] devastated by my daughter's death. Going full force into being a participant is what I wanted and what I did.”

“Sharing—I tend to be more private. Sitting still for long periods—being still and being quiet.”

“Sharing. Never been one to volunteer [because of] shyness. I felt blocked there. Have to go slowly with things. Need to warm up to get to know others. Good experience, but challenging that way.”

“Never did free-flow writing before. My personality is task and goal-oriented. Hard to let thoughts wander over the page.”

“Writing—easier to talk and vent rather than writing thoughts. But, it was most helpful. I realized I didn't have to burden my husband and others. I wouldn't ordinarily do this. Maintaining focus and a meditative state is challenging.”

“Writing and sharing were most challenging. I haven't done journaling before.”

“Journaling—never did it before. Hard to feel, write down in words, and think. I am more comfortable writing in [native language], especially something very personal.”

“Most challenging at first was the journaling. As weeks went on, it became easier. As weeks went on, I felt freer with myself. I wrote later on more abstractly, more open to letting different images in. I didn't feel comfortable sharing. I was too choked up to do so.”

“The physical poses. I've tried over the years but never kept up with it. I experienced discomfort and then ‘judging mind’ kicked in. The sharing—hesitated to do it because of judging myself.”

“Breathing. I never thought much about the way I breathe. Had to give a lot of thought to it. Had to not worry about performance. Learning the techniques was helpful. Been doing it at home. Made progress with getting over anxiety about learning to breathe.”

Table 6. *Examples of Participants' Comments on Most Challenging Aspects of the Course*

burdened by countertransference. Due to both personal experience and clinical training, she felt prepared to offer dispassionate care and loving kindness to those in the throes of grief. While Yoga teachers of the protocol need not be psychotherapists, some clinical training would be beneficial in holding a therapeutic frame, facilitating the often extreme emotional responses of the participants, and gaining knowledge and experience in managing transference and countertransference.

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