

YOGA, GRIEF RECOVERY AND HOSPICE CARE

An Interview with Molly Lannon Kenny, MS-CCC

Molly Lannon Kenny has developed classes, workshops and training programs in supporting illness, disease and life challenges in a holistic manner that encourages healing of the whole person. In this interview, she talks about bringing Yoga therapy to hospice care patients and about "Life after Loss," a special Yoga class she developed for individuals experiencing grief and loss.

Integral Yoga Magazine: You have worked with people with severe injuries, even people who are paralyzed. How do you do Yoga with them?

Molly Lannon Kenny: A young marine serving in Iraq (we'll call him John—not his real name) was shot at the C2 level and became a quadriplegic. He had no sensation or movement below the neck. His family asked me to work with him. I would have been happy had that even been the end of the story! Just their asking me to do Yoga with him! Imagine what the family was thinking and the perspective they had for them to even think that I could do Yoga with him!

It challenged me. I had to really ask myself the question: What is Yoga? How do you work with someone in a body whose body doesn't work? I began to pull things from Yoga *nidra*—bringing awareness to the palm of the hand, the fingers, the back of the hand. We are connected to our body even when we think we're not. Quite often, we don't connect with these bodies that we are in! In Yoga class, we may hear the teacher say: Breathe into your kidneys. Do we know where are they? We don't connect with the different parts of our body. But we can, if we orient to them.

IYM: What kind of reorientation did he go through to reconnect with his body?

MLK: Imagine if you lived for 27 years in your body and then you were told you don't have any relationship to your body anymore. This is the perspective given to people with spinal cord injuries. As yogis, we know, of course, that they still have a connection with the body. We can have energetic connections. So, John and I did a lot of work that focused on that and he enjoyed it. Then, on the sixth session of our work, he told me he was being removed from his ventilator because he didn't want to live as a quadriplegic. This was a moment of spiritual crisis for me. I cried to God: "You directed me to do this service but then you don't help me." I was in crisis because, I was afraid that maybe I should be telling John to not want to die, instead of supporting his decision. Everyone was telling him, "You have to live." They were bringing in other quads to talk to him so he might change his mind. Then, I had a breakthrough: I could be the one person who held a different perspective for him. He was not going to make a decision just based on my support or lack

of it. Quality of life should not be measured only in terms of longevity.

IYM: What did you say to him?

MLK: I said, "John, trust your inner wisdom. Listen to your heart." Then he asked me if we could practice a specific meditation that might prepare him for dying. We spent all the rest of the time doing meditations on dissolving the body—thinking of the physical body and letting it rarify and disappear, then the breath body and so on. We went through all the *koshas*. We identified that, if we let go of all the other *koshas*, all would be left was the spiritual body. I called it "a firefly," a firefly that could fly anywhere and had no boundaries. We'd allow ourselves to be in that place. Then we'd build each *kosha* back up. We'd visualize the firefly in the body and then bringing the emotions back, the breath back. We would do it over and over. Sometimes his wife would ask him what he was doing and he'd say, "I became a firefly. I dissolved my body." He was always reported feeling very good about this.

We did this process until it was time for him to go. The last time we did it, before he passed away, he shared something with me. You have to understand: Here was this military man, a very conservative Lutheran. Here I am, the complete opposite. And he said, "I don't know why you are here in my room, but I know that it has helped me a lot to have you here." For me, it was as if when John died, it would be okay. He was leaving, but this spark would continue. It seemed he understood that he could be this form as a marine and husband but just as much a spark and energy that would last even when they removed the ventilator.

IYM: What was that like for you to hear?

MLK: It was very powerful for me. It became a powerful catalyst at my Yoga studio too because everyone knew I was working with John. It enabled us to really consider the issue of life and death from a Yoga perspective. Like Patanjali says in the *kleshas*: *abhinivesha*, fear of death, is an obstacle on the path. We make death a thing we are so afraid of, something we avoid talking about at all costs. We all will die. If there is another model, then we can accept death as a natural part of life. I continued to work with John's wife. She did some private sessions and started coming to our "Life After Loss" classes.

IYM: How did you develop "Life After Loss"?

MLK: I had a Yoga student who was seven months pregnant when she lost her baby. She wanted to do private sessions, as she didn't feel up to a group class. She came in and immediately I knew we weren't going to be doing asanas! She was bereft, in an extreme state of grief. We started by talking and doing some breath work and some gentle movement. It was an education for me and a journey for us together. She would tell me how when she went back to work, people would ask her, "Are you going to get pregnant again?" Or she would say to herself, "It's been a month, it's time to get over it." If she had moments of laughing during a funny movie, she'd feel she must be dishonoring this death. There were so many emotions she was dealing with. So, we did a lot of *savasana* and I'd have her do witness work.

IYM: In what way?

MLK: We have these two parts of ourselves. One is the witness part that knows we will be okay; that is really patient, like the archetypal mother that sends us unconditional love, patience and understanding of the ebb and flow of our emotions. Then there is the *manomaya* part that is wracked with grief and these two parts exist simultaneously. When we are in touch with the witness, we know we'll survive, that we will experience joy again and simultaneously we may feel, "I will be sad the rest of my life, and I can't imagine a day I won't cry." So, I did this process with her in *savasana* and she'd be calm tuning into the witness and when she'd come out of it she'd start weeping for her other part, but also witnessing that part and giving comfort to it.

During that time, I decided to start the "Life After Loss" classes. I had just experienced my own loss and I couldn't work with others but continued to work with her. We shared what was common about our grief and losses. A year later after we both came out of the grief, she gave me permission to tell her story and for others to connect with her and to start the class. We started sending it around to different hospice centers. I then decided to work with people who were dying. First came the idea of working with grief. Once I was comfortable with that, I wanted to work with those who were dying, doing what I now call Bedside Yoga™.

IYM: Is that similar to what you were doing with John, the marine?

MLK: Yes. More and more I began to realize that we limit Yoga to asana. Asana is a part of Yoga but it's not synonymous with Yoga. People who are lying in their beds and dying can benefit from Yoga in so many ways. The way we treat certain segments of our society, including



Molly Lannon Kenny

the terminally ill, is as a population to be *managed* and we don't look at their full potential. The philosophy is one of, "If we make the patient comfortable then our job here is done." But, what about their full potential? Up to the moment we die, we have potential.

So, with Bedside Yoga™, we ask, "How can we move the patient's body so that person experiences their life force and *prana*? We may also use Thai massage. We do a lot of hand and foot rubs. We are also Reiki practitioners. I have folks with cancer or ALS, who know they won't be able to talk, who ask us to please continue to come in and work with them even after they can't ask for us to come in. I strongly believe we have that healing power and, if we just focus and concentrate with intention to pass love, energy and God consciousness through our hands, the person will receive it. I train my volunteers to feel that and be connected to that. We are not *curing* anyone's cancer, but we are helping them to heal themselves on other, more subtle levels of being.

And, from an asana perspective, people who are lying in bed all day have a lot of stiffness in their backs and shoulders. Their life force is depleted. So, we do a lying down spinal twist or lifting people's legs and stretching arms, creating traction and just moving their bodies. After working with them, our patients have reported that for up to three days after they don't need as many pain meds—and their doctors and nurses have documented this. They have even been able to forgo pain meds at night.

IYM: You train mentioned training Bedside Yoga™ volunteers. What does that entail?

MLK: Bedside Yoga™ is comprised of three main elements. The first is about being present for the patient. We are there to be a witness, not to give the patient advice or try to cheer them up. Our trainees need to be comfortable with all the questions patients might have, including, “Do you think I’m going to die?” Rather than having the answers, we want to do active listening and reflect back the questions so we might respond, “What do you think? How do you feel about it?” There’s a lot of talking and, if they are open, we’ll talk about Yoga philosophy. We don’t proselytize or even necessarily use the word “Yoga.” We might talk about the *chakras* and never use that term. We talk about being where we are and that we are conditioned to push uncomfortable emotions away. Especially for patients who are in that transitional state that can be very scary, we tell them that it’s okay to be afraid and that there will be another time they won’t be afraid; that these feelings are transient. So, there’s a lot of being that witness and also being that person they can talk to about these things.

The next component is *pranayama*. We help people to find ways of calming and using their breath. Some patients are respiratory-comprised. We can’t do things like *pranayama* with retention. Like with John, who was on a ventilator. At first he was very panicked about being on a ventilator. He was afraid something might happen to the ventilator and he wouldn’t be able to breathe. He often panicked about that. So, we had him connect with the sound of ventilator like a rhythm he could follow and focus on like a mantra to still and calm the mind. The central nervous system loves rhythm to calm it. So, for someone like John, I could help him to have a different relationship to the ventilator.

IYM: How do you do this service, without being affected by the suffering people go through?

MLK: I can’t bring these patients home with me. I can’t come home to my husband or teach Yoga at my studio if I don’t have good boundaries. I continually have to check in with myself to be sure I’m staying neutral, clear, balanced and keeping a lightness of spirit. The more I take on patients’ problems, the less effective I am. I have had to let people go from my program because they would be so affected by people’s deaths and I’d have to say, “At this time in your life, you are not ready for this work.” I explain it in this way: Imagine a big lake. The lake is *manomaya kosha*, the emotional body. There’s a person standing at the edge of the lake and this *vijnanamaya kosha*. Suddenly you see a person drowning in the lake. If the person is drowning and you are there on the side, what’s the best possible way to help the drowning person? Is the best way to jump in the lake? No. Stay on the side where you are safe and throw them a lifeline to pull them to where you are. We are so into jumping into the

manomaya kosha—it’s what we humans do! I’m a Yoga therapist, and I can’t get into everyone’s stuff. I learned that I am more effective if I have two feet on land!

Personally, I love being present at death and being with people who are dying. For some, this may seem morbid. Death is sad and it’s a natural part of life. But, that doesn’t mean we’re not sad and don’t mourn when someone dies. But Yoga teaches us to hold both. With John, I felt happy when he died—honored to have the opportunity to have someone that was on his side, telling him it was okay to die. I was also incredibly sad. I feel my Yoga practice is the most important piece to this service. I love asana but I have to keep practicing my own spiritual Yoga. Otherwise I feel like a charlatan.

IYM: Any further advise for Yoga teachers?

MLK: Even if one is working with a “regular” population of students, Yoga teachers should understand that loss is happening all the time. Whatever style of Yoga you teach, someone in your class is hurting, grieving. Part of my job is not just that I can teach a perfect series of asanas, but for me to really do Yoga is to be present to all the possible human emotions happening in my class. I don’t have to ferret them out, but be open enough energetically to understand that people are in pain and going through things and that it’s my job to open that space for them. They can experience their Yoga asana in whatever way is most supportive to them at that moment.

Especially now, as Yoga therapy is becoming a legitimate profession, as soon as we become Yoga teachers, it’s important to acknowledge the depths we are taking on: We are putting ourselves in positions where we are creating containers for our students. All students need to feel safe and okay, to have the entire spectrum of emotions and we have to do our *own* work so we feel okay about that. Not all Yoga teachers may feel comfortable doing the work I do, but we should all feel we all have taken on an important role by calling ourselves Yoga teachers. We should all be attuned to human suffering. The Buddha said that life is suffering. Some people might think that sounds like a bummer. To me, it’s a bummer to go through life pretending it’s not suffering. I think Swami Satchidananda would appreciate that thought!

Molly Lannon Kenny, MS-CCC, is a nationally recognized innovator, researcher and educator in the field of Yoga-based therapy, and one of the nation’s leading experts in neurophysiology and Yoga. She is a licensed speech-language pathologist, a certified Yoga instructor and the founder and director of The Samarya Center for Integrated Movement Therapy and Ashtanga Yoga in Seattle, Washington. For more information, please visit: samaryacenter.org.