Reflection exercise 6.2  continued

and love herself. This may be akin to taking a vow. And, sometimes, a vow involves a ritual, like selecting a specific date, location, or time to take that vow. It could involve lighting a candle, reciting a poem or selecting a piece of jewelry for the occasion. Imagine yourself or a patient in a similar predicament. Perhaps you could help your patient or make that vow to be there for yourself, in sickness and in health. Imagine how you (or your patient) might feel in holding that promise sacred. Perhaps you (or your patient) could journal about that as an initial preparation. And then take the plunge into that higher space that is truly aligned with your Self and create an artwork or poem to represent that (see Fig. 6.13).

Case study 3

64-year old female stroke survivor

Stroke: some definitions

A stroke is the result of reduction or disruption of bloodflow to the brain. There are two main categories of stroke: (1) ischemic stroke, caused by blockages in an artery, and (2) hemorrhagic stroke, the result of bleeding in the brain caused when an artery’s wall is torn. Within the category of ischemic strokes, there are three types: thrombotic (blood clot in the brain blood vessels), lacunar (a series of small strokes occurs) and embolic (blood clots that travel to the brain). About 60% of all strokes are thrombotic and are caused when clots form and interfere with blood supply to the brain as they slowly choke off an artery. This type of stroke is a result of atherosclerosis – a thickening and hardening of the arterial wall.

Approximately 30% of stroke patients are afflicted with aphasia. Wernicke’s aphasia, identified in 1847 by Karl Wernicke, is a language impairment marked by fluent verbal output and impaired verbal comprehension.

In Broca’s aphasia, often identified as non-fluent aphasia, anterior aphasia, motor aphasia and expressive aphasia, speech is greatly reduced with short, agrammatic phrases, difficulty ‘finding’ words, and impaired repetition. This was the kind of aphasia that this patient, ‘L’, experienced. While word comprehension is generally preserved, patients with Broca’s aphasia are often frustrated by their inability to speak. Stroke can leave many survivors with ongoing cognitive deficits that contribute to the challenges and dilemmas that present after stroke. Participation in daily life and activities of daily living (ADL) skills are greatly impaired by the resulting hemiparesis and cognitive deficits. According to Garrett et al (2011) and Horovitz (2005, 2017a), stroke can leave many survivors with ongoing cognitive deficits that contribute to challenges in daily life. Ellis-Hill, et al (2000) noted that in stroke, ‘the body, separated from the self, takes on the nature of an object’ (p.728). This was described as a sense of detachment from their body. Dysfunctional body parts and limbs were viewed as ‘dislocated from other aspects of [their] life... jobs, friends, and general independence’ (Garrett et al 2011:2408).

Considering this, let’s see how this played out in L’s case.
Once upon a time

Long ago, before I practiced yoga therapy, I was working solely as an art therapist. My yoga teacher journey with Sri François Raoult was unplanned and occurred during a sabbatical. When I returned completely altered from this experience, I approached my Dean and told her I wanted to incorporate yoga in the art therapy clinic where I worked. She agreed to this, since years before we had combined art therapy and speech therapy in the clinics.

As it turns out, the patient herein named L (Fig. 6.14) had been attending group art therapy with five other members (male and female, approximately the same age), all of whom had suffered varying types of strokes. Most had lost their speech, some could no longer read and comprehend the words in front of them, and some suffered from global aphasia, where their words were often garbled and sounded like gibberish. Just imagine how frustrating it would be to one day find yourself unable to communicate your thoughts, feelings, needs, and perhaps, suffer partial paralysis. L’s inability to verbalize, compounded by hemiparesis on her dominant (right) side, affected her gait and to some degree her frontal lobe functioning. This resulted in severe speech problems, changes in her personality, poor coordination and difficulties with impulse control. In short, she was a very changed woman. Despite this, she was never irritable and always joyful to be around.

Working with L was so early in my ‘yoga’ career that I pretty much flew by the seat of my pants, since this work was conducted over 20 years ago. This is exactly why I am presenting it herein: sometimes, even without much scientific knowledge, our work as clinicians is intuitively based. So, this work preceded all the apps that I use today. I also did not communicate with L in between sessions, or send her recaps, or create photographic images to share with her. However, I did videotape many of our sessions and while I have complete permission to use L’s images and those videotapes for publication on the Internet, as with Case Study 1 in this chapter, I have pixellated facial images to obscure her identity. I worked with L for over 4 years and watched her skillset change from the very first introduction to yoga therapy.

How it began

One day, I brought some tennis balls into the group art therapy setting and sat down with all six members of the group. I asked the members if any of them had done yoga or were interested in trying it. None had previous experience with yoga and so I gave each of them a tennis ball and had them roll the ball on a table from their elbow to their fingertips with their functioning (unimpaired) arm. Figure 6.15A shows an example of me doing this with L, and her affected (hemiparetic) arm (B,C).

After telling the group members that they had actually just done yoga, they were surprised. While not an āsana, per se, this had set the stage for what yoga could be as opposed to the glossy images featured in the Yoga Journal magazine ads. At this time, L’s speech, when prompted, was
completely halted and occasionally was a one-word response.

The next week, as the members walked up the corridor to the art therapy clinic, L practically ran towards me. Her gait appeared more balanced and as she drew near me, she pulled her tennis ball from her purse, and said (in staccato fashion), 'I... want... yoga!' I am not sure who was more amazed, L or me.

**Progress: flying by the seat of my pants**

And so it began. My wheels started turning and I soon recognized that for L, yoga primed her speech. Getting her speech therapists to recognize this was more of a struggle. I invited my Dean (who wore two hats, including Director of the Communication and Science Disorders Department) to come observe us. While I later published my results (Horovitz 2005), when I began yoga with L in 1999 I had little to go on save my intuition. Years later when reading Garrett et al (2011), Harris and Eng (2010) and Schmid et al (2014), I was delighted to learn that I had been on the right track. Participants generally described their participation in the yoga program in positive terms (Garrett et al 2011). Particularly affirming was reading that scapular ROM movements had been part of the Schmid et al (2014) study, since (as seen in Fig. 6.16) I too incorporated these kinds of movements in order to open up the anterior deltoid and increase L's ROM. Schmid and Van Puymbroeck (2019) have since published an entire book dedicated to yoga therapy and stroke. A wealth of topics (including the use of prāṇāyāma, mudrās and meditation) is peppered throughout and their sample yoga practices are useful to the emerging practitioner.

It became clear to me that as I worked with L, her speech was improving. I likened this to 'priming the pump' (her brain). Her speech improved as did her comprehension of words and ability to form sentences. Below are some samples of how
L progressed from one-word answers to whole sentences. These are extracted from conversations during some of our sessions.

- ‘I want yoga!’
- ‘My daughter had an accident yesterday.’
- ‘She got run into by a car.’
- ‘My son gave them to me for Christmas.’
- ‘I had ice coffee.’
- ‘I used the microwave!’
- ‘These are men’s shoes.’
- ‘I got a permanent last Thursday.’

While this may not seem like much to someone who has never suffered a stroke and experienced Broca’s aphasia, for L and her husband this was little short of a miracle. I am fully convinced that the combination of meditation, breathwork and regular practice of asanas improved L’s communication, balance, ADL skills and overall function. Her fine motor coordination also improved in the art therapy.

I helped L use the wall as a prop (see Fig. 6.16). This opened up the function in the hemiparetic right side, in addition to her anterior deltoid and scapular region. Figure 6.16C shows progress months later, when L could do these movements independently.

We also used a foam roller to extend L’s arms; Figure 6.17 shows her progress.
Clinical cases: adults

**FIGURE 6.17** L practices with foam roller, belt, and uses a chair as a prop.
Figure 6.17C shows how much her right hand relaxed after using the roller; Figs 6.17A and B show the progression. Also, a 10-foot yoga belt was used to open up her chest wall, stretch her anterior deltoid muscles and improve her posture (Figs 6.17D–F). Here you can see how the belt is strapped, and L’s command of her posture via holding onto the belt ends as she practiced walking with the belt. In Fig. 6.17G, L is using a chair to do twisting poses.

Initially I also used a tennis ball in order to aid L with her balance on her feet. She would roll the tennis ball under the ball of her foot, arch and sides. This required aid from me to hold her in place as she attempted this exercise. A chair was always available if she tired. In time this improved her gait and balance. We also used a larger ball (Fig. 6.18) and L would lean against the wall, squat, and return back up the wall. At first, she needed my aid to do this but as seen in her progressions in Figure 6.18A, not in the end. This improved her quadriceps strength and also aided in her balance. Fig. 6.18B shows L using the wall to perform tree pose (vrksasana).

In Figure 6.19, L beamed as she was able to hold the large medicine ball above her head with both hands. Figure 6.20 shows L in supta padangusthāsana (A), using the belt overhead to aid right arm (B) and in the C and D I am adjusting her for meditation. Finally, L relaxes in Savasana (Figure 6.21). Often, I would also perform Reiki on her hands, and I have videos of her hands completely unfurled and relaxed. These are just a sampling of L’s work during our time together.

It became clear that L’s communication improved when she received yoga therapy before speech therapy, so L’s yoga therapy sessions preceded her speech and art therapy sessions. This was based on the norms of developmental...
art (Lowenfeld and Brittain 1987), as well as my own hypothesis of connecting the visceral body to executive function. This resulted in improved fine and gross motor control and skill. One day, while painting seemingly without purpose, an angel appeared in L’s artwork. As it formed in the paint swirls, she turned to me with a large smile on her face and said, ‘I made an angel!’ (Fig. 6.22). And so she had. Working with L was one of my greatest gifts. It gave me an opportunity to truly appreciate the miracle that she was and that could unfold from the power of combining yoga and art.

This was the beginning of my journey as a yoga therapist. I knew then that my work could never be the same, and to this day I am amazed at how seamlessly these two creative therapies work together in restoring both physical and emotional function. This reminded me of a passage that I recently read. Sterios (2019) talks about ‘two of the most powerful approaches to the practice of yoga in the face of resistance… are patience and kindness toward yourself’. He stated that ‘no matter what circumstances took you into your current situation… the experience of compassion for yourself… can help you develop a childlike curiosity, free from results… leading you to discover something unknown about yourself’ (Sterios 2019:50). This is true for our patients but more importantly for ourselves as ‘healers’. It is in that mix that we truly co-create with our patients and discover that font of well-being.
Chapter six

FIGURE 6.20  L in supta pādāngusthāsana (left) using a belt and meditation (with author assist)

FIGURE 6.21  L in Savāsana

FIGURE 6.22  L’s angel
In thinking about this case, where I operated from my innermost visceral being, I am again reminded of Sanford’s words, ‘feeling without knowing, that is our fate’ (Sanford 2006:46). Sterios (2019) discussed his interpersonal challenges and wondered whether he could consciously breathe into his stored stress and with each exhale, release the pain. In discovering the ‘yes’ to that question, he discovered that all he had to do was, ‘show up in the moment… [listen] to a quiet voice inside… and stay present… how we meet resistance on the mat is a beautiful reflection of how we meet resistance in life’ (Sterios 2019:46).

Sometimes this becomes wholly obvious in words spoken or released through a deep sigh. The clues are always there hiding in the body, the buried images and the undeclared words. All we need do is listen to that prescient sound, always bubbling up inside of us, just waiting to be received, understood, and unleashed into deliverance. To pay attention to that wellspring is the work, and in that is sattva.

**References**


