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An Innovative Treatment Modality for Elderly Residents of a Nursing Home

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ABSTRACT. In an attempt to further assist depressed residents of an Eastern geriatric nursing home, I instigated an eight week Yoga program for residents.

During the sessions the residents were instructed in various relaxation techniques—progressive and systematic relaxation, neck rolls, mantra chanting, breathing exercises.

Responses by residents to the sessions were very favourable. The majority felt their sleep patterns had improved as a result. One subject reported an increase in mobility in her physical therapy which she attributed to breathing techniques. Another subject felt herself to be exercising whilst performing simple relaxation techniques. All subjects were visibly disappointed when the sessions ended.

In an attempt to further assist depressed residents of an Eastern geriatric nursing home I instigated an eight week Yoga program for residents. They ranged in age from 65 to 92. Several weeks were spent at the home prior to beginning the Yoga program. The purpose of this was to understand the ideologies and ideosyncracies of the nursing home. It was at this time of exploration that I learned of the negative connotation the word Yoga carried in the home, therefore when the program began I substituted relaxation techniques for Yoga.

THE SESSIONS

During the first session the residents were told that they would learn techniques which would help them to relax and improve their spirits.

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They were instructed in systematic relaxation techniques and were asked to relax and contract all of their large muscle groups. They were asked to lift their feet about twelve inches from the ground, and then to point their toes toward their faces. This pose was held for approximately eight seconds, after which they lowered their feet and relaxed. They were then asked to raise their feet once again, and point their toes away from their bodies. This contraction was held for approximately eight seconds, and then their feet were lowered to the floor. These instructions were repeated on the large muscle groups as subjects were asked to lift the entire leg and tense the entire leg for 8 seconds. This again was followed by a period of five to eight seconds of relaxation. Following the relaxation/contraction of the full leg, they were asked to focus their attention on the pelvis and buttocks. They were asked to tighten these areas for approximately eight seconds, followed by a period of relaxation. The residents next contracted and relaxed their abdominal area. This was followed by the relaxation, and a contraction of the chest area. The residents were then asked to lift the entire arm, keeping the elbow straight. They were asked to make a tight fist with their hands, after which they were once again asked to relax by dropping their hands limply. The residents thereafter lowered their head, applying a small amount of pressure into the throat area. This was followed by a relaxation. The residents were then asked to focus their attention on their faces. They were asked to wrinkle their foreheads, lift their eyebrows, close their eyes tightly, wrinkle their noses, and open their mouths. After each instruction, they were asked to relax the part of the body that had just received the tension. However, when the face was being attended to, the period of contraction and relaxation lessened to approximately three seconds.

The subjects were asked to remain with their eyes closed, and to allow themselves to feel the gentle relaxation resulting from this exercise. After approximately 30 seconds they were asked to inhale deeply with their eyes closed. They were asked to retain their breath for as long as they were able with a minimal amount of discomfort. On exhalation they were asked to imagine that they were exhaling all of their body tensions. This instruction was repeated a total of three times, so that each full body relaxation was followed with three deep inhalations and exhalations.

At the first session residents were also instructed in the technique of releasing neck and upper back tension. They were instructed in the technique of the neck roll. Residents were asked to lower their

heads as they allowed themselves to become relaxed. They were then asked to rotate the head completely in a clockwise direction. They were asked to repeat this motion three times, after which they were asked to rotate their head in a counterclockwise rotation. They were asked to perform this technique at a very slow pace.

I participated in this activity by demonstrating the pace at which this technique was to be performed. Residents were asked to pay attention to the demonstration as I believed they would have been unable to perform the technique at the proper pace without a full demonstration. The final technique introduced at the first session was that of mantra chanting. Subjects were asked to close their eyes as I began chanting. I was careful to keep the language to a common framework, so that chanting was described in terms of singing and the performance of the yoga techniques were described in terms of exercises.

At the second session subjects were initially asked how they felt as a result of the previous week. Once again they were asked to relax and contract their bodies systematically. In addition, they were asked to attempt to relax their faces to an even greater degree. They were instructed to rub their hands together briskly before this. When their hands became warm, they were asked to touch their foreheads, their eyebrows, their eyes, their temples, their cheekbones, their cheeks, their jaws, their chins, and then to clasp firmly the area behind the neck with the full hand. They were asked to hold their hands on their necks for approximately ten seconds, after which they were asked to lower their hands to their sides very slowly. However, it was suggested that they imagine that their hands were floating down to the sides of their bodies, rather than being voluntarily placed at the sides of their bodies.

More intricate chanting was developed and introduced at this session. The residents were also instructed in the initial phases of yogic breathing techniques. Residents were asked to inhale through their noses, keeping their mouths closed. They were asked to hold their breath for a short period of time, and then to exhale fully and with as much control as possible. They were asked to repeat this several times. Although breathing techniques were introduced during the first session, this was not done in a formal manner. The breathing during the first session was merely incidental to the relaxation techniques, while at the second session breathing techniques were introduced as techniques valid in themselves.

The third session began with a progressive relaxation followed by

the neck rolls. More extensive breathing instruction was provided at this session. At this session, residents were instructed in deep diaphragmatic breathing. They were asked to expand the abdominal area, without paying particular attention to the breath. They were then asked to relax the abdominal area and repeat this several times. When it became apparent that the group was able to extend the abdomen as instructed, they were asked to inhale, coordinating the breath with the abdominal movement. While the abdomen was being extended, the breath was inhaled. As the abdomen was deflated, the breath was exhaled. The residents found this a difficult assignment, as they were unaccustomed to inhaling with an expanded abdomen.

At the fourth session I was asked to devote more of the session to chanting and I chanted more intricate sounds. The residents were instructed in the use of the "OM" chant. They were asked to pronounce the word "home" without the "h," thus producing the "OM" sound. As the residents complied, they were asked to inhale and as they exhaled, produce the "OM" sound.

At the end of the session, once again they relaxed their bodies in a systematic way. This session seemed to lend itself to much discussion, as those who were participating in the sessions were very enthusiastic about their responses. This session was one in which the group interaction served to reinforce the positive responses. No additional techniques were introduced at this session.

At the fifth session residents were asked to progressively relax their bodies, while breathing deeply. They were asked to join the researcher in the chanting of the "OM" sound. The residents were instructed in the method of slowly moving the hands so that feelings of relaxation were enhanced. Residents were asked to sit with their hands loosely in their laps, and asked to allow their hands to float to their faces. Before further instruction was given they were asked to observe the researcher. The researcher demonstrated this technique by allowing the hands to float upwards at an imperceptible rate. This slow motion enabled the participant to become starkly aware of the body process.

In the sixth session once again, progressive relaxation techniques, neck rolls, breathing exercises, and the slow hand movement were performed.

At the seventh session residents were told that this was their next to last session. I was asked by the head social worker to inform the residents that the sessions were nearing an end. The social worker felt that this was a critical period for the group, since they are particularly sensitive to termination activities.

For the eighth session the routine of progressive relaxation, neck rolls, breathing and mantra chanting was performed once again.

GENERAL RESPONSES TO THE SESSION

Residents responded favorably to progressive relaxation techniques, and reported that during the first session they felt their relaxation therapy would be an invaluable tool for them. Rapport was easily established and I felt acceptance from the group.

Some of them reported that after the progressive relaxation exercise, they felt as if they had had a "good night's sleep." One resident stated, "I'm able to put myself to sleep now."

Those who favourably responded to the chanting felt as if they had had a lullaby sung to them. Some reported early memories re-experienced as a result of the chanting. This reminiscing, according to some authorities helps to relieve depression as the elderly, during their reminiscences, think of the past in happier terms.

Subjects were asked their reaction to their first week of instruction. They reported that they felt relaxed. Some of them reported that their sleeping patterns had changed. One resident who reported having difficulty falling asleep at night no longer experienced this problem. She took it upon herself to practice the progressive relaxation technique upon retiring.

At the second session, in which subjects were asked to briskly rub their hands together, one subject who was badly arthritic was not able to rub her hands together. She instead rubbed one hand against her leg, thus creating heat in her hand. She seemed not at all taken aback by her inability to use both hands, and was cooperative throughout the session, although at times was limited in her functioning.

The subjects were asked to remove their glasses before beginning the progressive relaxation techniques. All complied, and this again, supports my observation that rapport and trust were readily established. Nearly all who wore glasses had greatly impaired vision. Thus, when giving up their glasses they demonstrated their trust of the researcher. It may have been that they gave up their glasses out of deference to an authority figure. However, as I was considered "only a volunteer," it is not likely that a position of authority was perceived by the residents.

The residents were very enthusiastic at the third session. They encouraged all who were in the study to attend the sessions regularly.

One subject who was not progressing well in physical therapy reported that she added the breathing techniques learned in the relaxation therapy to her efforts in physical therapy. She found that by combining the breathing techniques with the exercises that were required by physical therapists, she was able to increase her mobility. She proudly announced that she was able to walk unaided the entire length of the hallway. She also reported that her sleep patterns were much improved. She generally presented the picture of a rather breathless woman, and as the sessions continued her breathing became more fluid.

At the fourth session, the effects of the chanting were discussed in detail. Although it was explained to the residents that this kind of chanting/singing would help them to be relaxed, they offered additional support for this. One resident who was badly disoriented and hard of hearing, responded particularly well. He was not able to follow all of my instructions, due to his impaired hearing and disorientation. However, he requested that I continue to chant even after a period of five minutes. He merely said, "more, more!"

I asked the group if they would like to hear more chanting and they all agreed that it was a valuable experience for them. By the fourth session, the residents were responding extremely well to all of the techniques. They were also responding to the structure of the sessions. They knew that during each session they would progressively relax their bodies, breathe deeply, and experience the chanting sounds.

At the fifth session one resident reported that she felt herself exercise as a result of the progressive relaxation techniques. It had not occurred to me that in fact this technique was a type of exercise. However, after this comment it was apparent that the simple motion of lifting the leg and contracting and relaxing it provided exercise for those who are limited in their physical activities.

One resident who had attended the previous four sessions was unable to attend the fifth session. He had injured his back and was not able to attend this session. However, I continued to remain in contact with him since he had responded so well to the first four sessions. He attended the eighth session and apologized for his inability to be present at the previous sessions. He explained that his doctor had advised bed rest and hot packs for his injury. While he was unable to attend the sessions, he continued to practice the deep breathing and progressive relaxation techniques. He found these particularly useful to manage the pain associated with his neck injury.

By the sixth session, it became apparent that a core group had formed. This core group continued to be enthusiastic and found it difficult to accept that some residents were sporadic in their attendance. They were unwilling to allow for curtailed physical mobility among those not present.

At the seventh session, residents were visibly shaken by the information that this was their next to the last session. Although at the first session they had been told that there would be a total of eight sessions, they were not able to accept easily that this was their next to the last session. This may be due in part to their familiar experiences with termination of relationships. As stated earlier, the familiarity with these terminations is often the result of loss through the death of acquaintances and relations. The group asked if I would be available at another time to continue with the sessions. I explained that due to other commitments, this would not be possible.

The eighth session was poorly attended. I believe that this was due to the fact that there was some anger and resentment over the termination of the group meetings and that this anger and resentment was demonstrated by a withdrawal of attendance. Those who did attend the final session, however, were very grateful for the techniques they had learned and felt that these techniques would be valuable tools for them.

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