

Perspectives

Post-Intensive Care Trauma (PICS): Insight from a Yoga Therapist's Experience

By Molly McManus

In May of 2020 much of the world was battling COVID-19, the United States was reeling after the murder of George Floyd, and I was struggling to breathe in another way. After suffering for several months from what appeared to be a flu or virus-like condition affecting my sinus and lungs, I was admitted to the emergency room for the second time in a month. Shortly after this second arrival, I went into respiratory failure and was transferred to the intensive care unit (ICU), sedated, and intubated. After undergoing several procedures while under sedation, I was diagnosed with eosinophilic pneumonia. I was in the hospital for about 10 days, over half of them in the ICU with some combination of mechanical respiration, varying levels of sedation, physical restraint for my safety, and complete isolation because of COVID-19.

During my stay I was not allowed visits from loved ones to help me—or them—through what was a frightening and traumatic time. My husband was kept abreast of my condition by what felt like sporadic telephone communication and unsettling videoconferencing with nurses that included me in varying levels of coherence. To paraphrase him, it was disturbing to see me in this state without the context of being with me physically and having moment-to-moment communication with the nurses, doctors, and support staff who would usually be there for the families of patients.

All that being said, I was fortunate in many ways, as I did not die and was not a COVID patient or long-hauler. I was hospitalized in an area of the country that had not yet been hit by the virus, my ICU unit had available ventilators, and the staff was still resilient as they had not yet been overwhelmed by a flood of COVID-19 cases.



When I was finally revived from sedation and had the mechanical respiration tube removed, I was disoriented and scared and had to work very hard to integrate my consciousness again with my body, breath, and mind. I knew that I needed to use the tools that yoga had given me to reorient myself, yet I felt so far removed from anything familiar. It was clear to me that I was not going to be able to move through this deep trauma on my own. Support began to pour in even before I sent out lifeline calls to the yoga community, and I received messages of prayers, mantras, and healing sessions. I called out for simple recorded systematic relaxations I could follow to hold me to my body. I spent hours practicing breath coordination trying to retrain my diaphragm, which was moving paradoxically and often in spasm as a result of forced respiration. I talked with learned souls and worked with the layers of my mind as I tried to connect to the new life that had been given to me. This was, and frankly still is, an incredibly hard task to do.

When I was released from the hospital, weakened and still unwell, I had no clear understanding of the root cause of my pneumonia, ways to avoid a recurrence, or clear steps for beginning my recovery process. I soon fell into a different state of ill health. I began to suffer from a mild version of a condition called post-intensive care syndrome (PICS). PICS is a term that describes the health complications that arise after a stay in an ICU because of a serious or near-fatal illness. I am a yoga therapist and ayurvedic health counselor with so many resources inside and out, and even after what many would consider a short stint in the hospital (especially relative to the extensive stays COVID-19 patients are experiencing), I suffered from this condition and did not have an easily discernable path to follow to find my way back. I am still in many ways on my way back, but the experience aroused my curiosity as to how yoga therapists might serve both COVID-19 patients and the larger community of ICU patients who suffer from variations of PICS.

PICS, Kosha by Kosha

From a Western viewpoint, the health complications that arise from PICS can be a combination of problems in three major areas: physical, cognitive, and psychiatric. These problem areas may affect both the patient and their loved ones. Those of us working from a yoga therapy perspective may recognize the issues as the layers of the *panchamaya kosha* (the five sheaths of a person's being). PICS can negatively impact the quality of a person's life overall and the simple activities of daily living.

Annamaya kosha. In terms of physical body-related complications, patients may experience muscle wasting and weakness, balance and coordination concerns, ongoing physical pain, digestive concerns, and systemic fatigue. Independence is often lost after a prolonged stay in the ICU due to the inability to complete simple tasks such as walking, bathing, dressing, and eating without assistance. Even elimination efforts may require support.

Pranamaya kosha. Often patients in an ICU setting have experienced assistance with breathing, whether in the form of

supplemental oxygen through a nasal cannula or the more invasive treatment of mechanical intubation. Breath coordination and respiratory health is only one side of the concern here. The deeper issue in this area is the depletion of prana and the inability to coordinate its flow. This creates systemic, ongoing health issues.

Manomaya kosha. Problems that arise in the outer aspects of the mind are issues around sensory processing, memory, concentration, organization of thoughts, and the ability to communicate clearly. This can be especially frustrating and further isolating for a patient who might already feel different, cut off, or negatively changed by the hospital experience.

Vijnanamaya kosha. Anxiety, depression, agitation, insomnia, and nightmares are common among PICS sufferers and can affect the ability to practice witnessing and discernment. The high rate of delirium in patients can spur mistrust of one's own connection to reality. Patients can feel alienated from their internal sense of knowing and refined intellect.

Anandamaya kosha. Patients can suffer from an ICU stay in so many different ways. Joy, connection, and understanding of the profound nature of existence can actually be something that a patient experiences during the ordeal—only to have it clouded over by worsening symptoms of grief, fear, and even survivor guilt after release from the hospital.

The Many Presentations of PICS

Not all ICU patients experience PICS; however, according to the authors of the paper “Post-Intensive Care Syndrome: An Overview” published in the *Journal of Translational Internal Medicine*, as our awareness of these conditions increases, so do the recorded number of cases. ICU-acquired neuromuscular weakness is the most common form of physical impairment, occurring in more than 25% of ICU survivors, but the other areas of physical impairment are just as concerning. Cognitive impairment has been reported to occur for 25-75% of ICU patients. Psychological disability in the form of depression, anxiety, and posttraumatic stress disorder after a hospital stay from a major illness ranges from 1% to 62%. In addition to these statistics, Mary D. Still, clinical nurse specialist at Emory Hospital, reported at the 2019 Critical Care Summit that more than 50% of PICS patients do not return to their original level of work and struggle to find a new normal after their illness experience.

Some of the risk factors for PICS established by the Mayo Clinic are

- an illness requiring a long stay in the ICU,
- multiple organ failure,
- mechanical ventilation,
- the use of sedatives in the care unit,
- the experience of delirium due to sedation,
- length of time on bedrest,
- age,
- occurrence of sepsis (a serious blood infection),
- preexisting disease or health conditions, and
- preexisting mental health conditions.

The Many Pathways of Supporting PICS with Yoga Therapy

These statistics and the risk factors deserve the attention of not only the conventional medical field but also the highly trained and uniquely qualified field of yoga therapists. Care in hospitals is shifting to encourage better outcomes for patients and family members as well by employing more than just the measures required to save a life. The following practices are now being implemented in many of the better hospitals:

- limiting time with ventilator or assistive equipment;
- limiting sedation and encouraging meaningful encounters with patients even when semisedation is needed;
- early and increased movement of patients, with emphasis on self-movement whenever possible;
- adherence to sunrise-and-sunset scheduling to support better wake/rest/sleep cycles;
- gentle stimulation through therapeutic touch;
- orientation to time and place through conversation;
- reminders of connection to life with pictures of family, friends, and favorite objects; and finally,
- the keeping of an ICU diary by family members and nursing staff with details of the patient's stay to help with reentry to life as they try to retrace the time they spent unconscious or in altered states.



After my release from the hospital and subsequent experience of PICS, I found a way to re-anchor to my body and life by putting my ICU story together using my medical records and the little information my husband had from the nurses and doctors. I also probed my fractured memory and engaged in daily writing to explore what was available in my subconscious.

But still the biggest boon to my recovery was the work with my yoga therapist friends and colleagues. I spent time working with my physical body with the gentle practices of Soma Yoga. I received support with my compromised lungs, respiratory system, and depleted stores of prana from pranayama specialists. I began a series of connections with learned teachers to help me work with my mind and my *kleshas* (obstacles/afflictions). Lastly, I had the benefit of subtle-body practices to encourage connection to the deeper layers of my koshas. Without this wise counsel and practical assistance, I am quite sure I would still be suffering to a far greater degree.

As the cases of COVID-19 increase in number alongside other chronic and acute illnesses, the need for complementary care for patients during and after ICU stays will also increase. As yoga therapists, we are uniquely capable of helping patients deal with and overcome their PICS conditions. I'd like to have us all consider PICS as a new area of service, and I challenge each of us to find ways to support the many who are and will be suffering. **YTT**

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