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Trauma-Sensitive Yoga
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It's no secret that yoga does wonders for the body and can calm the mind. And research continues to point to its power to help ameliorate various ailments such as hypertension, pain, and insomnia. Now, there's growing evidence that modified yoga, when taught by specially trained individuals and employed in a therapeutic context, can be a tool of healing and empowerment for people who have experienced trauma.

The term trauma-sensitive yoga was coined by David Emerson, E-RYT, founder and director of yoga services at the Trauma Center at the Justice Resource Institute in Brookline, MA, to describe the use of yoga as an adjunctive treatment within a clinical context. The practice, pioneered by experts such as Bessel van der Kolk, MD, and championed by others such as Richard Miller, PhD, CEO of the Integrative Restoration Institute and cofounder of the International Association of Yoga Therapy, aims to help clients regain comfort in their bodies, counteract rumination, and improve self-regulation.

The objective of trauma-sensitive therapy is not to access emotions or dredge up trauma memories, but rather to help clients heighten their body awareness—to notice what is happening inside their bodies—and thereby learn to release tension, reduce and control fear and arousal, and tolerate sensation. The practice is based on the growing understanding that trauma takes a heavy toll on the body and the brain. When the body absorbs and anticipates trauma, individuals are likely to experience hyperarousal, hypervigilance, and an inability to calm themselves. At the same time, their bodies respond by shuttering or dampening sensation. They avoid stimuli and their bodies become numb. Trauma-sensitive yoga helps them learn to calm their minds and regulate their physical responses and, thus, their emotions. They're able to learn to recognize and tolerate physical sensations and thereby regain a feeling of safety inside their bodies.

Therapeutic Intervention

The benefits don't arise from the ordinary practice of yoga and it's not a modality to be employed at the local yoga studio, advises Emerson. "It's a serious clinical intervention and an adjunctive aspect of a broader psychodynamic therapy," he says. "Part of the protocol at the center is that everybody has to be in therapy."

Emerson worked with van der Kolk on a study funded by the National Institutes of Health assessing the impact of yoga on individuals with complex trauma and demonstrating a clinically significant impact.

The mechanisms for its efficacy are unknown, and there are several theories, but Emerson points particularly to current research in neuroscience shining a light on regions of the brain known as pathways of interoception. "These key parts of the brain seem to add up to our ability to experience our visceral selves—for example, to be able to feel our muscles contract or extend, or feel our feet on the ground."

Trauma researchers, he explains, have demonstrated that many of those areas of the brain are affected by trauma and are underactive in those who are traumatized. "We have these parts of the brain that help us feel ourselves," says Emerson, who adds that those having experienced trauma become shut off from those feelings. "They cut themselves, hurt themselves, self-medicate, do things with their bodies that seem hurtful." He's all too familiar with the self-inflicted scars, burn marks, and razor lines he's seen in victims of trauma. "They're trying to work out a relationship to a body they don't have direct, reliable, sensory access to. It therefore becomes an antagonistic, violent, painful endeavor that's probably based in part on underactive interoceptive pathways." When working on the study with van der Kolk, Emerson and the researchers observed the pathways of interoception becoming more active in a small brain scan cohort of individuals who engaged in trauma-sensitive yoga.

Yoga is used therapeutically to help individuals feel things—literally—to notice how their bodies feel. "How many of us have had clients who simply aren't ready to talk about their trauma?" asks Charli Prather, MSW, LCSW, RYT 200 hrs, of Charli Prather Counseling, a licensed clinical social worker and registered combat-sensitive yoga and meditation teacher who has worked as a clinical contractor during vacations to the Wounded Warrior Project Odyssey program through Courage Beyond, an endeavor to help veterans and service members overcome combat stress. The disinclination or inability to talk about trauma isn't an obstacle to healing. Yoga, says Emerson, bypasses talk and goes right to the body.

Elisabeth Heij, LCSW, who teaches what she calls Empowerment Yoga in Milford, PA, notes that "much emphasis is placed on the dynamics and mechanics of the breath." The goal, she says is to restore and calm. "Breath awareness helps individuals experience the present moment, create rhythms, regulate affect, change the relationship with the body, and help with centering and grounding."

While many cognitive therapies approach trauma as a problem of thinking, practitioners of trauma-sensitive yoga view it as a problem of living in a body with which you can't have a relationship, says Emerson. In addition, he explains, attachment theory plays a role in the underpinnings of its therapeutic benefits. "Deeply integrated into trauma treatment is the notion of how relationships can create conditions for trauma." The key in practice is empowerment, putting the individual in charge. "We precede every cue with an invitation: 'If you like, lift your right arm,'—trying to establish the experience of a person being in control, not being told what to do with one's body," says Emerson.

Trauma-sensitive yoga is best used with people who experience treatment-persistent PTSD, or complex trauma, explains Emerson. "More specifically, it's interpersonal trauma—traumas perpetrated by people on other people, that takes place within relationships." This, he says, may include incest survivors and victims of child abuse, neglect, torture, or captivity.

Trauma-sensitive yoga is also helpful for veterans because, Emerson explains, "There are similarities between their being stuck and trapped and what happens with kids who grow up trapped within abusive environments."

According to Prather, "Dissociation, abreaction, anxiety, impaired memory, hypervigilance, emotional numbness, joint and muscle pain, all are symptoms of traumatic brain injury, PTSD, military sexual trauma, and other combat-related disorders." A combat-sensitive yoga teacher, she says, "can be a bridge between two worlds, helping people become more flexible human beings, figuratively and literally."

"You don't have to be a yoga teacher to integrate aspects of trauma-sensitive yoga into the clinical milieu, but you must have trauma training," says Emerson, as a former social worker and co-author of ***Overcoming Trauma Through Yoga*** and the forthcoming ***Trauma-Sensitive Yoga, in Therapy: Bringing the Body into Treatment***, who leads trainings for yoga teachers and clinicians at the Trauma Center at the Justice Resource Institute, the Kripalu Institute in Massachusetts, and other locations internationally. It's important, he adds, to know why you're using yoga and be mindful of the reasons not to use it. "The worst thing to do is to use it to try to have emotional experiences, to access trauma memories." That will happen and needs to be processed with a trained professional, but this work is all about interoception.

It's useful to have some experience with yoga, but formal training, though helpful, isn't necessary. An adjustment in expectations may be required, since social workers, who are more accustomed to working with cognition and language, will have to shift the focus from talking to working with movement and helping clients listen to the wisdom of their bodies.

— *Kate Jackson is an editor and freelance writer based in Milford, PA, and a frequent contributor to **Social Work Today**.*