TEACHING TRAUMA SENSITIVE YOGA
A PRACTICAL GUIDE

BRENDON ABRAM
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A Practical Guide

Brendon Abram

Foreword by Mark Stephens
Afterword by Margaret A. Howard, MFA, LCSW
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To Colin, the soldier who set me on this path. You are my inspiration, you are my motivation, and you are my hope.
Foreword by Mark Stephens

In Shakespeare’s *Hamlet*, Polonius quipped that “brevity is the soul of wit.” It can also be the heart of clarity, as we find in this succinct yet no less deeply insightful and practical book from Brendon Abram on teaching trauma-sensitive yoga.

When teaching workshops or trainings for yoga teachers, I often ask how many plan to teach prenatal yoga. Typically, about 10 percent of participants raise their hand. Then I ask how many plan to teach public classes, to which nearly everyone readily responds with an affirmative hand.
My response is that everyone who teaches public yoga classes will be a prenatal teacher, if only because pregnant students will be in their classes, adding that it is therefore incumbent upon all public yoga teachers to have at least a basic knowledge of common conditions of pregnant students along with at least some understanding of relevant indications, contraindications, risks, and modifications by trimester and in postpartum reintegration.

It is no different with trauma. Trauma is an issue for at least one-third of people in modern society, and many students come to yoga classes with deeply internalized trauma. Yet trauma is rarely or only very obliquely addressed even among most of the very best yoga teacher training programs.
A couple years after I completed my first teacher training in 1995, I started a program to bring yoga into Los Angeles County juvenile institutions. While I had a comfortable basic knowledge of general principles, methods, and techniques for teaching postural yoga, I was utterly unprepared for what I experienced in teaching yoga to incarcerated youth at the height of the LA gang wars, this despite many years of working with gangs on the streets and in the same institutions. My young students were both victims and victimizers, most with emotional issues rooted in early childhood abuse and abandonment and nearly all with a history of substance abuse (indeed, many were born addicted to cocaine). It was only with the guidance and support of dedicated clinical staff that I started to learn how to
adapt yoga practices, including asana, pranayama, and meditation, to make yoga accessible and meaningful to these students. As we developed this project into Yoga Inside Foundation and expanded into hundreds of trauma-intensive settings across North America, we learned along the way that with each new setting and condition we had far more to learn.

Fortunately, we now have the considered and distilled experience, knowledge, and wisdom of Abram to offer practical guidance to those stepping into the intensity of serving students whose every breath, thought, and movement is affected by traumatic experience, including an increasing number with PTSD.

Abram seems to come to his work in writing about teaching trauma-sensitive yoga with a humble and light-hearted
sense of being, but his insights arise from deep personal experience of trauma and its emotional, interpersonal, and social consequences. Abram is a thirty-year veteran of the Canadian Forces who served with the United Nations in El Salvador and NATO in Bosnia, places where the terrors of war and violent social conflict offered up daily traumatic events in the lives of the local population as well as those like Abram sent there to protect them.

Abram grew up with the difficulties of an alcoholic father and a mom who struggled with mental illness. He too became an alcoholic and before finding Alcoholics Anonymous was well on his way to perpetuating the cycle of suffering in his own family. With sobriety came a new lease on life, one informed by a personal understanding of what it is to
suffer, and struggle, and then suffer and struggle some more. From this personal experience, he also became sensitive to the suffering of others, and he discovered yoga.

In the latter years of Abram’s military career, when soldiers started coming back from Afghanistan, he saw the horrible effects that PTSD was having on them and their families. It struck deep to the bottom of his heart. There was one young soldier in particular, Colin—to whom he dedicated this book—in whom he took special interest. He taught Abram a really important lesson: that we can never “fix” another person, but only (and inestimably importantly) show them the tools and help set the conditions for them to do their own work. Embracing this idea, and now into a personal yoga practice, Brendon expanded
his knowledge of trauma and trauma-sensitive yoga through workshops with David Emerson and Daniel Libby as well as through collaboration with a student in one of his yoga classes who invited him to work with her to incorporate mindfulness into her clinical practice.

Through his devotion to this work, Brendon started teaching workshops on trauma-sensitive yoga, then wrote a study manual for these workshops, leading to the timely gift of this important book that should be read by every yoga teacher who cares about the overall health and well-being of his or her students.

Brendon fully appreciates that the diversity of students’ conditions and intentions invite teachers to offer appropriately individualized practices, all the more so when one’s students are living
with trauma. Rather than prescribing a set approach to every student, a central theme of this book is that each unique student should feel safe and comfortable in doing yoga, further underlining the sensibility that yoga teachers are more guides and facilitators than authoritative sources of transmission. In providing guidance in this way, Abram gets and conveys that yoga teachers are playing a potentially vital role—a therapeutic role—in helping students to discover the truth of their own being, and with it deeper and lasting inner sources of living with a sense of inner peace and empowerment in their lives.

"Therapy" and "therapeutic" have strong medical connotations, causing much concern among yoga teacher and yoga therapy organizations when one mentions yoga and therapy together. To wit, the
etymological root of \textit{therapy}, the Greek \textit{therapeuinc}, means “minister to, treat medically,” but we also find the Greek term \textit{therapeia}, “healing,” which does not necessarily involve a medical degree or license, especially as healing has the added meaning “to make whole.” We heal in many ways, potentially and hopefully restoring the wholeness of being that is present in our DNA and all too often disturbed by experiences on the path of life.

We also make choices in healing that can be distinguished from those that might be fully curative or medical in nature. A concept coined by Tiramulai Krishnamacharya and popularized by his son T.K.V. Desikachar, \textit{yoga chikitsa}, means “yoga therapy,” and is said to relate to all practices of yoga that help us
cultivate wholeness in our lives. Wherever one is on the continuum, from deep trauma and suffering, to mild stress, to a sense of wholeness and healthy connection in life, we can engage with yoga therapy to heal, accept the intrinsic beauty and inviolable worth of ourselves, and share in a more fulfilled life.

This is part of the promise of teaching trauma-sensitive yoga. Deep bows to Abram for helping to show us the way.

—Mark Stephens, April 2018

Mark Stephens is the author of four textbooks, Teaching Yoga, Yoga Sequencing, Yoga Adjustments, and Yoga Therapy.
As a former military officer, I have observed firsthand the devastating effect that a trauma-related disorder such as post–traumatic stress disorder (PTSD) can have on men, women, and their families. As a recovering alcoholic who grew up the “hard way,” I have some understanding of the suffering that comes with living with trauma. As a yoga teacher I have witnessed the remarkable benefits that the application of yogic principles and practices can achieve when employed in either a clinical setting or a public yoga studio. Over the last five years I have worked to apply what I learned from the teachings of David Emerson from the Trauma Center in Boston and Daniel
Libby from the Veterans Yoga Project. Through this work, I have gained experience that has helped me turn theory into practice. It has not always been easy. I have made mistakes, misjudged people and situations, had to readjust my approach, or in some cases, start all over again. With each mistake came a valuable lesson. With each lesson came a deeper conviction that yoga can help those living with trauma.

The purpose of this book is to offer a practical guide for teaching, sharing, or practicing trauma-sensitive yoga. In it I hope to convey three important lessons that can be incorporated into any yoga offering. First, it is the basic principles of yoga that bring power to the practice. Breath, mindful movement, focused awareness, and acceptance of the present-moment experience are the foundation of
any yoga offering.

Second, each person is a unique individual and will interpret the application of these principles based on their own worldview. There are many different perspectives about what yoga is and how it should be delivered. No single perspective is completely right for all of the people all of the time. I like to think that thousands of years ago, yoga started as an exploration of self, where yogis and yoginis moved not to create a pose that looked a certain way but to discover an internal, sensation-based experience. The emphasis was on internal experience versus external appearance. As the practice evolved, they found that different poses led to different experiences, each ultimately contributing to an overall sense of peace and contentment. From this perspective, every single style of yoga or
yoga derivative has something to offer.

Third, trauma-sensitive yoga for the clinical population and trauma-sensitive yoga for the general population are two different things; however, there is definitely a place for trauma-sensitive yoga in a studio setting. During my first two trauma-sensitive teacher trainings, great importance was placed on delivering trauma-sensitive yoga in collaboration with a clinical professional. In the context of the training, that made a lot of sense. The implicit assumption that underpinned all of our discussions was that we were talking about using yoga in therapy for a clinical population that had diagnosed disorders and was under medical care for their condition. This is a completely valid perspective; however, it excludes the majority of people who may not have a
diagnosis or may not have affordable access to clinical care. The reality is that many of these people will find their way to a yoga class, and it is therefore important that they have an opportunity to safely practice yoga in a studio setting when they get there. During my time in the military, I learned the value of situational leadership. The concept is simple. You adjust your style and approach based on the situation. I think we can apply the same philosophy to teaching trauma-sensitive yoga and can create offerings that are suitable to all, based on their respective situations.

In the beginning, this book was intended for yoga teachers. As time progressed and we used it at numerous workshops, I realized that it would be useful for anyone interested in helping those with trauma, whether they be mental health workers or
trauma caregivers in general. I have come to understand that you do not need to be a yoga teacher to share trauma-sensitive yoga. If anything, this book will challenge some yoga teachers to unlearn much of what they have been taught and accept that any movement we make, any breath we take, can be yoga if it fosters an internal experience to which awareness can be directed and maintained. Taken from this perspective, almost anyone can learn and employ trauma-sensitive yoga. My thoughts on trauma-sensitive yoga are based on my interpretation of what I have read, what I have been taught, and my own direct experience. As a teacher, all I can offer is my perspective. It is my hope that you will use it with discrimination to inform your own.
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I would like to acknowledge all those who contributed either directly or indirectly to this work. To Tiffany and Kristof, who asked me to deliver a workshop that became a book. To David Emerson and Daniel Libby, whose teacher trainings got me started, and whose wisdom is reflected throughout. To Patricia, my trauma mentor, whose insight and guidance gave me direction, helped me maintain perspective, and kept me on track. To my teaching partner, Kellie, whose innate kindness, compassion, and knowledge of yoga helped inspire many of my ideas. Charlotte Bradley (www.yogaflavoredlife.com) for the use of the stick figures that illustrate the gentle
hatha and the flow sequences, and Deborah Hackett whose stick figures illustrate the chair yoga sequence. My children, Paul and Allie, who edited my writing for a change. My wife, Leslie, who also edited, and who was my model for patience, tolerance, and understanding. A word of special thanks to the men and women with whom I have shared the experience of yoga. Without a doubt I have learned the most from you. Not only about trauma, but about me and about the world.

The Guest House

This being human is a guest house. Every morning a new arrival. A joy, a depression, a meanness, some momentary awareness comes As an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows, who violently sweep your house empty of its furniture, still treat each guest honorably.
He may be clearing you out for some new delight.
The dark thought, the shame, the malice, meet them at the door laughing, and invite them in.
Be grateful for whoever comes, because each has been sent as a guide from beyond.

—Jelaluddin Rumi
1
Trauma Is a Fact of Life

Chitta vritti nirodha (cessation of mind turbulence)

―PATANJALI
The Ever Increasing Prevalence of Trauma

The relatively recent recognition of PTSD has highlighted the prevalence of trauma among the North American population as a whole. American and Canadian military veterans dealing with the devastating symptoms and effects of PTSD have received international attention, which has helped reveal that trauma is a much larger public health issue and has been for a very long time. The Canadian Mental Health Association estimates that 8 percent of people will experience PTSD in their lifetime.¹ This figure does not, however, recognize that many people experience lasting trauma without developing a diagnosed condition such as PTSD. A
more accurate representation of the prevalence of trauma suggests that one in three people who come to a yoga class has experienced some degree of trauma during the course of their life.\textsuperscript{2} Although trauma rates seem to vary across different segments of society and may be different depending on race, age, gender, and socioeconomic status, the bottom line is that no group is immune.\textsuperscript{3} Whether one is rich or poor, male or female, young or old, they could find themselves living with trauma.

It is unlikely that trauma rates will decrease. In \textit{In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness}, Peter Levine says that humans have never before lived in a time where trauma-induced stresses are so prevalent.\textsuperscript{4} If anything, until we learn to adopt
measures to deal with the stressful world we have created, trauma-related conditions will become more prevalent, and the need for interventions to counter these conditions will be even more necessary.
Can Yoga Help?

There are many different systems and styles of yoga; almost all schools, however, hold the basic elements of breath, movement, and meditation as fundamental to the practice. Pioneers like Jon Kabat-Zinn have incorporated these core elements into programs such as mindfulness-based stress reduction (MBSR) to very effectively mitigate stress-related conditions. A careful review of its foundational principles suggests that MBSR is essentially the application of classical yoga in a contemporary setting.

Increasingly, studies support the premise that these core elements can indeed help people manage the symptoms and effects of trauma in a healthy way,
reducing dependency on drugs and other coping mechanisms that often have negative side effects. What is really significant, though, is that these studies are being recognized and afforded greater credibility through publication in mainstream journals. For example, the *Journal of the American Medicine Association* recently published an article that clearly demonstrates the value and benefits of mindfulness practices.\(^6\) And there are many others. Many of the sources cited in this book address research of this type. There is now sufficient credible literature to support the contention that the “right” kind of yoga delivered under the right circumstances can be a very effective complement to other modalities of addressing trauma. As Desikachar observes in *The Heart of Yoga*, “Anybody
who wants to, can practice yoga. Anybody can breathe; therefore, anybody can practice yoga. But no one can practice every kind of yoga. It has to be the right yoga for the person.”

With a little reflection, it is not surprising that yogic principles are so effective in addressing trauma. The essence of trauma is dissociation, disconnecting from self and others and moving away from reality. Yoga is about connection. It is self-realization, finding the truth about what we are, who we are, and why we exist. In this respect, it is the polar opposite of trauma. Perhaps, to move away from trauma, we simply need to follow the path of yoga, step by step. The first step is to become grounded and centered in undistracted awareness of the present moment. The next step is to accept
what we perceive with equanimity. Finally, having perceived the truth of self, we are able to understand the ultimate truth. We are not disconnected at all. We always have been, and always will be, part of all that is. As we will see, the most popular conception of trauma recovery also involves three steps. These are often cited as overcoming dysregulation, coming to terms with traumatic memories, and reintegration and moving on. The parallels between the path of yoga and trauma recovery are compelling.

We shall learn that yoga’s greatest value in addressing trauma-related conditions may be stabilizing state of mind through the regulation of emotion and mood. While the trauma experience can lead to a variety of different diagnoses, some degree of mood dysregulation is present in most
trauma-related disorders. Very often, mood dysregulation prevents or limits the efficacy of clinical treatment of trauma-related conditions, slowing or even preventing healing from happening.

At its heart, yoga is about changing state of mind. It is about moving away from suffering. Patanjali’s definition of yoga is “chitta vritti nirodha,” Sanskrit for “cessation of mind turbulence.” While yoga is seldom prescribed to directly treat the trauma-related disorder, it is of immense value in regulating state of mind and setting favorable conditions for clinical treatment to take place. Yoga can help diminish the dysregulation that causes trauma-related suffering.
TSY and Yoga for Trauma Treatment

An important distinction must be made between trauma-sensitive yoga (TSY) taught in the studio for the general population, and yoga applied in a clinical setting to a clinical population. Although the concepts and principles that govern the yoga may be the same, the context and application are markedly different. How is this so? Why is this distinction important?

First and foremost, in North America, the words treatment and therapy generally mean care given to a patient for an illness or injury in a medical or clinical setting. The condition is diagnosed and the treatment is prescribed by an appropriately
licensed practitioner. In North America, yoga is not legally recognized as treatment and, for now, is not prescribed to remedy a diagnosed disorder. It is, however, widely recognized as having therapeutic value to address conditions where high levels of mood dysregulation are present among a clinical population. Therefore, under the right circumstances, yoga may be employed as a clinical intervention.\textsuperscript{12} Having said this, it is reasonable to conclude that, from a legal and ethical perspective, when yoga is used as a clinical intervention, its application should be supervised by a professional who is licensed to treat the condition in question.

Notwithstanding, there is still a place for TSY in yoga studios. In fact, it has been argued that trauma training is essential for yoga teachers.\textsuperscript{13} Yoga has the capacity to
reach so deeply into our psyche that all yoga teachers need to have some understanding of the nature of trauma and its symptoms. They should be able to teach yoga that respects the fact that for every person diagnosed with PTSD, another two or three may be living with many of the effects and symptoms that can result from trauma. Too often these people do not have easy access to affordable clinical care. In some cases their general practitioner suggests they try yoga as an alternative. I sometimes wonder how often these people come to a class that is not trauma sensitive and have a negative experience. Maybe they were directed to adopt a pose that felt unsafe, or words were used that triggered dysregulation. For these people, “all yoga” is defined by that one experience where little or no trauma sensitivity was shown.
How would their perception have differed if they were offered a “safer” kind of yoga?

What is the distinction between TSY as a studio offering and yoga as a clinical intervention? If a student comes to your class because their doctor told them it could help their trauma, are you crossing the line if you teach them? As we come to know our students better, and as our natural compassion motivates our actions, the line can get a bit blurry. Maybe it is useful to think of the difference in terms of intent and context. My perspective is that in a studio, TSY can be offered in a style and under conditions intended to minimize or eliminate the risk of exacerbating existing trauma while fostering a peaceful state of mind. In a clinical setting, yoga is offered with the intent of improving the
client’s ability to independently and consistently regulate mood. This in turn can support the clinician's overall treatment plan to address the diagnosed trauma condition. As yoga teachers, with proper education and training, we are qualified to engage in the former; but, if we are working with a clinical population, we should do so within the boundaries of the clinical setting.

Yoga has an amazing ability to transcend cultural and societal boundaries. In the fullness of time, the value of yoga will prove itself in the domain of Western medicine. In the meantime, there is room to make it work within our society’s legal, medical, and ethical frameworks. And at the end of the day, making it work for the people who need it should be our primary concern.
Chapter Summary

- Trauma is prevalent and knows no boundaries. While only 8 percent of people who have lived through a traumatic experience develop a trauma disorder such as PTSD, as much as 30 percent of the population experiences and lives through some degree of trauma-related symptoms.

- TSY can be delivered to two main groups. The clinical population, with a diagnosed condition and who are under the care of a medical or clinical professional; and the general population, who are living through a trauma experience that
has not become, or has not been diagnosed as, a disorder. Practicing TSY in a clinical setting is different than delivering TSY in a studio setting.
Understanding Trauma

Trauma affects the entire human organism body, mind and brain.

—BESSEL VAN DER KOLK

The field of neuroscience is moving forward at a rapid rate. Almost every day we know more about the brain and body, and how they interact to form mind. Coupled with continuing behavioral science research, these new insights afford a “better than before” understanding of trauma. Understanding the nature of trauma is important if you wish to teach TSY or if you act as a caregiver to
someone who is living with a trauma-related condition. Remember, though: as yoga teachers, our role is not to become trauma experts. For what we will be doing, it is more appropriate to learn enough about trauma to empathize with those who live with it, and to clearly convey to them the important concepts that will empower them to heal. This chapter defines trauma, how it happens, its effects and symptoms, and the conditions necessary to recover from the trauma experience.
Trauma: What Exactly Is It?

The term *psychological trauma* has been applied in so many contexts by so many people that it has lost some of its meaning. Often, trauma is used to refer to both the events that produce distress and to the distress itself. Technically, *trauma* refers only to the event, not the reaction.\(^1\) There is significant disagreement between experts regarding what is and what is not traumatic.

We often hear the term *trauma* used synonymously with various disorders, including PTSD, complex PTSD, disorders of extreme stress not otherwise specified (DESNOS), complex trauma, and developmental trauma disorder (DTD). From the practical perspective of a TSY
practitioner, the debates regarding diagnostic definitions are largely academic. Suffice it to say that an event is traumatic if it is extremely upsetting and at least temporarily overwhelms the individual’s internal resources.\(^2\) This broader definition is useful since people who experience major threats to psychological integrity can suffer as much as those traumatized by physical injury or life threatening events. They can also respond equally well to trauma-focused interventions. So, while trauma may be associated with numerous diagnosable disorders, trauma itself is not a disorder. Consequently, it can be legitimately and credibly addressed outside of a formal diagnosis by evidence-based clinical interventions, such as TSY.\(^3\)

There are few human conditions that are
so diversely described as stress, crisis, and trauma. Before moving on to a closer look at trauma, it is relevant to understand it in comparison to the other most commonly cited forms of distress: stress and crisis. All of these conditions have the potential to dysregulate the mind-body away from homeostasis, a state of physiological, cognitive, and emotional balance.

*Stress* is a response to an environmental situation, an environmental challenge, or the relationship between environmental demands and the ability to meet those demands. It is a “particular relationship between the person and the environment that is appraised as taxing or exceeding his or her resources and endangering well-being.” Crucial to this definition is the appraisal and coping resources of the individual, as stress represents the
individual’s subjective perceptions and interpretations more than an objective existence of a negative event or situation. Thus, the cognitive, behavioral, or emotional outcome of perceived stress may run along a continuum of its own, ranging from none to somewhat or mild to extremely severe.  

Some individuals will move along the continuum such that an event they perceive as stress will develop into a perception of trauma. This has been referred to as a sudden intense surge of anxiety, secondary to some external event, that exceeds the subject’s ability to cope and to defend. Hence, the perceived trauma develops when the individual understands, through thoughts or feelings, that a physical or psychological injury is present in his or her worldview.
A person in a *crisis* state has experienced a threatening or traumatic event, is in a vulnerable state, and has failed to cope and lessen the stress or trauma through customary coping strategies, and thus enters into a state of disequilibrium. For crisis to be present, the individual’s trauma perception must progress to a place of understood instability and disorganization due to an unresolved acute or chronic perceived stress.⁸

When a person is faced with a potentially threatening situation, their response could be initiated anywhere along the spectrum between homeostasis and crisis. For example, the person may start off in a state of relative homeostasis. The event happens. It could lead to a subjective experience of stress, trauma, or crisis, or
the person could remain in homeostasis. There could be some degree of dysregulation followed by a return to homeostasis, or the development of symptoms that result from the state of distress the mind-body is enduring. The severity and nature of the symptoms would inform the diagnosis of a disorder that could range from general anxiety or depression to PTSD, complex PTSD, or others. In the event of trauma, the individual becomes trapped in a cycle where they continuously relive the experience and associated dysregulation. In its efforts to return to homeostasis, the mind-body may create and endure even more stress and develop more severe and more numerous psychological, physiological, and physical symptoms.

Two notable points emerge from the
preceding discussion. Trauma is a stress-related experience, and it is important to distinguish between an event and the subject’s experience of the event. The following is a relevant definition of trauma that distinguishes between the event, the subsequent distress, and any disorder that may result:

Psychological trauma is the unique individual experience of an event, or enduring conditions, in which the individual experiences a threat to life, bodily integrity, or sanity. The threat is sudden or unexpected, and may be present over prolonged periods, an individual’s ability to integrate his or her emotional experience is compromised. The individual may feel emotionally, cognitively, and physically overwhelmed, and the
individual is unable to exercise control, or is incapable of taking effective action to resolve the event.\textsuperscript{11}

This definition recognizes that trauma is more than just an event; it is an \textit{experience}. It allows for the fact that the event need not be life-threatening, that trauma can also arise from events that are life-altering. It provides for the possibility that while the event is over, the trauma experience, and the reaction to it, may continue. Finally, it allows the possibility that while the trauma experience may cause distress, this distress does not always result in a diagnosable medical disorder. Let us look at each of these defining points in turn.

\textit{Trauma is subjective}. To think of trauma only in terms of the event itself, and that one thing is more traumatic than
another, is an objective, but not an accurate, interpretation. Trauma has a subjective component, and it is this subjective experience of the event that creates the trauma experience in the individual. The degree of danger in the situation is not as relevant as how dangerous the subject believes it to be.\textsuperscript{12} What is trauma-inducing for one person may have no discernible effect on another and vice versa.

The experience can be \textit{life-threatening} or \textit{life-altering}. Normally, when we envision traumatic events, we think of powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events, or responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering
relationships, and enduring deprivation. Since trauma is a subjective experience, events don’t necessarily need to be life-threatening to create a trauma experience. For some, life-altering events such as the divorce of one’s parents, or the loss of a loved one, could very well contribute to the creation of a trauma experience. Other examples of life-altering, trauma-inducing events could include living with diseases such as cancer.

The experience continues when the event is over. Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on the mind, brain, and body. This imprint has ongoing consequences. For the person living with trauma, the trauma experience is always present. Sometimes it is just below the surface, just around the next
corner, but it is always there. It has a direct and constant effect on the way that person thinks, on the way they behave, and on how they react to their environment. In essence, the trauma experience changes an individual’s state of mind. This state of mind is often reflected by psychological and physiological symptoms.

In summary, trauma is an individual experience defined by the subjective perception of the person who is living through it. It is precipitated by life-threatening or life-altering events. It overpowers any or all of the individual’s emotional, cognitive, and physical resources. It is characterized by a loss of control over, or inability to resolve, the event. Even when the event is over, the trauma experience can continue, producing an altered state of mind that negatively
affects a person’s thinking, behavior, and psychological and physiological well-being. While trauma itself is not a medical disorder, the resultant symptoms may be grouped together and diagnosed as one of the many trauma- and stress-related disorders in the *Diagnostic and Statistical Manual of Mental Disorders*.\textsuperscript{17}
Main Symptoms of Trauma

The four main symptom groups of trauma are: negative alterations in cognitions and mood, avoidance, intrusion, and arousal and reactivity. 18

Negative alterations in cognitions and mood refer to symptoms that include persistent and distorted blame of self or others; a persistent negative emotional state; perceptions of ineffectiveness or being permanently damaged, feelings of guilt, responsibility, and shame; the sense that nobody understands; and efforts to minimize. 19

Perhaps the most troubling of all trauma symptoms is avoidance, because it often prevents trauma sufferers from committing
to heal. A 2010 report on 49,425 veterans with PTSD from the Iraq and Afghanistan wars who sought care from Veterans Affairs showed that fewer than one in ten actually completed the recommended treatment.\textsuperscript{20}

Often dramatic, and intensely frightening to the trauma sufferer, \textit{intrusion, flashbacks, and reliving} are in some ways worse than the trauma itself. A traumatic event has a beginning and an end. But for people who experience trauma, a flashback can occur at any time, whether they are awake or asleep. There is no way of knowing when it’s going to happen again or how long it will last.\textsuperscript{21}

\textit{Hyperarousal and hyperreactivity} is a state of increased psychological and physiological tension marked by effects
such as reduced pain tolerance, anxiety, exaggeration of startle responses, insomnia, fatigue, and accentuation of personality traits. It has also been described as a chronic state of fight or flight. Alterations in arousal and reactivity, including reckless or destructive behavior, may also be present.
Degrees of Trauma

Not only is trauma a subjective experience, it affects different people to different degrees. It can be acute or chronic. It can leave people functionally symptomatic, or severely symptomatic. Acute trauma is recognized as trauma caused by a single traumatic event that causes extreme emotional or physical stress. Chronic trauma describes trauma that is the result of more than a single event. It happens when an individual experiences multiple traumatic instances, such as reoccurring physical or sexual abuse, neglect, or combat experience, or a buildup of multiple traumatic experiences throughout one’s life.

Most functionally symptomatic people
are capable of managing in the external world. They may be employed and may participate in what they perceive to be safe social situations; however, for many, large groups in unfamiliar settings can be very unsettling. They benefit from stabilization type practices and respond well to breath, movement, and in some cases, meditation. There is some level of avoidance, but for the most part they have come to a place where they have a good degree of self-awareness and are motivated to advance their recovery.

Whereas functionally symptomatic people can move through the world, it is a challenge for severely symptomatic people to leave the house, let alone go to a public place where they will encounter large numbers of strangers. It is very unlikely that they would ever show up at a public
yoga class. In a clinical setting, they require coaching by the clinician to try new things, and it takes them a long time to develop a relationship of trust. They are very easily triggered. Avoidance is often a primary symptom, and they seem unable to practice and tolerate self-awareness. These people tend to suffer from complex and chronic trauma. Most have high levels of dissociation with low insight.
Where Trauma Happens: The Mind-Body

From a yoga perspective, self-realization and the accompanying sentiments of peace and contentment are possible when there is no separation between mind and body. In fact, a popular definition of yoga refers to the union of mind, body, and spirit. Neuroscience also describes a model that recognizes the integration of mind and body, a model that very clearly suggests that trauma disrupts the continuum. It severs the important connections between mind and body that permit them to function as an integrated whole.

- While we don’t need to be neuroscientists to practice TSY, a
basic understanding of the function and physiology of mind and body and how it is affected by trauma will facilitate dialogue with any clinicians we may work with. It can also bring some measure of reassurance to those experiencing trauma to understand that there is a tangible explanation for what is happening to them.

- The brain is the center of trauma response. The primary job of the brain is to ensure our survival. Three basic parts of the brain work together to perform this function. These are the primitive or reptilian brain, the limbic system or emotional brain, and the cortex or rational brain. It would be oversimplifying matters to view these parts as completely separate and distinct, as they are
interconnected by numerous different pathways.

- The primitive brain is located in the brain stem just above where the spinal cord enters the skull. It is responsible for all of our basic functions: eating, sleeping, waking, crying, breathing, feeling temperature, hunger, wetness, pain, and ridding the body of toxins. From a trauma perspective, the function of this primitive system is survival. It is responsible for the flight, fight, or freeze response.\(^2\)

- The emotional brain, or limbic system, is the seat of emotions, the monitor of danger, the judge of what is pleasant or scary, and the arbiter of what is or is not important for survival. Its main purpose is
attachment or social connection. It plays a central role in managing our social interactions and can record memories of behaviors that have produced agreeable and disagreeable experiences. 

- The rational brain comprises two hemispheres that govern language, abstract thought, imagination, consciousness, and the ability to learn. This part of the brain makes choice possible and is the seat of empathy. It plays a critical role in regulating the trauma response. It gives humans, as conscious beings, an awareness of self.

- The autonomic nervous system controls involuntary body functions that take place in the internal organs
and some muscles and glands. It regulates functions such as heartbeat, metabolism, body temperature, respiration, digestion, and urination. Its two main parts are the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). Its main responsibility is to keep all systems balanced and working together. This state of balance is often referred to as homeostasis or coherence, meaning all parts are working together to create a unified whole.

- The sympathetic nervous system is responsible for the fight or flight response to a perceived threat. It prepares the body for action by accelerating heartbeat, raising blood pressure, increasing adrenalin
production, and a number of other physiological changes.

- The parasympathetic nervous system is responsible for what is sometimes known as the rest and digest response. It brings the body back toward homeostasis\textsuperscript{29} by slowing heart rate and reactivating the digestive process and other glandular activity. It also activates the freeze response.
Understanding How Trauma Happens

This section begins with a summary of important concepts, provides a simple explanation for how trauma happens, and comments on the physiological and psychological impact of trauma.

Important Concepts

Fight or flight or freeze or fawn. A fight response is triggered when a person suddenly responds aggressively to something threatening. A flight response is triggered when a person responds to a perceived threat by fleeing. A freeze response is triggered when a person, realizing resistance is futile, gives up, numbs out into dissociation, or collapses
as if accepting the inevitability of being hurt. A fawn response is triggered when a person responds to threat by trying to be pleasing or helpful in order to appease and forestall an attacker.  

**Polyvagal theory.** Developed by Stephen Porges, this theory recognizes the importance of social connection in how we respond to perceived threats. It centers on the function of the vagus nerve, which serves the autonomic nervous system and is instrumental in our ability to self-regulate. The vagus nerve has two distinct parts. The first is connected to our primitive brain structure and oversees our primary defensive survival strategies. It drives the immobilization or freeze response. The second part of the nerve is a limbic-based (emotional) system that modulates sympathetic arousal through
social engagement. It alerts us to safety through connection. It supports the ability to communicate via eye contact, facial expressions, tone of voice, and through the ability to listen. It can also dampen reactivity in the sympathetic nervous system by calming the heart. As the heartbeat slows, we feel calmer and become more available for connection.  

>Whenever we feel threatened, we attempt to employ social engagement to establish safety. If it is not possible, we revert to the more primitive way to survive, that being fight or flight or freeze or fawn. Polyvagal theory is important because it underlines the importance of social interaction when addressing trauma. Many people living through trauma are uncomfortable in social situations and will often isolate. Part of dealing with the
trauma condition involves finding ways for the person to once again feel safety through social engagement.

**Attachment theory.** Attachment is a deep and enduring emotional bond that connects one person to another across time and space. Attachment is characterized by specific behaviors in children, such as seeking proximity with the attachment figure when upset or threatened. Attachment behavior in adults toward the child includes responding sensitively and appropriately to the child’s needs. From a trauma perspective, those who did not have this basic need met during childhood may be more susceptible to trauma later in life.

**A Healthy Response to a Perceived Threat**
Normally the three parts of our brain work together to create a balanced response to a perceived threat. As we have learned, a trauma event can overwhelm the mind-body on the physical, emotional, and cognitive levels. The reptilian brain reacts to threats to physical safety, and the limbic system reacts to emotional dangers. The role of the rational brain is to govern or modulate the reaction to produce a healthy response to a perceived threat.

Sensory information is received by the emotional brain. It is screened and then collated to form a message. The message is sent to two destinations. The first is the amygdala in the primitive brain, and the second is the rational brain. The amygdala receives the message first and processes it much more quickly than the rational brain. It compares the message to stored memory
and then automatically initiates a preplanned fight, flight, or freeze response. In the meantime, the rational brain has been processing the same message with more discrimination. If it perceives that there is no real danger, it interrupts the automatic response of the primitive brain. The parasympathetic nervous system is activated and the mind-body returns to homeostasis. If the rational brain perceives danger but is able to regulate the response, the threat is perceived as over and the mind-body returns to normal.

**Trauma Happens When ...**

Trauma happens when the mind-body is overwhelmed and a normal response to a perceived threat cannot be completed. There does not seem to be an in-depth understanding of why or exactly how it
happens, but we are beginning to understand what happens within the mind-body to create trauma. The following simplified summary of the trauma mechanism has been adapted from Van der Kolk’s *The Body Keeps the Score*.

Trauma happens when the amygdala goes into overdrive. Its response to perceived danger is so strong, or so persistent, that it overwhelms the rational brain. Or the filtering from the rational brain is so slow or weak it cannot interrupt the automatic response of the emotional and primitive brain. Part of the rational brain shuts down. Context and meaning disappear, and the brain loses its capacity to relate to the past or future. Normal memory processing disintegrates and time freezes, trapping the individual in an experience that seems to have no end. The
emotional brain stops acting as a sensory filter, and sensory overload is experienced. Even after the event is over, there is no coherence. New inputs are experienced as isolated sensory inputs accompanied by intense emotion. The mind-body moves from homeostasis or coherence to a state of emotional, rational, and psychophysiological imbalance. Rather than working together to maintain a unified whole, regulatory systems work at cross purposes. This impacts the state of mind in a number of ways. These impacts eventually lead to the development of trauma symptoms.

**Physiological Impact of Trauma**

The effects of being in a state of trauma for a short or a long time are many and varied. The following examples provide a good
idea of what these effects are and what physiological mechanisms are responsible for them.

**Increased tendency to dysregulate.** Living in a trauma state increases the individual’s tendency to dysregulate. Their threshold to stress has diminished, and their nervous system is operating at a level close to their tolerance limits. The mind-body is out of balance, and seemingly neutral inputs can lead to dysregulation.

**Decreased cognitive ability.** In response to external danger, emotional processing shifts from the frontal cortex, responsible for focused attention, motivation, and monitoring of goals, to the posterior cortex, which is responsible for vigilance. Intense emotion and stress-related illness are often accompanied by cognitive complaints such as impaired
memory, diminished concentration, and difficulty thinking coherently.  

Physical illness and injury. In chronic states of high autonomic arousal, elevated levels of cortisol can impair the immune system, contribute to ulcer formation, and cause damage to bodily tissues in the viscera and cardiovascular system. High emotional arousal can also trigger physical symptoms of anxiety and panic, such as muscle tension, heart palpitations, increased blood pressure, and difficulty breathing. In turn, the autonomic dysregulation of the lungs and intestinal function may play a role in conditions such as asthma and irritable bowel syndrome.  

Impaired communication. Broca’s area is the part of the brain responsible for communication. Without a functioning
Broca’s area, we cannot put our thoughts and feelings into words. Research suggests that Broca’s area goes offline when flashbacks take place.\textsuperscript{36}

**Impaired interoception.** Interoception is an attentional capacity that centers on our ability to feel the activity of our interior self, that is, the activity contained within our skin. There is evidence to suggest that parts of the brain associated with our ability to interocept are deeply compromised by trauma.\textsuperscript{37}

**Psychological Impact of Trauma**

As we have seen from our discussion on the symptoms and degrees of trauma, the psychological impact of this condition is profound. Looking ahead to the next section, where we will be introduced to Judith Herman’s three stages of trauma
recovery, it is useful to consider the psychological effects of trauma under three broad categories.

**Feeling unsafe.** The person is immobilized by fear, feels trapped, feels that choice has been removed and that the situation has no end.

**Resisting the trauma state.** The person experiences anger and aggression, may develop substance addictions, could be prone to behavioral addictions, engages in self-harming behaviors, has difficulty regulating emotions and impulse, and may reenact abusive patterns in current relationships.

**Feeling isolated.** The person experiences emotional numbing, episodes of dissociation, feels powerless, experiences shame and guilt, and distrusts
others.
Vicarious Trauma

Trauma is contagious. As noted by Judith Herman, “In their role as ‘witnesses’ to disaster or atrocity, therapists are often emotionally overwhelmed and may experience, to some degree, the same terror, rage, and despair as the patient. This phenomenon is known as vicarious traumatization.”

Not only therapists are susceptible to vicarious trauma. It is the negative effects of caring about and caring for others. It is the cumulative transformation that results from empathic engagement with anyone experiencing trauma. Anyone in the role of caregiver could become traumatized. Consequently, they should have a sound understanding of vicarious trauma and
self-care strategies, and should be able to recognize risk factors and indicators.

Vicarious trauma risk factors. Possible factors that may contribute to the onset of vicarious trauma can be grouped to include aspects of the work situation, aspects of the helper, and sociocultural context.\textsuperscript{40}

Aspects of the work situation. These may include relational dynamics between caregiver and client, exposure to horrific experiences that those living through trauma disclose and discuss, interaction between stories on the one hand and the confidentiality demands of the work on the other, and the overall amount of trauma work or exposure.

Aspects of the caregiver. These may include: personal history, coping style,
current life stressors, and attachment style.

**Sociocultural context.** These may include social realities such as racism, sexism, poverty, and injustice, which are often elements of trauma, clients’ traumatic experiences, and recovery environments.

**Vicarious trauma indicators.** Experts in the field stress the importance of monitoring yourself for signs that you may be experiencing vicarious traumatization. Potential indicators include: emotional numbing, social withdrawal, work-related nightmares, feelings of despair and hopelessness, loss of a sense of spirituality, developing a more negative view of the world, a reduced sense of respect for your clients, loss of enjoyment of sexual activity, no time or energy for yourself, feeling that you can’t discuss work with
family or friends, a sense of disconnection from your loved ones, an increased sense of danger, an increased fear for the safety of children or loved ones, a sense of cynicism or pessimism, increased illness or fatigue, greater problems with boundaries, difficulties making decisions, reduced productivity, reduced motivation, lowered sense of competence, and difficulties trusting others. 41

**Vicarious trauma self-care.** Self-care begins with self-awareness. Caregivers need to remain aware of the present moment and the fact that they are a responsible party in a trauma relationship. Accepting the inevitably of some degree of vicarious trauma can be helpful, as can accepting personal and professional limitations. Appropriate boundary management is important and includes
remembering your role, treating the person living through trauma with respect, and separating your role as a caregiver from other aspects of your life. At the same time, when we are acting as caregiver, it is essential to participate authentically while keeping the welfare and needs of the individual with trauma in focus.

Caregivers must listen with respect and an open mind and heart, and engage empathically while respecting boundaries. This means letting the traumatized person know through words and actions that we care deeply about the harm they have experienced and their struggle to recover. In addition to the self-care ideas provided above, caregivers are advised to consider the importance of maintaining a strong base of social support, to access professional consultation when
appropriate, and to engage in activities that promote spiritual renewal.\textsuperscript{43} It is especially important to remember that personal effort toward self-care is just as important to those they are caring for as it is to themselves.
Stages of Trauma Recovery

Recovery from trauma begins the moment the traumatic event ends. The human organism’s natural response to any injury is to heal itself. That response begins almost immediately after the injury is sustained. In the case of trauma, this recovery can stall. The main role of trauma therapy is to help the traumatized individual restart the recovery process by setting the conditions for healing to take place. Setting the conditions involves helping them find perspective, empowering them with concepts and tools they can use to advance their recovery, and helping them foster the attitude and commitment to do so.

There are several different models that
break the process of healing from trauma into stages. Some have three stages, some have five, some have more. The model presented below is an adaptation from the seminal work of Judith Herman.44

**Stage 1: Safety and Stabilization:**

**Overcoming Dysregulation**

Stage 1 involves understanding what is happening and finding safety and stability.

**Understand.** Individuals are educated to comprehend the effects of trauma and to recognize its common symptoms. They become familiar with and understand the meaning of overwhelming body sensations, intrusive emotions, and distorted thought patterns.

**Find safety.** Individuals establish a sense of bodily safety and are able to
abstain from self-injury and establish a safe environment. This could include a secure living situation, nonabusive relationships, regular income, and other adequate supports.

**Find stability.** Individuals find emotional stability. They have the ability to calm the body, regulate impulses, self-soothe, and manage post-traumatic symptoms triggered by mundane events. The goal of this stage is to create a safe and stable life in the here-and-now. This sets the conditions to facilitate the safe remembrance of the trauma without reliving it.

Yoga is particularly helpful during this stage, as it can teach individuals the self-regulation skills they need to find safety and stability in the present moment.
Stage 2: Coming to Terms with Traumatic Memories

The focus is to overcome the fear of traumatic memories so they can be integrated. The individual comes to accept that they may not be the same person as a result of the trauma. Effort is made to ensure individuals don’t become “stuck” in avoidance or overwhelmed by memories and flashbacks. Since remembering is not necessarily recovering, the goal is to come to terms with the traumatic past.

This stage is primarily the domain of clinical therapy, however. An integral part of the yoga practice is acceptance. Fostering the capacity for acceptance is essential in coming to terms with the traumatic memory.
Stage 3: Reconnection, Integration, and Moving On

In this stage, work begins on decreasing shame and alienation, developing a greater capacity for healthy attachment, and taking up personal and professional goals that reflect post-traumatic meaning-making. Overcoming fears of normal life, healthy challenge, change, and intimacy become the focus. As life becomes reconsolidated around a healthy present and a healed self, the trauma feels farther away. It becomes part of an integrated understanding of self and no longer a daily focus.

Once again, yoga can assist the individual during this stage of recovery by providing a safe venue to practice connecting to the external world.
Trauma Treatment: The Middle Path

From the days of Freud, cognitive based approaches, or “talk therapy” have represented the main approach to dealing with psychological illness. For a time, medicine seemed to have drawn a line and focused all efforts to resolve psychological conditions such as trauma by working “above the neck.” Fortunately this paradigm is shifting. There is compelling evidence that traumatic memory is stored in the emotional brain and can therefore be accessed through the body.\textsuperscript{45}

Consequently, traditional cognitive approaches that aim to access trauma memories through the rational brain may not always be effective because the trauma memory may not be there. To complicate
matters, the connection between the rational and emotional brain may very well be impaired. As a result, the concept of employing somatic-based therapies to access the emotional brain through the medium of the body is becoming more accepted. This approach forms the heart of Bessel van der Kolk’s message in *The Body Keeps the Score* and is the central thrust of David Emerson’s *Trauma-Sensitive Yoga in Therapy*.

Accepting that it is possible to access trauma through the body validates the use of somatic-based approaches in trauma treatment. In light of this, the implications of using yoga as clinical intervention to address trauma appear even more striking, since yoga permits trauma to be simultaneously approached from the top down and the bottom up. This approach
may provide a more comprehensive and holistic strategy for addressing trauma than either stand-alone cognitive or somatic based modalities.
Chapter Summary

- Trauma is a subjective experience precipitated by life-threatening or life-altering events. It overwhelms the individual and is characterized by a loss of control. Even when the event is over, the trauma experience can continue, producing an altered state of mind that negatively affects a person’s thinking, behavior, and psychological and physiological well-being.

- A trauma condition develops when the mind-body is unable to return to a normal range of nervous system regulation. Trauma can be acute or chronic. The four main symptoms
of a trauma condition are negative alterations in cognitions and mood, avoidance, reexperiencing, and arousal and reactivity. People with trauma may be functionally symptomatic, or severely symptomatic.

- The three stages of trauma recovery are safety and stabilization, coming to terms with traumatic memories, and reconnection and integration. Trauma memories may be stored in the limbic system, which, in the traumatized brain, may not be accessible through the rational brain. This validates the concept that a “bottom-up” somatic approach may be a valid strategy for addressing trauma conditions.
3

Yoga and Trauma

The intellectual and practical activity encompassing the systematic study of the structure and behavior of the physical and natural world through observation and experiment.

—OXFORD DICTIONARY DEFINITION OF “SCIENCE”

The remarkable similarities between Western-based science and yogic wisdom have always fascinated me. The definition of science quoted above could easily be offered as a definition for yoga. Western science provides one framework
through which we can perceive ourselves and the world. The science of yoga offers another. Both are systems for understanding and making sense of what is. What I find really exciting is that there are many areas where the two disciplines seem to converge. Trauma is one such area.

We have learned that trauma can result in an altered state of mind-body that negatively affects a person’s thinking, behavior, psychological, and physiological well-being. We have also learned that leading behavioral and neuroscientists are coming to understand that the trauma condition can be addressed through the physical doorway of the mind-body continuum. A short comparison of classical yogic wisdom with science-based trauma fundamentals will help us
understand why yoga is so naturally suited to promote recovery from trauma, and will set the foundation for the development of a trauma-sensitive style of yoga.
Patanjali’s Perspective

There are so many different styles and systems of yoga in existence that one could very easily become lost in the different perspectives and nuances of each. Of all the figures who have taught yoga over the millennia of its existence, the most widely recognized is Patanjali. In the Yoga Sutras, Patanjali teaches that yoga can bring about a state of mind that is free of turbulence and ultimately results in union with all that is. Yogic wisdom holds that states of mental turbulence happen when chitta (mind) is clouded by avidya (incorrect comprehension).¹ Avidya arises as a result of the kleshas, which include asmita (ego), raga (attachment), devisah (aversion), and abhinivesah (fear). Over
time, avidya creates samskaras (mental and emotional patterns).

If we consider this in terms of what we have learned about trauma, it would seem that homeostasis can be construed as union, and trauma is very much like samskara. But rather than grooves of conditioned thought created over time, trauma happens suddenly and unexpectedly, like a flash flood cutting a deep chasm across the landscape of mind-body. We can become trapped in this chasm. Every event that happens from this point forward is perceived from within its shadowy landscape and is influenced by the thoughts, feelings, and emotions that accompanied the original event. Avidya and the kleshas sound a lot like “reactions to experiences.” These reactions can lead to one of the main symptoms of trauma:
negative alterations in cognition and mood. It is not a big stretch to conclude that these negative alterations lead to dysregulation, or in yogic parlance, *chitta vritti* (mind turbulence). *Samskara* or trauma evokes conditioned responses to triggers that manifest in terms of the remaining major trauma symptoms of intrusion, avoidance, and arousal.
Koshas: Mind, Body, and More

Some yogic texts describe the body in terms of layers called koshas. Starting from the outside in the layers are anamaya kosha, the physical body; pranamaya kosha, the energetic body; manomaya kosha, the cognitive and emotional body; vijnanamaya kosha, the rational body; and anandamaya kosha, consciousness or the seat of awareness.

The koshas offer a good model for conceptualizing how TSY can work on mind and body. The concept of approaching the mind-body through anamaya kosha (the physical layer) is consistent with the bottom-up approach we
have already discussed. We know that breath exists within the realm of *pranamaya kosha*, our energetic body. The practice of *pranayama* helps us to regulate the flow of *prana* (life force) within. When *prana* is balanced, we feel balanced. From the Western perspective, when we regulate breath, we regulate the autonomic nervous system, which leads to coherence, which in yoga we could consider to be union. *Manomaya kosha* is the layer at which thoughts and emotions are managed. When it is clouded by illusion, deeper wisdom or rational thought is clouded as well. In terms of our previous description of the mind-body continuum, *manomaya* resembles the interaction between the cognitive brain and the limbic system (the emotional brain) that is so central to the trauma mechanism. The role of
vijnanamaya kosha is almost exactly the same as that of the rational part of the mind. It knows, decides, judges, and discriminates between this and that, between useful and not useful. When it gets comingled with memories and is clouded over by the manas, it loses its positive strength. Anandamaya kosha is the center of consciousness. It is a state of simply being. It represents what we have termed calm abiding, or being in a state of present-moment awareness.

It is reasonable to suggest that yoga offers a framework for perceiving the interaction between trauma and the mind-body that is consistent with that described by behavioral science and neuroscience. Yoga recognizes that our reactions to our experiences (kleshas) are influenced by conditioned thought (samskara) and cause
misperception of what is really happening in the present moment \textit{(avidya)}. This results in mind turbulence or trauma \textit{(chitta vritti)}. We can influence state of mind \textit{(chitta)} through the mind-body \textit{(koshas)} starting from the bottom \textit{(anamaya kosha)} up. We can do so by using yogic techniques and practices \textit{(asana, pranayama, and pratyahara, among others)} for finding our center \textit{(anandamaya kosha)} and some degree of calm abiding \textit{(samadhi)}.

Patanjali summarized this whole process of finding freedom from mind turbulence in an eight-step process. The first two steps, \textit{yama} and \textit{niyama}, are essentially a set of moral precepts that assist us in practicing kindness and compassion to ourselves and others. Steps 3 and 4 address breath and mindful movement. Steps 5 to 7
describe a meditative process that creates a state of pure awareness, a state from where it is possible to take the final step to self-realization; where all aspects of mind-body are working together in a state of union; where we learn who and what we are and how we are connected to all that is.
**Why Yoga Works: A Plausible Explanation**

Having reviewed the interaction of yoga and trauma from a classical perspective, what follows is a plausible contemporary explanation for why yoga works. Yoga helps with trauma in three main ways. It grounds us in the present moment, it broadens our window of tolerance to regulate mind-body, and it fosters a sense of internal and external connection.

First, it gets us grounded in present-moment awareness. It moves our awareness away from where it is stuck in a past event experience into the experience of an event that is happening in the present moment. By paying attention to the
sensations associated with our present-moment experience, whether they are generated by breath or movement, we free ourselves from the imprint of the trauma experience, from the *samskara* of something that happened in the past. When we stop reliving the trauma experience, we restart the natural process of healing. We overcome dysregulation to experience a degree of safety and stability.

Second, it teaches us how to expand our window of tolerance to regulate physical, emotional, and cognitive sensation. We use asana to stress the mind-body in a healthy and controlled way, and we use *pranayama* (breath) to bridge body and mind to regulate the stress response. As our practice deepens, we broaden our window of tolerance for “autonomic dysregulation.”³ We become familiar with
our boundaries and understand how to live comfortably and contentedly within. We find the capacity to come to terms with and accept reality. We learn that while the trauma experience has become part of what we are, it does not define who we are. We are able to remember it without reliving it.

Third, the ultimate end of yoga is union, or a sense of connection. The entire process supports this end. This means feeling part of something. It means reconnecting to family, friends, and society at large. For some, it may mean developing and practicing a concept of spirituality.
Let’s Talk about Ganesh

Ganesh is an elephant, and many times when we practice yoga, there is an elephant in the room. That is spirituality. For many, the word *spirituality* is a loaded term. It comes with connotations of religion and all sorts of different concepts of god. I like to think of spirituality as the essence of connection. It is the force that draws us closer together, that makes us feel like we are part of something larger than ourselves. I hope that a basic, inclusive definition such as this does not preclude any other systems of belief. I think spirituality is very relevant to trauma, because as we have seen, stage 3 of trauma recovery is finding a way to reintegrate into the whole. In this regard, spirituality is
key.

More and more clinicians, and even medical doctors, are advocating some form of spiritual practice as a path to holistic health. For some people, spirituality is an intensely personal matter, so it may not be advisable to point out the elephant the very first day. It might be better to talk about connection in general terms and allow people to sense it for themselves. The language we use, and the concepts we present, can set the conditions for people to notice Ganesh on their own. Phrases like “inner essence” and “life force” seem palatable to most. As we come to know the people we are working with better, we will get an appreciation for what it is that offers them a sense of connection. Maybe it’s nature, maybe it’s church, maybe it’s a puppy, or maybe it’s just being in the same
room as someone else. What it is, exactly, isn’t that important. The point is to set the conditions for them to find and follow their own spiritual path, to experience the awe, delight, and contentment that comes with seeing the elephant along the way.
What Kind of Yoga Is Right for Trauma?

It is often said that all yoga is good yoga and, in general, this is true. It is also true, however, that some types of yoga are not suitable for all people. This is probably why there are so many schools and styles of yoga in existence today. Which of these is the best for trauma? There are also many mainstream yoga derivatives being presented as effective methods for addressing trauma and trauma-related conditions. The more well-known include methods such as MBSR, somatic experiencing, iRest Yoga Nidra, and HeartMath. Which of these works the best?

This may be an oversimplification, but
perhaps the different systems of yoga and mainstream derivatives are just that: methods that are all underpinned by the same basic precepts and core elements of yoga. Although they are often presented as unique or innovative, more than representing new ideas they represent different views on the same theme, different applications of the same fundamental elements and principles.

The best yoga is the yoga that yields results and is understandable and acceptable to the people we are working with. So rather than taking a cookie-cutter approach, we should be willing to adapt whatever styles, methods, and techniques are available to meet the needs of the traumatized person.
Chapter Summary

- Yoga’s main role in addressing trauma is to help with the stabilization stage, where the client learns to self-regulate. The practice of acceptance, and emphasis on connection, is also useful for stages 2 and 3 of trauma recovery, which involve coming to terms with the trauma experience and reintegrating it into life. Some concept of spirituality can greatly facilitate stages 2 and 3.

- Yoga helps with trauma in three main ways. First, it takes our awareness away from a past event experience and into an experience
of an event that is happening in the present moment. Second, it teaches us how to expand our window of tolerance to regulate physical, emotional, and cognitive sensation. Third, it encourages us to explore the concept that we are connected to something greater than ourselves.

- The best kind of yoga for trauma is the one that works. It needs to meet the needs of the person living with trauma and be conveyed to them in a way that is understandable and acceptable. Our role as TSY practitioners is to help the person with trauma find a practice that works best for them.
4

Trauma-Sensitive Yoga

_Breath is the bridge which connects life to consciousness, which unites your body to your thoughts. Whenever mind becomes scattered, we can use our breath as the means to regain control._

—THICH NHAT HANH

We have learned that the trauma experience can lead to an altered state of existence. The mind-body is no longer coherent or in harmony with its environment. Recovery from trauma is a process of reunifying the self and reconnecting to the external world. It’s
about restoring balance between the mind-body functions governed by the primitive and emotional brain and those controlled by the rational brain. It is about bringing the human organism back to homeostasis. Having established a basic understanding of the trauma condition, an idea of what recovery from trauma entails, and knowing that yoga has the potential to help people recover from trauma, the next question is how?
Trauma-Sensitive Yoga Criteria

Remembering that there are no cookie-cutter approaches to trauma-sensitive yoga, how can we confirm that an intended approach is valid? What are the features that distinguish TSY from other schools and systems of yoga? Based on the preceding discussions of trauma, recovering from trauma, and what yoga has to offer, I propose that TSY should emphasize a bottom-up approach, be consistent with the accepted stages of trauma recovery, be needs-based, be adaptive versus prescriptive, maintain a physical focus, employ appropriate styles and poses, and place special importance on breath. Each of these criteria is explained
in the paragraphs that follow.

**Bottom-up emphasis.** Due to the very nature of the trauma condition, TSY should emphasize a bottom-up, somatic-based approach, especially in the early stages of recovery. As Peter Levine asserts:

In the initial stages of restorative work, bottom-up processing needs to be standard operating procedure. In other words, addressing a client’s “bodyspeak” first and then, *gradually*, enlisting his or her emotion, perception, and cognition is not merely valuable, it’s essential.¹

**Consistency with stages of recovery.** Whether it is offered in a studio or in a clinical setting, TSY should work within the boundaries of, and remain consistent
with, the three widely accepted stages of trauma recovery. It should be safe and supportive, should promote self-acceptance, and should foster connection.

**Needs-based.** TSY should be designed and delivered based on the needs of those living through trauma, and should not be delivered with the intent of promoting or advocating any specific style or type of yoga, or any other somatic or mindfulness based yoga derivative. This criteria also implies that the type of yoga offered be as accessible as possible.

**Adaptive versus prescriptive.** The trauma population is far from homogenous. This diversity in condition and need is further complicated in the case of public TSY classes, where sometimes anonymous people living through trauma are mixed with the general population.
Under these conditions, it is unrealistic to think we can prescribe a specific type of yoga for a given situation. A TSY teacher should be flexible enough to change their teaching methods as required. This type of working environment means that prescriptive plans will be less effective than adaptive plans. The ability to plan adaptively is greatly facilitated by the use of a conceptual framework. The nature of such a framework is the topic of the next section.

**Physical focus.** While trauma may originate in the mind, it often comes to rest in the body. Most TSY literature emphasizes keeping the practice as physical as possible and to avoid focusing on less tangible sensations such as those associated with the energetic body. While a sense of connection is essential in
recovering from trauma, and spirituality can assist in this regard, how it is broached is more important than what kind of spirituality it is. Mystical, esoteric concepts of spirituality can be dangerous and could lead to dissociation or spiritual bypass. In *Psychology Today*, Ingrid Mathieu says:

Spiritual bypass is a defense mechanism. Although the defense looks a lot prettier than other defenses, it serves the same purpose. Spiritual bypass shields us from the truth, it disconnects us from our feelings, and helps us avoid the big picture. It is more about checking out than checking in—and the difference is so subtle that we usually don’t even know we are doing it.
Appropriate styles and poses. Many schools of yoga, most notably Iyengar and Desikachar, promote yoga as a form of medicine. Different poses affect the body in different ways, working not only on the musculoskeletal system but on the cardiovascular system, the endocrine system and, well, the entire body. In the two TSY teacher trainings I attended, there was also emphasis placed on specific poses and set sequences that may be most appropriate for releasing trauma. While I personally believe that yoga can be customized to treat specific conditions, when I actually started working with traumatized people, I quickly realized that, in many cases, it would have been completely detrimental to stick to the script. In fact, for more than half of the clients I saw, chair yoga was the most
appropriate style of yoga to use. In retrospect, this makes a lot of sense.

As we will see, one of the first things we want to do in a TSY class is to establish a sense of safety and support. In the beginning, the simpler the yoga, the better the yoga. What poses we do are not nearly as important as how we do them. Moving with the intent to create and experience sensation (or no sensation) should be the purpose of every pose. Another point to consider is the vastly different body types and physical boundaries of individuals. As yoga teachers we see this all the time. When working with the trauma population, these differences are amplified by chronic pain and fear of the unfamiliar. The body has tremendous capacity to heal itself. In the case of trauma, yoga unlocks this power and provides the medium for the
mind-body continuum to reunite. As the unification process happens, we find space to explore deeper, to rediscover forgotten connections. When this happens, recovery has begun.

The indisputable power of breath. Breath is an especially powerful tool in working with trauma. Not only is it the quickest route to the present moment, it is one of the most effective ways to self-regulate, to bring the mind-body back to homeostasis. It is well known that emotional arousal can cause the autonomic nervous system to trigger physical symptoms such as anxiety and panic, muscle tension, heart palpitations, increased blood pressure, and difficulty breathing. We cannot use our rational mind to directly control the autonomic nervous system, but we can access it
through breath. Breathing is one of the few body functions under both conscious and autonomic control.\textsuperscript{4} It is a major factor in regulation and in reforging connections between mind and body.
**A Trauma-Sensitive Yoga Framework**

Numerous somatic and psychosomatic methods are being employed as treatment approaches to trauma. We also know that the tradition of yoga offers a multitude of systems and techniques that can be used to access the mind-body continuum. Very often, considerable effort is made to differentiate techniques within both psychological therapies and systems of yoga, many times with the intent of demonstrating that one way is better than another to achieve the desired result. Through my own personal experience, and from conversations with clinicians, I have come to believe that no one approach works for all the people all the time. There
is no silver-bullet solution, and if there were, we wouldn’t find it by focusing on what’s different: we would more likely discover it through consideration of fundamental concepts and principles shared across diverse perspectives.

Therefore, rather than prescribing a specific system to teach a TSY class, or a precise approach to TSY as a clinical intervention, I suggest instead a general framework that can be used to create TSY that is relevant to the people it is intended to serve, a framework that facilitates an adaptive versus a prescriptive approach. The TSY framework has five components: intention, guiding principles, core elements, appropriate techniques, and a repeatable process. Each of these is discussed below.

**Intention.** To do anything, we need
intention. We need some concept of how we would like things to be at some point in the future. For the person living through trauma, the ultimate intention is to move from a turbulent to a peaceful state of mind, from a state of dissociation to one of connection. This may not, however, happen in a straightforward manner. The road to recovery is twisting and hilly, and recovery is often facilitated by focusing more on the direction of travel than on measuring daily gains. In yoga we are much more comfortable setting intentions than objectives for our personal practice, and for good reason. Setting an objective can create expectation. When expectations are not met, disappointment can follow.

When we are working with someone who is struggling to find their way, especially in a clinical setting, I think it is
beneficial to help them see objectives as intentions, to “move in a direction” that will eventually lead to a greater sense of acceptance, or gratitude, or commitment, or empowerment. Therefore, in the interest of fostering recovery, it is important to have intent. In a clinical setting, we could set this based on a treatment objective. In a classroom setting, we could ask our students to state the intent to themselves, or if they wish, say it aloud. Sometimes I ask them to write it on a piece of paper, and I use this input to help me deliver the class.

**Guiding principles.** Principles are important guidelines that can help us direct our approach and maintain our focus. We can check back on them from time to time to make sure we remain true to our intent. With this in mind, I propose a set of
principles that reflects the TSY criteria and recognizes the important concept of safety and support. In principle, TSY is safe and supportive, needs-adaptive, and body focused.

**Safe and supportive.** TSY is delivered in a safe and supportive environment, and in a safe and supportive manner. It honors the precept that the client has choice and the right to control her or his own body. As a clinical intervention, TSY respects clinical practices and treatments. Choice, control, and predictability are essential to the establishment of safety. In a journal article, David Emerson and colleagues offer five aspects of a yoga class that require special consideration: environment,
exercises, teacher qualities, assists, and language. They also identify the importance of choices and community. Consideration of all of these elements is crucial to create a safe and supportive yoga offering.

**Needs-adaptive.** TSY is based on the needs of the person living with trauma. It is adaptive, not prescriptive. While it employs techniques from various styles and systems of yoga, it need not adhere to a specific approach.

**Body-focused.** TSY emphasizes, but is not restricted to, a bottom-up (somatic) approach. It focuses on awareness of body and breath-based sensation. It employs appropriate styles and poses.
Core elements. Almost every style and system of yoga and Western yoga derivatives such as MBSR and somatic experiencing are based on the core elements of breath, movement, and awareness: *breath* with the intention of fostering awareness of the present moment; *movement* with the intention of creating and experiencing body-based sensation, such as physical feelings resulting from, but not limited to, lengthening or contracting muscles, rhythm, balancing, and stillness; and *awareness* with the intention of finding connection, where awareness results from concentrated attention on something that is happening in the present moment, like breath or sensation that results from movement.

Depending on who we are working
with, some or all of these elements may be present in a TSY practice. Some forms of meditation, as a means of finding awareness, have a strong cognitive component and may not be appropriate for someone who is prone to dissociation. Movement may not be appropriate for someone who is experiencing chronic pain. I recently met with a client who finds watching breath distressing. The idea is to choose the elements that work best for the individual, and to adapt if our first approach does not seem to be working.

Techniques. Our training and experience as yoga teachers has provided us with innumerable methods and techniques that we can use to create awareness, then to access and balance the mind-body. Typically, and not surprisingly, these can be categorized in
terms of the core elements (breath, movement, and awareness).

Maybe it is helpful to think of the core elements as the tools we use to tune the mind-body, and the techniques as how we use the tools. An example of a breath-related technique could be alternate nostril breath. Every yoga pose is a separate technique for accessing and bringing awareness to different parts of the body. Practices such as Yoga Nidra and body scans are excellent for fostering awareness. MBSR, somatic experiencing, and other somatic-based practices offer even more methods of bringing the core elements to bear on the condition of trauma.

The process is the practice. Intent sets direction. Principles inform approach. Core elements and techniques provide the tools. The process speaks to how we make
it happen. It is the practice. It defines the basic steps to move someone living with trauma from a state of dysregulation to one of homeostasis, from disconnection to unity. It also empowers them to stay there. It works by providing a repeatable method for establishing and maintaining awareness of the present-moment experience.

The concept of awareness is central. Awareness is present at the beginning of the process, at the middle, and at the end. The following is a four-step process based on the three stages of trauma recovery. It is just as applicable to a studio class as it is to a clinical session. Depending on the setting and the clients, the process can be applied over successive sessions, or could be completely addressed in a single session. It is most often a mixture of both. The four steps are grounding, self-regulating,
accepting, and reconnecting.

Grounding. This step includes techniques and practices that ground us in the present time and space. If we envision the present moment as a circle, our intent is to encourage movement from a place of dysregulation to land in the circle of the present moment. Once there, the focus of the practice is to move to center, where the silent witness, or pure undistracted awareness, resides.

Self-regulation. Having found the present moment, self-regulation helps us stay there. It involves practicing techniques that foster the ability to establish and maintain awareness; notice when awareness begins to, or has moved away from, the present moment; be nonreactive to past- or future-based thoughts, emotions, or physical sensations
that compromise present-moment awareness; and regulate present-moment sensation. Being nonreactive requires some capacity to accept the presence of uncomfortable thoughts, emotions, or sensations. Being able to self-regulate implies the capacity to freely make coherent choices.

**Acceptance.** The second stage of trauma recovery involves coming to terms with the trauma condition. It means coming to a place where if we cannot “let it go,” we can at least “let it be.” Even finding a willingness to accept can be a monumental achievement for someone experiencing the effects of trauma. Finding the capacity to fully accept their personal story can be the work of years. Interpreting and reframing the story is the domain of the clinician. As TSY practitioners, we are
more concerned with helping build and strengthen the skills that lead to the capacity for acceptance. We employ techniques and practices that foster nonreactiveness, equanimity, and an understanding that while what we are is a result of our life experience, who we are is a result of how we think and act in the present moment.

**Reconnection.** Having established a sense of acceptance, and a sense of contentment, with who and what we are, we have set the conditions to reestablish internal and external connections, to come to a place where we feel we belong, to come to a place where we can begin to experience life as it unfolds in a responsive instead of a reactive manner. This is often best accomplished in a group setting with exercises and techniques that promote
awareness of that which is greater than the self.

In summary, focusing on physical sensation and breath grounds awareness in the present moment. When awareness moves away from the present-moment experience, regulating (coming back to breath and movement) can bring awareness back to center, to calm abiding. With the ability to self-regulate, acceptance of the present-moment experience may be practiced. Acceptance of the present-moment experience makes it possible to become “unstuck” from the trauma memory and move forward in recovery to reconnect to life experience as it unfolds.
A Trauma-Sensitive Approach to Any Yoga Pose

Increasingly, Western mainstream yoga tends to focus on the physical aspect of the practice. When moving toward the full expression of a pose, many practitioners strive for “magazine-cover alignment” and disregard the opportunity for mindfulness that yoga presents.

Every yoga pose can be an introspective journey leading to a place deep within where we feel that “Just for this moment in time, everything is right; absolutely nothing needs to change.” Our body has achieved perfect balance between effort and relaxation. Our mind is still and grounded in the present moment, intensely
aware of everything we are experiencing at each and every instant. We find our inner essence, and we become completely content, completely at peace. In yogic terms, we have united mind, body, and spirit. What follows is one way to mindfully explore even the simplest movement, or the simplest pose.

**Start simple.** The psychologist I work with always stresses the importance of “taking baby steps” along the road of trauma recovery. This same principle is very important when following the path of yoga. Breaking the pose down into a series of small steps will make it much more accessible to those who may be very disconnected from their physical bodies.

**Explore.** Move mindfully into the pose, allowing sensation to be your guide and curiosity to be your companion. Although
alignment is important, sensation is more so. When you have reached the point where sensation is challenging, but not painful, it is time to stop. Respect the inner wisdom of the body and never push to a place where sensation becomes pain. One way to know the difference between strong sensation and pain is to check with breath. When the mind-body feels stressed, the autonomic nervous system increases the rate of respiration. If you find it difficult to maintain a steady, comfortable rhythm of breath, perhaps you are asking too much of your body. Find your personal boundaries, push them gently outward, but never push through them. Look for internal experience rather than external appearance.

Experience. Notice the nature of the physical sensation you have produced. It could be the sensation of movement, of
stretching, or of muscles working. Perhaps it’s the sensation of rest. Allow it to speak to you. Listen to it. Stay interested. Experiment. Carefully adjust your position and notice any changes in sensation. Find a place that feels good, where you can feel the balance between effort and relaxation. Stop “doing” the pose. Instead, let it happen to you. Now connect with breath and use it to keep you here, one breath, one moment at a time. Notice that when you are watching breath, physical sensation becomes less relevant, more manageable. With each exhalation, allow yourself to release farther into the pose.

By watching sensation and breath, become aware of, then grounded, in the present moment. Consider the present moment to be exactly one breath long. Notice the stillness of your mind, the
absence of thought. Treat any thoughts or emotions that arise as sensations of the mind. Manage them by shifting awareness back to breath, allowing them to drift away, untouched, unopened, unable to distract you from the clarity of the present moment. Become the silent witness, the one who watches the experience objectively and sees it for what it really is. Remember, if at any point your experience begins to feel unsafe, you can move back to the place where security is present.

Accept (not expect). Live your experience without any preconceived ideals about how you should look, or how you should feel. Cultivate an attitude of acceptance. Perceive without judgment, and accept with compassion. Be who you are now, not who you think you should be.
Pranayama: Breath Is Life

We begin our life with an inhalation and we end it with an exhalation. Breath is where life begins. If trauma suspends the ability to experience present-moment life, breath is an experience that can allow us to break free from the trauma and start living life again. It is the path out of the chasm. The power of breath has long been recognized by masters of mindfulness. The renowned yogi and teacher Tirumalai Krishnamacharya held breath as central to yoga, and said that any practice that disrespects the breath is without life, because breath is life. Thich Nhat Hanh refers to breath as the bridge that connects life to consciousness, which unites your body to your thoughts. He says that
whenever mind becomes scattered, we can use our breath as the means to regain control.” So breath is the bridge between body and mind that crosses the chasm of trauma. It is instrumental in finding awareness and regulating mood. It is the simplest and fastest path back to the present moment. But for someone trapped in the trauma experience, regaining control of breath is seldom simple.

The Yoga Sutras teach that first and foremost, pranayama is awareness of breath. With this in mind, a trauma-sensitive approach to breath is one that will create breath awareness as quickly and as vividly as possible. The first breath need not be a calming breath, but it should be an awakening one. It need not feel relaxing, but it should be noticeable. An exaggerated inhalation, followed by an equally
exaggerated exhalation, can often be the entry point into the cycle of breath and life. Once breath awareness has been established, the next step is to take control. To help us in this respect, there are endless pranayama techniques that can be practiced. The obvious question is, which one is best? Hopefully the answer is just as obvious: the one that works.

Desikachar says that rather than one technique being better than the other, the many different choices permit us to practice pranayama without it becoming mechanical. This implies we should be willing to experiment with a variety of techniques. The Heart of Yoga offers very good descriptions of the main pranayama techniques. In the beginning, it is best to start simple. When it comes to simplicity, the powerful teachings of Thich Nhat
Hanh have much to offer, including wisdom from the Sutra of Mindfulness:

Be ever mindful you breathe in and mindful you breathe out.

Breathing in a long breath, you know “I am breathing in a long breath”

Breathing out a long breath, you know “I am breathing out a long breath”

Breathing in a short breath, you know “I am breathing in a short breath”

Breathing out a short breath, you know “I am breathing out a short breath”

From this very basic starting point, we can explore different styles of breath with our students, guiding them to try and experience different styles they find calming, and conversely to become aware
of those that are unsettling. Some people I have worked with find *ujjayi* breath distressing. Some soldiers have said it reminded them of the breath of a dying person. For a victim of sexual assault it may recall the heavy breathing of the assailant. As we introduce and experiment with various *pranayama* techniques, it is important to do so mindfully, paying careful attention to the effect that it has on those we are working with. Making the practice interactive and asking people to report their experience, if they are comfortable with it, can be beneficial to everyone in the room.
Yoga Nidra: An All-in-One Practice

Of all the various styles and systems of yoga that could be applied to trauma, Yoga Nidra deserves special mention. I distinctly recall the first time I tried it in a trauma setting. I had been asked to speak to a peer support group of veterans with PTSD. When I arrived, I found that many of them were suffering from such severe physical limitations that they could not even sit comfortably, let alone move through an asana practice. I tried chair yoga, but it was obvious that it was not working for some, so I decided to turn to Yoga Nidra. The results were astonishing. Every single member of the group relaxed to some degree, some so deeply that they were
visibly mystified by this unfamiliar and pleasant experience. And the conditions were not perfect. It was the first time they had ever met me and the first time they had ever tried yoga.

Yoga Nidra brings the most important elements of yoga together in a way that is really effective for addressing the trauma condition. It fosters relaxation and offers a style of mediation that is body-based and therefore very accessible to those who are experiencing trauma. Above all, it encourages us to accept present-moment experience exactly as it is.

One of the best-known systems of Yoga Nidra in North America is the iRest system offered by Richard Miller. Like Jon Kabat-Zinn, Miller has adapted an ancient system of yoga to work within our societal norms to great effect. iRest Yoga Nidra is being
used at military bases, veterans and other hospitals and clinics, hospices, homeless shelters, community programs, and schools across the United States. Miller has written several books on Yoga Nidra, any of which are valuable references for a TSY practitioner. iRest uses a ten-step process that essentially works through the koshas in a systematic and repeatable process. The following is adapted from an article by Miller.10

**Preparation.** Become as comfortable as you can, and follow your favorite path to become grounded, centered, and aware of present moment experience.

**Connect to your heartfelt desire.** Bring to mind your deepest desire, something that you want more than anything else in life. It could be a desire
for health, awakening, or peace and contentment. Believe it to be true now, at this moment in time. State it to yourself in the present tense.

Set an intention. Find an intention for your practice today. It might be to relax and rest, or to inquire into a specific sensation, emotion, or belief. State it to yourself as a positive affirmation, set it aside, and hold it lightly in a corner of your awareness.

Find your inner resource. Bring to mind a person, place, or experience that helps you feel security and an overall sense of well-being. Let this be your inner resource, your inner place of safety. Connect to your inner resource at any time you feel overwhelmed by an emotion, thought, or feeling.
Scan your body. Systematically move your awareness through your body. The intent is to simply sense or become aware of each place. Sense your jaw, mouth, ears, nose, and eyes. Sense your forehead, scalp, neck, and the inside of your throat. Scan your attention through your left arm and left palm, your right arm and right palm, and then both arms and hands simultaneously. Sense your torso, pelvis, and sacrum. Experience sensation in your left hip, leg, and foot, and then in your right hip, leg, and foot.

Become aware of breath. Sense the body breathing by itself. Observe the natural flow of air in the nostrils, throat, and rib cage, and the rise and fall of the abdomen with each breath. Become aware of every sensation associated with breath: its rhythm, its length and depth, its sound,
and the body sensations the act of breathing creates.

**Welcome your feelings.** Without judging or trying to change anything, welcome the sensations (such as heaviness, tension, or warmth) and emotions (such as sadness, anger, or worry) that are present in your body and mind. Notice opposite sensations and emotions: If you feel worry, call up feelings of serenity; if you feel tense, experience ease. Sense each feeling and its opposite within your body.

**Witness your thoughts.** Notice and welcome the thoughts, memories, and images that are present in your mind. Observe your thoughts without judging them or trying to change them. As you come upon beliefs that you hold about yourself, also bring to mind and experience their opposites, welcoming
your experience just as it is.

**Experience joy.** Welcome sensations of joy, well-being, or bliss emanating from your heart or belly and spreading throughout your body and into the space around you. With every exhalation, experience sensations of warmth, joy, and well-being radiating throughout your body. Do not deny joy. It is your inner essence.

**Observe yourself.** Experience yourself as an observing witness or awareness that is cognizant of these feelings. Set aside thinking and dissolve into awareness, awake and conscious of the self. Realize that you are not your thoughts; you are not your emotions.

**Reflect on your practice.** Reflect on how the feeling of pure being, or pure awareness, is always present as a deep,
unchanging peace. Imagine integrating that feeling into your everyday life, in both pleasant and difficult moments, and always reconnecting to that sense of equanimity.

To finish. At your own pace, transition back to your waking life, reorienting to your surroundings. Come back slowly, and pause for a moment to feel grateful for taking this time for yourself.
Chapter Summary

- TSY criteria: TSY should emphasize a bottom up approach, be consistent with accepted trauma stages of recovery, be needs-based, be adaptive versus prescriptive, maintain a physical focus, employ appropriate styles and poses, and place special importance on breath.

- Guiding principles: TSY is safe and supportive, needs-adaptive, and body-based.

- Core elements of TSY are breath, movement, and awareness.

- The TSY practice is a process of grounding, self-regulating,
accepting, and reconnecting.

- Interrupting the trauma experience:
  - Through breath and movement, awareness of the present moment is created, interrupting dysregulation. To control the breath is to control the mind.
  - Focusing on physical sensation and breath grounds awareness in the present moment.
  - When awareness moves away from the present moment experience, regulating (coming back to breath and movement) can bring awareness back to calm abiding.
  - With the ability to self-
regulate, acceptance of the present-moment experience may be practiced.

- Acceptance of the present-moment experience makes it possible to become “unstuck” from the trauma memory and move forward in recovery to reconnect to life experience as it unfolds.

- A trauma-sensitive approach to every yoga pose: start simple, explore, experience, accept (not expect).
5
TSY for the General Population

Anybody who wants to, can practice yoga.... But no one can practice every kind of yoga. It has to be the right yoga for the person.

—T. K. V. DESIKACHAR

This chapter addresses how to make a yoga class more trauma-sensitive. It is written mostly from the perspective of offering a class from a studio setting to the general population, but many of the principles expressed here are relevant in a clinical setting as well. Chapter 6 will
build on the information presented below to address considerations that are unique to clinical setting.

Perhaps the simplest way of offering TSY is to simply let the style flavor all of your classes. You may notice, as I did, that this seems to happen organically. Your language changes, and you may find yourself encouraging your students to take a much more introspective approach to their practice—one that focuses on the fundamentals of breath, awareness, and mindful movement. Or you may find yourself drawn to creating a unique trauma-sensitive offering, one that offers an even greater degree of comfort for those who are living with trauma. Regardless of your approach, there are many things you can do to make your offering more trauma-sensitive.
Planning a Safe Offering

One of my favorite quotes is from Dwight D. Eisenhower, who is purported to have said: “I have found that plans are useless, but planning is indispensable.” Although plans are always subject to unforeseen eventualities, the planning process prepares us to deal with them when they do arise. The major factor we should consider when planning a TSY offering is how to make it accessible. For it to be accessible to those with trauma, it needs to be safe.

Know as much as you can. The more you know about the people who will be in your class, the more you can accommodate their unique requirements. A preregistration process that offers people
the option of confidentially disclosing relevant information such as potential triggers may be helpful. An opportunity to talk with or meet potential students ahead of time would give them a chance to get to know you before they come to class. This may alleviate any trepidation they may be experiencing over trying something for the very first time in a room full of strangers.

**Make it predictable.** As implied above, familiarity goes a long way to creating a sense of safety. In the beginning, change is difficult to accommodate. With this in mind, an offering that allows drop-ins may not be the best strategy. Not only do you not know who is coming to the class; having strangers come and go will be disruptive to the group. This consideration may lead you to offer a session-based class.
Create a safe space. It is nice to think that yoga can be practiced anywhere, that we can find focus and stillness in the midst of distraction. This is not the case for those with trauma. Creating a safe physical environment is paramount. For many, even their homes are not a place of safety, so the importance of creating a space where they can feel secure enough to find some degree of relaxation should not be overlooked. Some things to ensure are listed below.

- Exits are visible and accessible.
- People are arranged so no one has another person behind them.
- The space has windows with curtains for privacy. Aboveground floor space is good.
- The space is odor free.
• While music can help create a welcoming and calming mood, it should be as neutral as possible.

• For some, props such as straps may be triggers.

• Decorations should be neutral: for soldiers with PTSD, for instance, Middle Eastern motifs can be very disturbing.

**What to call it.** For many, there may be some stigma associated with self-identifying as living with trauma. Calling your offering a trauma-sensitive yoga class may end up turning away some of the very people you are looking to engage. It may be best just to call it hatha yoga, and somewhere in the class description address how this style of yoga will help with mood regulation, or aid in relieving stress and
anxiety.
Language and Cueing

People with trauma can be especially sensitive to what we say and how we speak. In some cases, the only way you will know you have said something that has disturbed them is when you don’t see them at another class. While it is absolutely impossible to completely guard against all triggering words, phrases, and ideas, there are some general rules we can follow to make our classes more trauma-sensitive. Adjusting your language and how you cue is probably the most important thing that you can do to make your offering safer, as it is your main tool in influencing the “how” of the yoga. Generally speaking, we are looking to employ language that encourages choice,
presence, and awareness of body. We use cues that deliver our message softly, simply, and sincerely.

**Cueing 101.** Generally speaking, the simpler we keep the cueing the more easily it will be understood and the less chance it will provoke unsettling thoughts, emotions, or images. It may be useful to think of cueing in terms of two main intents. The first is *action* cueing, to move the person to find the position (pose) that will allow them to create sensation in the physical body. The second is *experiential* cueing to guide them to mindfully feel the sensation, to come to know and accept it as present-moment experience. In “The Art of Dynamic Language,” Danny Arguetty suggests using the following formula for both types of cueing:¹
verb + body part + direction = clear instruction

Action cueing uses verbs like *step, take*, or *extend*. Experiential cueing uses verbs such as *notice, feel, or sense*. To make cueing trauma-sensitive, the formula can be amended to read as follows:

\[(\text{verb} + \text{body part} + \text{direction}) \times \text{choice} = \text{clear TS instruction}\]

**Invitational language: the language of choice.** The person with trauma needs to have choice. As you will recall, trauma often happens when faced with a situation where we are rendered incapable of escaping or taking effective action, where all choice has been removed. Invitational language, wording that invites people to do it *if they want*, is a key element of teaching a TSY class. Some examples of phrases or
words you can use to convey that participants have choice are as follows:

- If you like.
- Perhaps.
- Maybe.
- When you are ready.
- What would happen if …
- If it feels all right.
- You may wish …
- Another option would be …
- You could try this or try that.
- I would invite you to …
- In your own time and your own way.
- Explore.
- You can choose.
• As best we can.

• Personal boundaries.

**What is in a word?** A lot of meaning. And for someone with trauma, a lot of that meaning may be hidden. For the survivor of sexual abuse it is fairly obvious that terms like *bend over* are inappropriate. For those whose trauma is related to death, calling Savasana “Corpse Pose” is decidedly unwise. Final relaxation might be a better choice. Ultimately, it is impossible to come up with a vocabulary that is 100 percent trigger-proof, but there are some adjustments we can make.

**Just ask.** There is no reason why we can’t encourage our students to tell us when they find a word to be triggering. Of course, they may not be comfortable doing that in front of others. It could be done as
part of the registration process, by having a suggestion book or box available in the classroom where they can make comments, or by letting them know they can speak to you privately or send you an email.

**What to call a pose.** Some will argue that even the word *pose* can carry extra and disturbing meaning, and would suggest using words like *shape* or *form* instead. I have mostly stopped naming poses altogether. Naming a pose implies a specific expression of form to be aspired to. In TSY, paying attention to moving toward the destination is more important than arriving there. Breaking the pose into steps and cueing to experience sensation as we move through these steps is a more reasonable focus. By the time we cue the last step, everyone has found their personal
expression of the pose, so maybe naming it really isn’t that important. If you do decide to come up with neutral terminology to describe poses, you may wish to think about whether it is appropriate to use Sanskrit. For soldiers, the foreign language may be a trigger; for others its unfamiliarity may be unsettling.

**Body parts.** As with naming the poses, referring to different parts of the body in a manner that is not triggering can be challenging. Choosing language that is as neutral as possible will minimize the risk of triggering someone in the class. As well, it is not always necessary to cue specific body parts. For example, from an experiential perspective, it is often enough to direct them to certain regions of the body and encourage them to find sensation on their own. Sometimes you can access a
region of the body without even mentioning it. For instance, asking people to roll their shoulders down and back will also open the chest. Below are some examples for some of the more obvious parts where substitutions may be warranted.

- chest = “front of the body” or “heart center”
- buttocks, pubic bone, groin, tailbone = “base of the body”
- inner thighs = “inside of the legs”

Value judgments. Acceptance comes more easily from a position of equanimity. It happens when we are able to refrain from judging our experience as good or bad, better or worse. Using objective adjectives that describe the experience is preferable. Words like beneficial and
pleasant or unpleasant are good choices. They are descriptive but do not assign value.
You as a Teacher

When we decide to be yoga teachers, we implicitly assume some degree of responsibility for the welfare of those we work with. Although we are not directly responsible for them, everything we say or do can influence what they think. In a studio setting, teachers can serve as a role model, and as such are subject to an above-average level of scrutiny. Traumatized people are often hypersensitive and pick up on the smallest cue, whether it was made intentionally or not. This sounds intimidating and can understandably create a frame of mind where we become concerned about making mistakes. It is important to remember that we don’t need to be perfect. We only need
to be ourselves and remember that yes, we will make mistakes. However, if we look at them as learning opportunities, we can generally turn them to our advantage. With a good understanding of our role, teacher qualities, boundaries, and how important self-care is, most of us have the capacity to teach TSY.

**What is our role?** Our first responsibility as TSY teachers is to make the people we work with feel safe. Unless that happens there is no moving forward. The next most important thing is to guide them to a yoga practice that enables self-regulation in a way that suits their individual needs. This means that rather than being the authority, we become the facilitator or guide. This is especially important where the trauma was caused by an authority figure. We adopt a supportive
role, and allow people to find and regain control over their own bodies. Rather than prescribing a certain path, we help them choose their own. As we travel the road beside them, we can alert them to what they might find around the next bend, but we encourage them to notice it themselves. When they feel the road is going nowhere, or they have lost their way, we can share our knowledge and experiences to empower them and help them find the commitment to carry on. We can be there to support them as they walk past old fears, resentments, or sorrows. And maybe most importantly, we can be there to share the joy they will experience at moving forward on their journey of self-discovery.

**Be yourself.** Desikachar says that following the guru’s destination is another way of losing yourself.\(^2\) If we try to imitate
another teacher, we run the risk of taking both ourselves and those we work with in the wrong direction. Remember, one of the most important elements of yoga in the context of trauma is to establish a sense of safety. That means you need to be safe as well. You can convey a sense of safety by establishing a relationship of trust with your client. Trust can only grow from authenticity. If we start with who we are, there is infinite capacity to grow, to nurture those qualities that can empower us to empower others. Honesty is the basis for a relationship of trust, and this includes being honest with ourselves. At some point, despite our best intentions, we may find that working with those who are living with trauma is hampering our own personal path toward contentment. In this case, we owe it to ourselves and to others
to set it aside for a time.

**Essential qualities.** In one of the studies he was involved with, Emerson reports that participants were asked to describe what they felt were the most important qualities for a yoga teacher.\(^3\) The response indicated that a gentle tone, kindness, and patience were valued most. I like to believe that for the most part, the qualities that make for a good yoga teacher are the same qualities that make for a good human being, and are already present in each and every one of us. Taking a moment to reacquaint ourselves with Patanjali’s *yamas* and *niyamas* and the concept of ahimsa may be edifying. Jon Kabat-Zinn’s seven attitudinal principles of mindfulness (nonjudging, patience, beginner’s mind, trust, nonstriving, acceptance, letting go) are also relevant.\(^4\)
**Mirroring.** Our perceptions of the motor acts and emotive reactions of others appear to be united by a mirror mechanism that permits our brain to immediately understand what we are seeing, feeling, or imagining others to be doing. Therapists working with traumatized individuals frequently “pick up” and mirror the postures of their clients. Therapists must strike a balance between mirroring a client’s distress enough for them to learn about the client’s sensations, but not so much as to increase the client’s level of fear. As yoga teachers, we must always be cognizant of the messages we may be conveying through our bodies.

**Boundaries.** As we get to know the people we work with, we will establish a relationship with them. Kindness, compassion, and empathy will go a long
way to establishing a relationship of trust that will help set the conditions for recovery from trauma. However, we must take care to ensure that our relationship remains beneficial to our clients and does not evolve into more than a professional collaboration. Some common pitfalls that can move the relationship past the boundaries of propriety are listed below. Setting appropriate boundaries from the beginning, and adhering to them, is essential for the good of both parties. Some boundaries that should not be crossed.

- Student and teacher become friends. We can always be friendly without assuming the responsibility that friendship entails.
- The student becomes dependent on the teacher for their recovery.
• The teacher comes to believe that they have the capacity to save the client.

• The teacher assumes the role of therapist.

Self-care. From the section on vicarious trauma, we know there is a danger of experiencing some degree of personal dysregulation when we work with those living with trauma. In general, caregivers tend to put their own welfare last. In the long run, this is a counterproductive strategy. In the interest of maintaining our own resilience against trauma, it is very important to have a personal practice and to follow other relevant self-care strategies discussed in the section on vicarious trauma. Some practitioners I know have a routine or personal ceremony they observe before each session or at the beginning of
each day. It need not be elaborate, but as numerous cultures have demonstrated over thousands of years, there is meaning and power in ceremony and tradition. It could be as simple as taking a few cleansing breaths before and after your session. I have seen ceremonies used to great effect at healing retreats, and could see them being used in a TSY class under appropriate circumstances. As is the case with a yoga pose, maybe exactly what we do is not as important as the intent behind it. I think a good ceremony is one that leads us to feel connected and supported by a force greater than ourselves, permits us to set aside attachment, aversion, and fear, and makes it possible for us to suspend thoughts and feelings motivated by ego.
Other Characteristics of Trauma-Sensitive Yoga

There are many other factors to consider to make the yoga we offer trauma-sensitive. We want to guide class members to experience yoga in a way that is inspiring and empowering, that encourages exploration of self and fosters a sense of acceptance, that is adaptive to the uniqueness of each individual, and that promotes functional alignment. Let us look at each of these characteristics in turn.

Empowering. One of the reasons that yoga is so effective in addressing trauma is that it reestablishes the sense that we have control over our own bodies. As teachers we want to foster this sense of
empowerment for the members of the class. Therefore, the yoga we offer should be possible for everyone, and each self-discovery made should be embraced with a sense of accomplishment and joy.

**Simple.** To be possible, the yoga should be simple. Even the most experienced yogi or yogini can experience sensation and meaning in Child’s Pose. Does not the ability to detect and explore subtle sensations imply a greater degree of awareness? Another valid reason for sticking to the basics is that many people, including health care professionals, are skeptical and have preconceived, not always informed, opinions about what yoga is. Therefore, when we introduce yogic concepts and principles for the first time, we should do so at a level and using language that is familiar and comfortable
for those we are speaking with.

**Exploratory.** For some, the trauma experience has been so extreme that they feel disconnected from their physical body. They have lost the ability to sense or conceptualize the presence of their physical self. For them, yoga is like exploring a new and unfamiliar landscape, one where frightening thoughts or emotions may be lurking just around the next corner. This means that the yoga we practice needs to encourage self-exploration in the most positive manner possible. A spirit of discovery that recommends approaching personal boundaries with interest, curiosity, and acceptance can help overcome fear of the unknown or the unpleasant.

**Slow.** It is the journey, not the destination, that is important. It is much
more important to allow participants to fully appreciate their experience than it is to finish any sequence you may have planned.

**Promotes functional alignment.** I like the definition of alignment that says it is the balance between two opposing forces. This is perfect for the practice of TSY, where we are interested in discovering what “forces” or sensations are present within and then moving to a place of balance between the two. From this perspective, internal awareness becomes much more relevant than external appearance. What we feel is more important than how we look. While good alignment assists us to safely practice a pose, Desikachar notes that as long as we listen to our body, we will never injure ourselves.\(^6\) When teaching TSY, the most
important cueing we can provide is that which continually brings the practitioner back to the experience of sensation.

**Balanced.** As stated above, we are in alignment when opposing forces are in perfect balance. This place of perfect balance is also a place of complete stillness, a place where we are not drawn in one direction or the other. Some balance points that you may wish to consider include those between intellectual thinking and intuitive feeling, strong sensation and breath, and effort and ease.

**Intellect and intuition.** Sometimes we are encouraged to let go of thinking so much we begin to think it should not be part of our practice. We need to think to move into a pose. Once we are there, though, we can shift our awareness more toward feeling the pose.
Strong sensation and breath. Making sensation noticeable is what this practice is about. Not only does it foster introception, but by doing so we are also gently stressing the body and then regulating it to a place of calm abiding. If, however, sensation becomes so strong that breath is disrupted, we are most likely stressing the body beyond its limits of tolerance. We need to find the balance point where sensation is strong but bearable, where it feels beneficial, where we are expanding our boundaries rather than crossing over them.

Effort and ease. Once we are in the pose, we can bring awareness to where it is affecting us. We can experience what we have created. We can notice where the body is working to maintain beneficial sensation, and ask any part that is not
involved in maintaining that sensation to release or become more at ease.

**Adaptive and unique.** As teachers we must resist the temptation to superimpose our own yoga experience on our students. As much as we want them to share the peace and joy we have experienced through our practice, it is not something that we can or should directly transfer to them. They need to find it themselves. Every person’s experience of yoga is unique to themselves. Our purpose as teachers is not to teach others our yoga, but to guide them to find their own. And although the individual experience of yoga is unique, the process of creating it can be authentic and shared. We should also consider that some poses may not feel safe for some people and be prepared to offer an alternative experience. This could be
finding a way to make the pose feel safer, offering an alternate pose that addresses the same region of the body or making sure people feel comfortable not doing the pose at all.

For instance, the Cow-Cat sequence that is so effective for exploring the length of the spine may make some feel extremely vulnerable, especially if someone could approach them from behind. You could address this by ensuring that people have a wall at their back, or could perform the sequence in a seated position. Another important point to keep in mind is that although we do not want to unexpectedly trigger anyone, we should also not encourage avoidance. Ultimately, our intent is to help people find a way to feel safe when doing things that, in this time and in this space, are safe. We would like
to lead them to a state of mind where it is possible to tolerate that which was previously intolerable.
What Not to Do

Very often in life we think we must do something to change our circumstances. When working as a caregiver, there may be a belief that we need to do something to make things better, where in actual fact not doing something may be the best course of action. Some points worth considering are presented below.

With respect to the client. TSY teachers should endeavor not to think they know better than the person living with trauma or try to influence their behavior or how they feel. Nor is it advisable to portray oneself as the trauma authority. By necessity we need to be informed about trauma, but should remember that we are not trauma experts. Teachers should resist
the temptation to overprotect the student to the point where they are prevented from learning from their mistakes. As well, the teacher should never create a sense of obligation that leads the student to act out of a desire to please the teacher, rather than promote their own recovery.

**With respect to the yoga practice.** Teachers should avoid moving about the room. For someone with trauma, this can be very distracting, and not knowing where you are at all times may make them feel unsafe.

Physical assists and certain poses may make many feel unsafe. Their trauma experience could have involved physical violence or unsafe touch. Although kind and compassionate human touch can be very healing, it should only be administered with permission and in the
right setting. Some poses could cause a person living with trauma to trigger. For victims of sexual assault, being vulnerable by moving legs apart into a pose like Happy Baby can be very unsettling. Sometimes it is difficult to know what may or may not be a trigger. Downward-Facing Dog is a pose that is very empowering, and has many benefits to offer; however, for some it may be uncomfortable. We can manage the introduction of a pose such as this by demonstrating it first and then offering the option of doing it or another safe pose. Maybe we have discussed ahead of time that after entering a pose, they may find it unsettling, and in that case they should feel free to move back to a safe place and let you know by email or another form of communication that the pose felt unsafe. Similarly, pushing a person to
adopt a pose or move farther into a pose is not advisable. We need to strike the balance between supporting them to do something that they are unsure of, and causing them to undertake something that does not feel safe.
What to Do When

It is impossible to plan for everything, and despite your best efforts, situations will arise that you just did not see coming. In my experience it is rare, but you will have instances where the unexpected happens. Infrequently, someone will experience some degree of dysregulation, either because of an unforeseen trigger, or because the yoga has unlocked an emotion, thought, or memory of an experience. The dysregulation may be very noticeable, or not noticeable at the time. You may not become aware of it until after the fact.

The best approach to managing dysregulation is to talk about it before it happens. Let the group know that it is a possibility, and it is not abnormal, but
rather a healthy opportunity for growth. Explain to them the ways in which it can be handled. You could maybe even practice a regulation process together ahead of time, so people have something to turn to when they need it. Most importantly, solicit their input. Here are some considerations to keep in mind when dealing with a situation where someone becomes overwhelmed.

**Monitor.** If you notice someone dysregulating, your first response should be simply to monitor. Maybe they will make it through on their own. If they do, find a way to praise them. In a class setting this would happen privately. In a clinical session you may be in a position to give immediate feedback.

**Cue the group.** Lead the entire group into a self-regulation exercise. In this way
you are providing support without singling the individual out.

**Hold space.** Your group may be familiar and comfortable with each other. If one person is so visibly distraught that it is noticeable to all, with the permission of the person in question, you can ask the group to hold space.

**Time out.** If the dysregulation does not resolve, you can gently ask the person if they need a personal timeout. They could take some quiet time in a prearranged place and come back when and if they are ready.

**Follow up.** If the person leaves suddenly and unexpectedly, let them go. Never run after them or try to prevent them from leaving. Hopefully this eventuality has been discussed ahead of time, and you
have obtained agreement to call them and check up with them, or better yet, meet them after the class is over.
An Example of a Regulation Technique

One of my favorite techniques is Ride the Wave, adapted from Stephen Cope’s *Yoga and the Quest for the True Self.* It consists of five simple steps:

**Breathe.** When you notice a wave of “feeling” arise, begin to fully and consciously breathe, focusing your entire awareness on the simple act of respiration. As your breath settles into its own rhythm, shift your awareness to your physical body.

**Relax.** Perform a simple body scan, mindfully and compassionately encouraging each part of your body to relax. It may help to remember how
relaxation feels for you. It could be a sense of softness, a sense of openness, or a feeling of spaciousness. Maybe it seems like warmth. Some people experience relaxation as heaviness or sinking, while for others it is lightness or floating. Just notice what relaxation feels like for you, and breathe it in to every single part of your body.

**Feel.** As you relax, begin to notice any physical and emotional sensation that might be present and actively feel what is taking place within you right now, at this moment in time. Notice its location, and notice its nature. As best you can, allow it to be. Let go of resistance and open yourself to the possibility of acceptance.

**Watch.** Rather than trying to suppress or avoid these feelings, see if you can become aware of them. As you observe,
see if you can move from living these sensations to witnessing them, just watching them happen. From this witness perspective, know that it is not necessary to choose for, or against, the feelings. Simply watch.

**Allow.** Finally, know that it is OK to allow the wave of sensation to happen. Watch as it rises, as it moves, and know that you can use your awareness and breath to stay with it, to experience it, to “ride it out” until it eventually, but certainly, subsides on its own.

While this technique is often used to help us move through difficult experiences, it can just as easily be used during pleasant experiences. Give it a try —see how it works for you.
Chapter Summary

- Above all, TSY must be safe. Creating an environment that is predictable, and where the students always have a sense of control, is paramount. Find a way to know those you are working with as well as you can, as soon as you can. Creating and managing expectations is an important part of establishing predictability. Letting people know what is going to happen and following the same general outline for each class is one way of doing this.

- The physical yoga is the heart of the practice. What yoga we do is as
not as important as how we do it. Encourage functional alignment. Go slowly. Yoga is a practice that never ends. Find a way to make the practice simple, exploratory, empowering, balanced, adaptive, and uniquely suitable to everyone in the class.

- The language you employ should be invitational and convey a sense of choice. Learn and avoid triggering words or phrases. Eliminate words that convey value judgments, such as good or bad, from your vocabulary.

- As a teacher, it is important to be your authentic self and to remember you are not an authority figure; you are a facilitator and a guide. Be gentle, kind, compassionate and
patient. As best you can, cultivate nonreactivity. Remember *ahimsa*. Respect boundaries, and look after yourself.

- Do your best not to do anything that will be unsafe. Certain poses, unexpected movements, and physical assists should be avoided. If someone does dysregulate, create the support to help them work their way through it. A protocol that you have introduced ahead of time, and a graduated response, generally form the best approach.
6

TSY for the Clinical Population

We do not use the body to get into a pose, we use the pose to get into the body.

—BERNIE CLARKE
The Clinical Population

There is broad agreement among experienced TSY practitioners that when working with the clinical population it is essential to do so in a clinical setting led by a licensed clinician or a medical doctor. Working in an environment of this type can be very rewarding, as it permits the establishment of a long-term practitioner-client relationship and affords the opportunity to tailor the yoga you deliver to the specific needs of the individual. When working with the clinical population, some of the main factors to consider include: following a team-based approach, connecting to your clients, and knowing what to do from an ethical and professional perspective should certain
situations arise. As well, since you obviously cannot start working with the clinical population on your own, suggestions are offered on how to forge a relationship with a clinical or medical practitioner.
**TSY for Trauma: A Team-Based Approach**

Working in a clinical setting is best accomplished when it is possible to take a collaborative, team-based approach, with the client as the central player on the team. With the client’s permission, the clinician and the yoga teacher can share observations. This is a very important element of the joint relationship. Often the client may feel more comfortable telling the clinician that the yoga is not right for them than facing what for them could be the uncomfortable situation of telling the yoga teacher. Over the course of a yoga session the client may report associations of emotion with physical sensation or emotion with memory of an event. This
information can be very useful to the clinician in their efforts to help the client come to terms with the trauma experience. To make the team function most effectively for the welfare of the client, the clinician and the yoga teacher have distinct but complementary roles. The TSY practitioner’s main role is to support the overall recovery process of treatment by helping clients learn to self-regulate so they can derive greater benefit from other modalities of psychological or psychiatric treatment.

The role of the clinician. The clinician is responsible for the treatment of the trauma condition. They devise the overall treatment plan and objectives, and track and manage treatment progression. They will decide if individual or group TSY sessions are most appropriate for a certain
individual. Very often the clinician has spent a great deal of time earning the trust and respect of the client before they suggest the option of trying yoga as a way of learning to self-regulate. The clinician will provide guidance to the TSY practitioner in terms of which of the core elements (breath, movement, or meditation) may be most suitable. They should also, without divulging details of the client’s story, be able to alert the TSY practitioner to no-go zones or potential triggers. In terms of recovery from the condition in question, the clinician’s main role is to help the person with trauma come to terms with the subjective experience.

The role of the yoga teacher. As a TSY practitioner, you work under the supervision and guidance of the clinician to support the treatment process. The yoga
teacher’s main responsibility is to teach the client the knowledge and skills they need to independently self-regulate emotion and mood. This is your field of expertise; this is what you bring to the table. Since this work is based on fostering the ability to connect with, and stay in, the experience of the present moment, there is no need for the TSY practitioner to know the detailed circumstances surrounding a client’s trauma experience. In fact, in most cases, it makes things much easier if you don’t. I always let the client understand that it is not necessary for me to know their story so they don’t feel compelled to share it with me. For some, this is a relief.

There are others, though, who need to tell the story. Perhaps they need to verify that you won’t hate them for what they believe they have become. In these cases,
it is best to let it happen and listen from a place of equanimity. Refrain from judging, validating or affirming the rightness or wrongness of the story, but do accept it as their truth. I generally respond to any desire for feedback from me by saying, “I am so sorry that you had to experience that.” If they do press further, the appropriate response is that this is the domain of the clinician, and that your role is to help them to regulate present moment experience. It is necessary for you to be aware of, to the degree possible, any potential triggers. The clinician should share this information with you if they know it. In some cases they, or even the clients themselves, won’t be aware of all the triggers.
Connecting to Your Clients

Although you are working under the supervision of the clinician, you are responsible to establish your own relationship with your clients. The most important elements of this relationship are mutual trust and respect. This does not mean you need to become best friends. Rather, it means that it is of utmost importance that you maintain professional distance. You can be friendly without being friends. You can be gentle, kind, patient and compassionate. And although you don’t need to know the trauma story to help the client, it is very useful to know them as individuals, to learn what they like, what they don’t like, and what may or may not motivate them. Supported with
this type of information, you can create present-moment experiences that are relevant and meaningful for them.

The first session should always be one-on-one. The main goal is to put the client at ease and begin to work on establishing a relationship of trust and mutual respect. It is useful to have a structured intake process to gather the basic information you need and then just spend some time getting to know them. Save the last 15 minutes for movement and breath to allow them to get a taste of what self-regulation feels like.
A Logical Treatment Progression

A logical treatment progression could proceed as follows. First the client would discuss the idea of using yoga for self-regulation with their clinician and become comfortable with the overall concept. Very often the clinician will have to debunk some negative stereotypes and actively encourage and support the client to give it a try.

The first few practices should be one-on-one sessions. I have learned the hard way that it is best to work individually with clients until they are ready to join a group. Having a few individual sessions allows the client to get to know you and
gain confidence that they can do yoga, and accept the concept of always working within individual boundaries. In time you can suggest that they join a group. Ultimately it should be their decision, but I have found that in most cases they actually begin to look forward to sharing the experience with others. After a client is comfortable in a group they may decide to start taking public yoga classes.
Forming and Working in Groups

For a client, being willing and comfortable enough to work in a group is a definite sign of progress and an important step forward on the path to reconnection and reintegration. Group work comes with some challenges. Groups should be built from the ground up with careful consideration given to personality, triggers, and physical limitations. Try to form groups so you can employ techniques that benefit everyone present. New members should be introduced one at a time, and group norms should be reviewed whenever someone new joins the group. The first time we introduced TSY in a clinical setting, we put six people together
in a room who had never met each other before, and tried to teach them to self-regulate. It didn’t go that well. Maybe over time, things would have come together, but it goes much more smoothly starting small.

As a TSY practitioner, you will need to be able to facilitate a group and be prepared to handle the different dynamics that come with putting different people with different perspectives, issues, and triggers in the same room. It is helpful to have a set of rules that all group members agree with. Anonymity, respect for others, speaking in the first person, not giving advice to others, and speaking in turn are some basic but important norms.

Fostering a group identity can be of immense value. For many, this will be the first time in a while that they have been able to identify with something bigger than
themselves, the first time they can bring themselves to begin to trust others and accept support from outside. Eventually, the group members will begin to support each other. When this happens, you can feel very proud of what has evolved.
Building Commitment: Keeping Them Coming

One of the major symptoms of trauma is avoidance. So even though clients may seem to derive great benefit from a TSY session, it is possible that at some point they will not show up. When we first started, sessions were conducted as classes, and it was optional for people to come if they felt they needed to. After the novelty wore off, attendance dropped to the point where it made sense to switch to an appointment-based system. Some people are very diligent about attendance and will let you know if they can’t make it. Some benefit from a reminder text or email the day before. Some are completely unreliable.
Saying “See you next week” at the end of a session and waiting for an affirmative response creates an informal contract. Remember, though: always convey a sense of choice. Don’t push. Have something interesting to offer for next time that will add extra motivation for them to come. It is even better if you can guide them to choose a motivational idea. Once clients are part of a group, they will also be motivated from a sense of commitment to their peers. Never cancel if you can absolutely avoid it, or, if you need to, do it well in advance. Give lots of positive feedback. Everyone benefits from knowing that they are doing well. Encouragement on your part will lead to commitment on theirs.
What to Do When

When you are working in a clinical setting, you may be faced with the situation where the client’s need to be in control is so strong it becomes an issue. Another important consideration when working in a clinical setting is that you are subject to the same professional and ethical standards as the clinicians and are obligated to be aware of certain reporting requirements that are mandated by law.

The question of control. What do you do when the client wants to take control of the session? The short answer is, you let them have it. This is a good opportunity for you to practice equanimity and nonreactivity. If you are in a group, you may have to ask the other group members
to leave the session early and hold space while the client works their way through the dysregulation they are experiencing. Generally speaking, this happens less frequently in groups than it does in individual sessions.

**Mandatory reporting.** Medical and clinical practitioners are governed by ethics that are implemented and overseen by bodies such as the College of Physicians. Although, as a yoga teacher, you are not technically bound to the same ethical standards, there are situations where it is your duty to report certain situations, should you be made aware of them. In many jurisdictions you are legally responsible to report any incidents involving child abuse that come to your attention. Some other instances where you bear responsibility include:¹
Disclosure to prevent harm. If you believe that the client is about to imminently harm themselves or others, you are required to report it. Your first recourse would be to report it to the appropriate authority in the clinic you are working in. If this is not possible, call the police.

Physician incapacity or incompetence. Hopefully this will never happen. It could include instances of impairment or sexual misconduct. You would report it to the appropriate governing body.

Impaired driving. If the client appears to be impaired for any reason—alcohol, drugs or dysregulation—you are obligated to bring it to the attention of the appropriate authority.
Making It Happen

To work in a clinical setting, you will most likely need to reach out to an interested clinician. Increasingly, more clinicians are embracing yoga as an adjunctive treatment or complementary modality. The information in this manual will provide you with a very firm foundation to demonstrate to any interested clinicians the value that yoga can add to the treatment of trauma, and that you have a sound understanding of how to apply it.
Chapter Summary

- TSY in a clinical setting calls for a team-based approach where the clinician sets the treatment plan and guides and supervises the yoga teacher. The clinician works to help the person with trauma come to terms with the subjective experience, while the yoga teacher fosters the development of skills to find, stay present with, and accept present-moment experience.

- A healthy relationship based on trust and respect is the first step to teaching TSY. Start one-on-one and build groups slowly and with consideration for interpersonal
dynamics. Healthy groups agree to and respect group norms. Building commitment is challenging, but possible.

- There are some special considerations working in a clinical setting. Remember the client always has choice and control. You have special obligations to report any suspected instances of child abuse, any situations that may cause harm, physician incapacity or incompetence, or any case of impaired driving.
8
Teaching Your First Class

Think of the practice in terms of the dynamic needs of the “bodies” before you, instead of a set sequence of poses.

—BERNIE CLARKE

The prospect of teaching your first trauma-sensitive yoga class may seem a bit daunting. People living with trauma can be hypersensitive, and a seemingly innocuous word or happening may be all it takes to create a negative experience. Know from the beginning that no yoga class will ever be perfectly
trauma-sensitive. The best we can hope for is make it as trauma-sensitive as it needs to be for the people we are teaching. If you teach with kindness, compassion, and authenticity, and incorporate just a few of the suggestions from this book, you are off to a good start. Following the advice of Bernie Clarke and thinking of the practice in terms of the dynamic needs of the people you are working with will take you the rest of the way.

There are such marked differences between how individuals respond to a given yoga pose or sequence that a cookbook approach to TSY will not work for everyone. In general, we are looking for a sequence that permits practitioners to safely explore different regions of their physical, emotional, and cognitive bodies. As yoga teachers, we know that different
types of poses can have different effects on these domains. For instance, forward bends are generally calming while back bends are generally energizing. Part of the challenge of teaching TSY is to create a sequence on the fly and observe how people are responding to their subjective experience of the yoga. This real-time feedback should inform your decision of which pose (region of the body) to move to next.

Your ability to teach dynamically will grow with experience. In the beginning, it is helpful to have an example to serve as a starting point. This chapter will help you decide how to choose a style of yoga and deliver a sequence that will best meet the needs of those you are teaching. It provides an approach to structuring your class and suggests three sequences that you
can adapt to address most situations you will encounter. In addition, I have included some illustrative scripts that will give you an appreciation for how to convey key concepts using trauma-sensitive language. As time progresses, you will develop your own way of helping people find the yoga that works best for them.
A Two-Dimensional Approach

We can think of a TSY class as having two dimensions or levels. *On the surface*, it looks similar to any other yoga class and can be considered as having five main parts: the opening, time for grounding and centering, mindfully taking inventory of present-moment experience, exploring and experiencing a sequence of poses, and concluding with a guided relaxation. Awareness of breath and the practice of *pranayama* (breath control) are present throughout. These five parts of the practice are outward and evident and happen *above the surface*.

At the same time that we are leading the
outward aspects of the class, we are also working on another level to carry out activities not visible or noticeable by others. We are carefully observing those we are working with so that we can dynamically adapt the yoga to meet their individual needs. These below the surface activities include: assessing the energy of the group; assessing their physical, emotional, and cognitive state of being; choosing a style of yoga that meets them where they are; adapting our intended sequence of poses as required; and starting the practice in the region of the physical body that is most likely to yield immediate and noticeable benefits for the participants.

Your ability to concurrently manage both dimensions is key to delivering an effective TSY class.
### Above the Surface Dimension

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### Below the Surface Dimension

*The two dimensions of a TSY class*

## Below the Surface: The Foundation of the Class

The dynamic below-the-surface process that allows you to tailor the yoga to meet the needs of those you are working with is the foundation of TSY. Understanding how to put it into practice is an essential aspect of teaching a trauma-sensitive class. Each of the key components is explained below.

**Assessing energy.** Ideally, we want to
employ a style of yoga that, energy-wise, meets the student where they are. We then craft a set of poses that will bring them closer to a centered state of being. If someone seems hyperaroused (high-energy), start with a style of yoga that requires more physical effort and an opportunity to gradually come down. If they are hypoaroused (low-energy), start with a style of yoga that will allow them to build up. You can start assessing a person’s energy the moment they walk in the door. You can also gain valuable information from the guided inventory, especially if they have let you know that they feel safe exploring the emotional domain.

**Assessing state of being.** I like to think that our overall state of being is the product of what’s happening in our
physical, emotional, and cognitive domains. When these three aspects of the self are working in harmony, we feel content. The first step to contentment, though, is to become aware of present moment experience in each. Guide the person through a physical, and if it feels safe for them, a cognitive and emotional inventory to help them notice and accept what is taking place within the self. Encourage them to connect with their silent witness and to observe anything they notice with as much equanimity as they can muster. This is the time to suspend value judgments, and just for the moment, accept things as they are.

**Choosing a style of yoga.** There are countless styles of yoga, and each of them has something to offer. Generally speaking, we want to choose a style of
yoga that matches the energy level and physical capabilities of those we are working with. For the sake of simplicity, and to illustrate the concept of meeting the student where they are, the figure below provides an example of one way to match the yoga to the person.

**Adapting the sequence.** Once you have determined a suitable style of yoga, you can use one of the sample sequences provided at the end of this chapter as a starting point. Mentally screen the intended sequence and drop, modify, or provide options for poses that may seem unsafe from either an emotional or physical perspective.

**Starting where it matters most.** Use the information you gathered during the opening and start with a pose that is most likely to help your students release
physical tension. Side bends, neck rolls, and heart openers are usually very effective for most people. Based on what the person reports, and what you observe (not always the same thing), pick the next pose. For example, if it seems they could benefit from more energy, add a backbend or some movement. If you are not sure where to start, just follow the sequence.

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*How to choose a style of yoga*

**On the Surface: Conducting the Class**

With an understanding of what you need to keep track of in the background, you are
ready to conduct the class. The steps you can follow are explained below. Note that as you go through these steps, you are constantly gathering information that you use in the background to refine your offering.

**The opening.** The most important thing to accomplish at the beginning of the class is to establish, as best you can, an atmosphere of safety, mutual support, and acceptance. Prop the door open. Have appropriate background music playing. Welcome each person as they come in the door. Introduce them to those who have already arrived. Be warm, open, and genuine. At the first class it is a good idea to briefly and simply explain the essence of trauma and how the practice of yoga can help. Taking time to demystify and destigmatize trauma can help create the
conditions and establish the intent to move forward. Endeavor to convey the message that, although we may always carry some part of our trauma with us, we can learn how to live our lives free of its debilitating effects. Letting people know ahead of time that they may experience some degree of emotional arousal during yoga is also very important. Simply knowing that they can choose to take a time out, and that the group will hold space for them while they do, can make the prospect of an emotional event much less frightening.

Taking time to establish community is invaluable. For the initial class, this could mean a quick self-introduction with an option to share why they want to practice yoga. For some, this is a very important thing. It becomes their personal statement of intent and commitment. In subsequent
classes, community can be incorporated as part of the overall process. Outlining each class ahead of time lets people know what to expect. Predictability removes uncertainty and fosters a sense of safety.

The opening is also an opportunity for you to begin running the background process of assessing their energy level and their overall state of being. You can find out if they have any physical limitations, and you can begin to form an idea of their overall energy level. Do they appear anxious or on edge? Or do they seem depressed? Are they more hyperaroused (high-energy), or are they more hypoaroused (low-energy)? People whose symptoms include anger or anxiety tend to be high-energy, while those who are in a depressive state tend to be low-energy.

**Ground and center.** Every practice
should begin by guiding your subject to become grounded and centered in the present space and time. A suggested script that you can modify to suit your context and personal style is offered below. I do not follow this script verbatim each and every time; rather I do my best to express the key concepts in a way that the person I am working with can relate to. It starts by leading people to feel grounded in present-moment space.

Notice the support of the surface beneath you. Notice what it feels like to be supported. Open yourself to the possibility of releasing effort into that support. As best you can, allow your body to soften and sink into support. Notice your teeth. If your teeth seem to be clenched, see what happens if you soften your jaw and allow them to part
If you are working with a group, you may wish to add the concept of the support that comes with being part of community.

Notice the presence of other like-minded people in the room. Know that like you, they are looking for peace of mind in present-moment experience. Be willing to silently extend support to them. Be willing to accept the support they extend to you. Feel supported by community.

Begin to draw your awareness in. Start by noticing sounds outside the room, then become aware of sounds within the room. Notice any sounds that are happening within, such as your breath or heartbeat. If it seems helpful, open your eyes and become aware of the
space you are occupying at this moment in time.

Feel grounded. Feel connected to the support and safety that this space has to offer.

Now, begin to notice your breath. Consider that the breath you are taking now can only happen at this moment in time. When you are aware of breath, you are centered in the present moment. Notice each and every aspect of breath. The cool swirling sensation at the nostrils as it enters your body on the inhalation. The rise of chest and abdomen as you draw it deeper. Notice a sense of gentle tension at the top of the inhalation. Notice the sense of release that comes with each exhalation. Feel chest and abdomen let
go of effort. Notice what is present when effort is gone. Notice the stillness in the space between the breaths, where the inhalation turns to become the exhalation and where the exhalation turns to become the inhalation. Notice the sound of your breath, notice its flow, notice its rhythm.

Remember it is perfectly normal for your awareness to move away from your breath. This is a natural part of the process that happens to everyone many times during the course of their practice. When you notice you are no longer paying attention to breath, as best you can, return your awareness to any aspect of breath that is most noticeable. Do this as often as you need to without judging your
experience as good or bad. As best you can, accept it as it is.

**Guided inventory of present-moment experience.** By leading your group to become grounded and centered in time and space, you have set the conditions for them to take inventory of their present moment experience. They will be, to some degree, free of the distractions that come from consideration of past or future experience and will be able to perceive present-moment experience with a bit more clarity and objectivity. Ideally they would be connected to their “silent witness,” that part of each of us that is able to watch “without choosing for or choosing against” what we see. In the beginning we should remember to keep it body-based and work strictly within the physical domain; however, as we come to know those we
work with better, we can encourage them to explore the cognitive and emotional domains as well.

If you do decide to guide the observation of the cognitive and emotional domains, it is best to do so slowly, maybe even over several sessions. Always alert your clients of your intention ahead of time and receive their agreement to proceed. I have learned that if you cue someone to notice an emotion, such as anxiety, for example, they will almost always recall their most distressing experience. This can easily lead to dysregulation. A better approach is to ensure they can conceive a place of emotional safety, then ask them to think of something that they makes them feel mildly anxious and practice observing that emotion in a nonreactive manner.

Here is an illustrative script for guiding
someone to take inventory of present moment experience within the physical, cognitive, and emotional domains. It progresses seamlessly from grounding and centering.

When you are ready, move your awareness from your breath to your physical body. You can start anywhere you choose. Scan your body and notice any sensation. It could be warmth or coolness, lightness or heaviness, tension or relaxation. Move through the entire body and notice places where you are experiencing sensation and places where there is no sensation. Either experience is valid. Now return your awareness to those places where you are feeling tension. Notice its nature. Is it subtle or strong? Is it steady or changing? See if you can
watch the sensation without feeling compelled to change it.

If you and your clients have agreed ahead of time, move on to the cognitive and or emotional domains.

When you are ready, and if it feels safe for you, shift your awareness to the cognitive domain. Remember you can come back to body or breath at any time. Notice your state of mind. Is it busy, or is it quiet? Are thoughts present, and if they are, what is their nature? Are they persistent or fleeting? Do they result from thinking, or do they arise on their own? Once again, do your best to simply note the thoughts without trying to stop them or suppress them.

Now move your awareness to the
emotional domain. Notice the presence of any feelings such as boredom or interest, happiness or sadness, calmness or arousal. Once again, as best you can, simply watch without feeling compelled to change, without choosing for or choosing against. Notice the nature of the emotions. Are they strong or subtle, are they steady or changing? Does the emotion seem to correspond with a physical location within the body?

Now bring your awareness back to your breath. Notice its nature and explore its boundaries. As best you can, create a rhythm of breath where inhalations are as long and deep as comfortably possible, exhalations are as slow and even as comfortably possible. What would happen if you
were able to shift from making breath happen to simply watching it happen?

At this point you can interact with the person or group and ask them to report physical sensation and, if appropriate, their emotional and cognitive experience. This information will inform the background process you have been running at the same time. It will help you assess their energy and their state of being so that you can choose an appropriate style of yoga and a sequence of poses.

**The poses.** This is the heart of the practice, where you put all you have learned with respect to language and cueing to guide your students on an introspective journey of self that will help them find peace, acceptance, and connection. Remember to take a trauma-
sensitive approach to each and every pose you choose. Suggested sequences and sample scripts are presented in the next section.

**Relaxation.** The final part of the practice is relaxation. I truly believe that with yoga the whole is much greater than the sum of its parts, and relaxation is when everything just seems to come together. It is critical that people be given sufficient time to release into this integrative experience. A guided relaxation is very helpful, and there are many different options for you to try until you find one that works well for your students. I have found that a final body scan, Yoga Nidra, or a breath practice that focuses on letting go with the exhalation can all be very effective.
Suggested Yoga Sequences

This section offers three yoga sequences intended to serve as a starting point for your trauma-sensitive offering. I have provided a sample cueing script for the gentle hatha sequence to illustrate how to use trauma-sensitive language to provide action and experiential cueing to your students. You can use these words as an example to develop your own script for any sequences you create. The flow and chair sequences are not scripted, but once again you can use the gentle hatha sequence as guidance to develop words to support these practices should you choose to adopt them.

In Trauma-Sensitive Yoga in Therapy, Emerson makes three very important
points. First, in trauma-sensitive yoga, the one and only therapeutic goal is to give the client an opportunity to notice a feeling in the body and then be able to interact with what they feel in various self-directed ways. Second, you do not need to provide many poses to create an effective practice. In fact, many clients benefit from repeating the same pose or sequence of poses from session to session. Lastly, it is not important what order the poses are completed in.¹ My personal experience leads me to agree wholeheartedly with each of these three points. Do your best to let go of any expectations of a pose or sequence of poses that will offer that miracle cure. Instead, put your faith in the process of yoga and know that if you follow its fundamental principles, over time it will deliver meaningful results. In
the beginning, though, you may choose to simply work through the poses in the order they appear. As you become more comfortable, you can use the sensations reported by the person you are working with to help you dynamically sequence the class.

For each of the poses, the region of the body it is intended to address is listed after the name. Note that the regions indicated are by no means all-inclusive, and depending on who you are working with, you may wish to use one or more poses to reach a certain part of the body. As well, you will notice that each and every aspect of the yoga experience is not addressed in every single pose. They certainly could be, but I have found that certain poses lend themselves to awareness of breath-related sensations while others are better for
gaining an appreciation of physical sensation or focused awareness. The point is, you have a lot of material to work with to permit those you are working with to completely and introspectively explore the landscape of who and what they are.

As you guide the practice, you may find yourself thinking that you are talking too much, but in general people living with trauma need the anchor to the present moment that your voice provides. They also benefit from you performing the poses with them as a visual reference. This is especially important in the beginning. Practicing together creates a shared experience that helps foster a sense of connection.

**Gentle Hatha Sequence**
Inhale as you slowly lower the chin to the chest until you experience mild to moderate sensation. If it feels comfortable, on an exhalation, explore farther, maybe creating sensation that seems stronger but still feels beneficial. Keep the chin close to the front of the body. On the next exhalation, move it toward the right
shoulder. Inhale back to center. Exhale to the left shoulder, exploring and experiencing beneficial sensation through the entire range of movement.

SIDE BENDS

Side Body, Hips, and Shoulders

Inhale. Hands rise high. Lift the heart to lengthen the spine. Exhale; lean to the left until you feel mild to moderate sensation.
If it feels comfortable, explore your way farther into the bend. Notice the place where tension becomes resistance. Notice what happens to sensation along the side of your body as you inhale and as you exhale. Notice how it feels to release tension on the exhalation. Do both sides.

Seated Twists

Spine and Hips
Place the sole of the left foot flat on the floor on the outside of the right knee. Place the right hand on the outside of the left knee and the left hand flat on the floor behind the back as close to the base of the body as possible. Inhale; lift the heart to lengthen the spine as you rotate the torso to the left. Initiate the turn from the base of the spine and allow the middle back, upper back, neck, and shoulders to follow. Do both sides.

**Bound Angle**

Lower Back and Inside of Legs
When you are ready, bring the soles of the feet together, and as you exhale, allow the knees to lower toward the floor. Notice any tension that arises in the legs as the knees move lower. Notice the place where the body begins to resist the downward movement of the knees. As best you can, release resistance. Notice what happens if you support the knees with blocks or cushions. See if you can find a place where tension feels beneficial and resistance is as small as possible.
Notice where the sensation seems the most important. Is it the inside of the legs or the lower back? Notice the nature of the sensation. Is it strong or subtle? Is it steady, or does it change? Watch what happens to sensation as you gently lean in to the fold, and as you gently move away from the fold.

**Half Forward Bend**

Lower Back, Hamstrings, and Calves

If it is comfortable for you, extend both legs long. Place the sole of the left foot on the inside of the upper right leg. Allow the knee to lower toward the floor, and prop
with support if you notice resistance. Feel supported through the base of the body. As you inhale, lift the heart to lengthen the spine, and raise your hands overhead. As best you can, continue to feel grounded through the base of the body. As you exhale, keep the spine long as you lower the front of the body toward the floor. Allow your hands to find the support of the floor or your leg. Remember, the point of this pose is not to touch your toes, but to find and experience sensation through the back of the right leg. Notice your experience. Do you feel sensation in the hamstring, the calf, or the back of the knee? What happens if you raise your knee slightly? What happens if you draw your toes toward your knee? If you turn them left or right or push them toward the floor? Experiment as you explore sensation
through the back of your leg. Now notice where the sensation feels the strongest, the place where you have created the most tension. Watch what happens to that tension as you move away from the pose. When you are ready, inhale slowly and rise. What sensations replace the tension you were holding in the pose? Notice any feelings of release, of letting go. Do both sides.

**Table Top**

Grounding
If it feels comfortable for you, come onto the hands and knees, into Table Top. Place your hands under your shoulders and your knees under your hips. If this position feels uncomfortable for any reason, make any adjustments you need to feel safe, perhaps ensuring the base of your body is facing the wall, or maybe even adopting a different pose. An option is simply coming to a seated position that feels comfortable for you, or maybe even lying flat on your back. From wherever you are, feel the support of the surface beneath you. If you are in Table Top, feel supported through hands and knees. Release effort into that support. If you are seated or lying down, notice which part of your body seems most connected to support, most grounded. Use each exhalation to allow you to release even farther into this experience of
stability.

**Cow-Cat**

Spine, Upper Back, and Lower Back

You can do this from Table Top or from a comfortable seated position. As you inhale, tilt the tailbone back and up, lower
the belly toward the floor, and lift your heart as you move into Cow. Keep the neck soft as you gaze to the front. As you exhale, pull the navel in and up; press down gently through the hands and knees as you arch your back upward into Cat. Follow your breath as you flow between the two. Inhale Cow, and exhale Cat. Allow the rhythm of your breath to guide the rhythm of your movement. Notice the range of motion available to you as you move between the two poses. Notice sensation along the length of your spine. What happens in the lower back region if you suspend breath after the inhalation and explore the outer boundaries of Cow Pose? What happens through the upper back and shoulders if you suspend breath after the exhalation and explore the outer limits of Cat Pose? Notice which aspect of this
experience seems most interesting to you. Is it sensation, or rhythm, or breath, or a combination of the three?

**Heart Opening**

Shoulders and Chest

From Table Top, keep the hips above the knees as you extend the hands forward along the floor as far as the body permits. Allow the front of your body to lower and perhaps rest on the floor. If it is comfortable for you, bring the top of the head, forehead, or chin to rest on the floor. Notice your experience of sensation
through the front of your body, the shoulders, and down the sides of the back. If you wish, explore your way farther into this experience, Use your fingers to gently lengthen the arms forward and notice any changes in sensation through the shoulders. Ground through the palms of the hands, then pull the navel in and up and tilt the tailbone back and up to find more length through the spine. Now bring your awareness to your breath. As you inhale deeply, feel the lungs expand outward to move the ribs. Watch sensation as you do so. Notice how it becomes stronger with the inhalation and decreases with the exhalation. Use your breath to explore sensation in the front and back of the body.

SPHINX
Abdomen and Lower Back

Bring the front of the body to the floor with arms extended forward and legs long. If it is comfortable, the tops of the feet are touching the floor. Take a moment to find your breath and feel supported by the surface beneath you. When you are ready, use your elbows to support your upper body as you come into a gentle backbend. Take a moment to notice the sensation you have created. If it feels too intense, slowly move the elbows forward until you find a position where sensation seems tolerable but beneficial. If you would like to move farther into the experience, bring the elbows back, to lift your torso a little
higher and to deepen the backbend. Perhaps it is possible to position the elbows directly under the shoulders. To go even farther, gently press the tops of the feet down, and keeping your lower front body on the floor, lift the heart to lengthen the spine. Keep the head and neck soft and inhale deeply to press the front of the abdomen into the ground.

**DOWNWARD-FACING DOG**

Spine, Legs, and Shoulders

From Table Top, place the hands one
palm-length ahead of the shoulders. Take a moment to feel grounded and connected though the palms of the hands. As you inhale, curl the toes under, and as you exhale, keep the knees bent, and send the base of the body back and up to Downward-Facing Dog. Notice your experience. If it feels uncomfortable for any reason, know that you can change it. Notice any parts of the body that are experiencing stretching. Notice which parts of the body feel strong. Use your breath to inhale energy to those places that need it most. If you would like, you can use this pose to explore sensation through the back of the leg, pressing one heel, then the other, toward the floor. Use your breath to exhale tension from those places that feel stressed. Listen to and respect the wisdom of your body. When it tells you it
is time, slowly and mindfully release your knees to the floor as you return to Table Top. If you would like, sink the base of the body toward the heels to rest in Child’s Pose. Remember that in yoga, rest is just as important as strength, flexibility, or concentration.

**Child**

**Spine, Grounding**

From Table Top, lower the base of the body toward the heels. Allow the heels to support the base, or use a cushion between the heels and the base if necessary. Allow
your forehead to release to the floor, supporting it with a blanket, block, or cushion. Place your hands wherever it feels most beneficial for you. You could extend them in front to lengthen the arms. You could place one hand on top of the other and used them to support your forehead, or you may wish to extend your hands back toward the feet. Feel free to experiment until you find a position that seems right for you.

Pull the navel in and up and tilt the tailbone back and up to lengthen the spine. Maintaining the length of the spine, use exhalations to release into and connect to the support of the surface beneath. Look within and notice any places where you seem to be holding tension. Inhale into these places, and as you exhale, release breath and release tension.
SUPINE TWIST

Spine, Hips and Chest

Lie flat on your back. Place the soles of the feet flat on the floor and bring your heels back toward the base of the body. Bring the insides of the feet and knees together to touch. Inhale, and as you exhale, slowly lower both knees toward the floor. If they touch the floor, allow them to release to support. If they do not, support them with a block or cushion. Watch for sensation in the lower back region or through the hips.
Notice its nature. Notice how it changes from breath to breath, from moment to moment.

**RELAXATION**

**Grounding and Centering**

Extend the legs long and place your hands wherever most comfortable for you. If you would like, you are welcome to close your eyes. Notice that in this position, your body is completely supported. With complete support comes the opportunity to release all effort, to allow the body to soften and sink into the support below.
Notice the sensations that are present within your body now. Notice any places that feel like relaxation, like openness or space, lightness or floating, heaviness or sinking, or softness or warmth. Find the place within that seems the most relaxed and allow it to become the center of your awareness. Use your breath to keep you here. Remember it is normal for mind to wander. When it does, simply use breath to bring your awareness back to this place of stillness, of peace, and of contentment.

**Flow Sequence**

The flow sequence can be very useful for those high-energy people who need to “move” to find stillness. You can use any flow sequence that allows you to access those regions of the student’s body that could benefit from attention. I most often
use Sun Salutation B, as it seems to hit most parts of the body. You can easily add poses or movements to address what may be missing, for example, neck rolls or side bends when people report tension in the neck or shoulders. Remember to cue for experience, which in this case will include the sensations of flow and rhythm, strength, and expenditure of energy. As time goes on, you can gradually slow the practice down, drawing them to deeply experience each pose, eventually moving to a more static appreciation of experience.
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<td>Strength, Legs, Spine</td>
<td>Final Relaxation</td>
<td>Grounding, Centering</td>
<td>Strength, Legs, Quads, Hips</td>
</tr>
</tbody>
</table>
Chair Sequence

Chair yoga is probably the safest and maybe even the most effective form of TSY. It provides a level of support that permits people to deeply experience each pose. People also tend to feel less vulnerable in a seated position than they would if they were lying on the floor or in some of the other floor based poses such as Downward-Facing Dog or Cow-Cat.
<table>
<thead>
<tr>
<th>Mountain Pose</th>
<th>Neck Rotations</th>
<th>Seated Twist</th>
<th>Side Bend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground and Center</td>
<td>Neck and Shoulders</td>
<td>Spinal Column, Hips</td>
<td>Side Body, Hips, Shoulders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arm to Chest</th>
<th>Chest Opener</th>
<th>Cow-Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulders</td>
<td>Chest</td>
<td>Spinal Column</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knee to Chest</th>
<th>Forward Fold</th>
<th>Forward Fold</th>
<th>Figure Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Back</td>
<td>Lower Back</td>
<td>Legs, Spine</td>
<td>Hips</td>
</tr>
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<table>
<thead>
<tr>
<th>Mountain Pose</th>
<th>Final Relaxation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground and Center, Relaxation</td>
<td>Grounding, Centering</td>
</tr>
</tbody>
</table>

A chair sequence
Chapter Summary

- A TSY class has two dimensions or levels. On the surface, we lead the participants through what can be considered a relatively normal yoga class. Below the surface, we carefully observe those we are working with and dynamically adapt the yoga to meet their individual needs.

- It is important to choose a yoga practice best suited to the needs of the individual. We assess their energy and state of being and choose a style of yoga that meets them where they are.
• Above all, remember to think of the practice in terms of the dynamic needs of the “bodies” before you, instead of a set sequence of poses.
Conclusion

Trauma is prevalent and knows no boundaries. It is likely that one in three people are currently living with, or have lived with, a trauma-related disorder. Trauma is a subjective experience precipitated by life-threatening or life-altering events. It overwhelms the individual and is characterized by a loss of control. Even when the event is over, the trauma experience can continue, producing an altered state of mind that negatively affects a person’s thinking, behavior, and psychological and physiological well-being.

Yoga helps with trauma in three main ways. First, it takes our awareness away
from a past event experience and into an experience of an event that is happening in the present moment. Second, it teaches us how to expand our window of tolerance to regulate physical, emotional, and cognitive sensation. Third, it encourages us to explore the concept that we are connected to something greater than ourselves.

It is the basic principles of yoga that bring the power to the practice. Breath, mindful movement, focused awareness, and acceptance are the foundation of any yoga practice. Properly applied, they permit one to become grounded in the present moment, self-regulate to stay there, accept the present moment experience, and find a sense of connection.

The best kind of yoga for trauma is the one that works. It needs to meet the needs of the person living with trauma and be
conveyed to them in a way that is understandable and acceptable. The role of a TSY practitioner is to help the person with trauma find a practice that works best for them. Each person is a unique individual and will interpret the application of these principles based on their own worldview. Every single style of yoga or yoga-based practice has something to offer—except for the ones that dictate that their path is the only path.

Yoga for the clinical population and trauma-sensitive yoga for the general population are two different things; however, there is definitely a place for trauma-sensitive yoga in a studio setting. When offering yoga for the general population, our intent is to do so in a way that makes the yoga as safe as possible and minimizes the likelihood of causing
dysregulation. Depending on the environment we are working in, we can do this to varying degrees. When working with the clinical population it is essential to do so under the guidance of a licensed medical practitioner.

Yoga has taught me that if you focus on the practice, rather than strive for the outcomes, you will be given what you really need to find peace and contentment in this life. Focusing on present-moment experience frees us from the regrets and resentments of the past as well as the uncertainties and the fears of the future. Staying present in the moment is hard work, and it is the work of a lifetime. It is never finished. Sort of like this book: I know that as I continue to practice and share yoga, I will continue to grow in my own way and hopefully help empower
others to grow in their own way as well.
Afterword by Margaret A. Howard, MFA, LCSW

The term trauma-sensitive is a way of saying respect for the body’s voice. Brendon Abram offers a practical guide to learning this language of the body in the context of any yoga class. He describes how to add a layer of sensible, trauma-sensitive practice to every yoga class, regardless of the type or school of yoga taught. This is a very good thing, and the time is ripe for it. By providing this guide, Abram widens the road to yoga and makes accessible this important route to healing. In doing so, he also shows how integrating
this layer of practice aligns with deeper yogic teachings, including the practice of ahimsa. Emerging wisdoms of body sovereignty and consent culture are deeply resonant with these teachings.

Advances in body/mind science are awakening us to the understanding that traumas and disconnections from supports take place all around us, every day, and happen to everyone. We now know that trauma does not impact only a special population of humans. We now know that every yoga class is graced with the presence of people who have suffered traumas, whether or not they have fully developed symptoms of diagnosable post-traumatic injuries. We know that if we assume otherwise, we may need to inquire whether our perception is clouded by privilege—whether that’s white privilege;
gender or orientation privilege; immigration status privilege; class privilege; the privilege of never having had to go to war; the miracle privilege of being a woman never assaulted, harassed, or violated; or the privilege of a deeply cushioned and cherished existence that we all need, but few of us actually receive.

Research into the neurobiology of emotion, and therefore trauma, has advanced exponentially since yoga was first brought to the West. It is becoming more and more clear not just that the mind and body are one, but how. At the center of this clarity is the vagal nerve bundle, which connects the vital organs, processes senses and emotions, and communicates fight/flight/faun/freeze/collapse as well as our states of wellbeing. Working with the body/mind to increase vagal tone can have
a powerful effect on health and decrease symptoms of anxiety and traumatic stress. Some yogic breathing techniques, and asana practice, work directly on and within that field. Neuroscience also demonstrates that what we consider “emotion” may not arise from thoughts, but from the body first; emotion is not some ethereal illusion or something we choose, but a complex interplay within the body/mind. Thus, psychotherapy now includes robust methods that bring the body into talk therapy, without using touch, but with a strong component of the client learning to notice, with compassionate nonjudgment, what arises in the body.

We’ve long understood what the “big” traumas are. But we now know that stresses adversely impacting our body/mind systems are caused not just by
big shocks, but also by smaller events that we all experience, such as medical procedures, fender benders, workplace harassment, discrimination and microaggressions, current events, images of horrific scenes, sexual harassment, assault, some noncombat military work, as well as the bigger shocks more typically thought of as trauma. We’ve learned that secondary, or vicarious, trauma affects people who work with and serve others such as social workers, teachers, police, firefighters, trauma therapists, doctors, nurses, EMTs, and many others. Finally, current evidence indicates that particular vulnerability to stress is created in some of our Western societies by early lives that are more stressful, less protected, and less attached to caregivers than the developing infant and child system may be designed to
process.

As a former yoga teacher, a psychotherapist who specializes in treating trauma and anxiety, and a trauma survivor myself, I have for several years written about and advocated for adding this layer of trauma-sensitive practice to all yoga teacher training curriculums. This guide is a significant step forward. It has the potential to be instrumental in bringing this layer to all classes and thus into the mainstream of Western yoga.

We dwell in cultures that need more routes to healing and safe-body connection. We need more spaces where the body/mind can experience itself safely, without fear of boundary violations and judgment—where we can be with others in mindful, conscious movement and rest. We need these spaces to be considerate of
diversity and the multiple, seen and unseen layers of our tender humanness. We need these spaces to be enjoyable and affordable.

Yoga has been so helpful in my own healing, and, as Abram presents here, there is strong evidence that yoga is highly effective in healing post-trauma impacts.

So much trauma is carried in the body. So much anxiety. So much pain. In the muscles and fascia and interstitial tissues and canals, the chakras, the joints. All of it. Yoga can increase capacity and unblock, release, and recalibrate old wounds and injuries that only the body remembers. It can help us to be with what simply is, with nonjudgment, and this can lead to healing. This does not happen by moving away from “the pain body,” as if it were less than. It does not happen through
suppression. For those observing their body and its states while moving through breath and asana, it happens through the *being with*; it happens through the *honoring of*.

Yoga does this differently than any other physical activity or talk-only therapy, and this is so needed by many. However, the fact that yoga works this way, within the field of the body/mind, means that the body/mind is uniquely vulnerable in yoga. This speaks directly to why, as a therapist, I can’t recommend yoga classes unless I know the teacher to be incorporating the trauma-sensitive layer into every class. It speaks to the need for this book, to the need for this particular evolution of yoga in the West.

I used to recommend yoga classes to clients, but I had to stop. They would come
back upset, describe feeling badly in a class, and say they didn’t want to go back. We would explore why. They would report that the teacher seemed completely unaware that what they were saying or doing was problematic or injurious. Importantly, they often reported wanting to leave the class quickly, not wanting to call attention to themselves by talking to the teacher about what happened. These were often people who were otherwise assertive. And here we have why it’s not enough to merely suggest to students that if something bothers them they should just let the teacher know. It’s a good invitation, and needed, but it’s not enough. Not that simple. For complex neurophysiological reasons, when an autonomic hyper- or hypoactivation event occurs (which is what happens when someone is “triggered,” as
Abram explains), knowing why, in the moment, much less expressing it to the one who triggered it, can be difficult or impossible.

After the body has experienced a boundary violation it will warn when another violation approaches. The body processes events as diverse as small car accidents and falls, as well as big ones like robbery and sexual harassment, as boundary violations. The warning happens in the autonomic nervous system. We cannot judge for people whether or not a body response makes sense. We don’t know all the factors involved. A touch for adjustment, an insistence on a particular form of a pose, and other common practices can be processed below the level of consciousness as boundary violations. Abram describes how to implement best
practices for boundary respect and safety. I’ve come to favor using the TOUCH/NO TOUCH cards that students can place on their mats. I’ve heard so many times that a freeze response occurred when a teacher asked permission, so the “no” couldn’t be spoken.

There just aren’t enough teachers where I live trained in trauma-sensitive practices, even though I’m in a major U.S. city, and this seems to be true in most other places as well. There are a few teachers trained in David Emerson’s excellent methods, but they offer private instruction (which few people can afford) or specialized classes set up exclusively for those who identify as trauma survivors, which is also limiting. For one thing, these are available at limited times and places. And, it reinforces the idea that the need for trauma-sensitive
yoga is confined to special populations. My practice consists primarily of highly functioning people. As such, they’ve suffered much stress impact to their systems over the years, as have we all. There is trauma there, whether it’s “big,” “small,” repeated, or a developmental. They, like most people, aren’t interested in identifying as trauma survivors and most would not feel it was appropriate for them to attend a special class for trauma survivors. Nonetheless, so many are actually trauma survivors. Again, so many of us are, whether we know it, or not. The solution seems clear to me: adding the layer of trauma-sensitivity to all classes, as Abram presents in this book.

Abram says simply, “Listen to and respect the wisdom of your body.” And there we have the heart of the matter: these
trauma activations, these triggers, are not weaknesses; they are the body’s wisdom, the body’s voice. Learning trauma-sensitivity *is* learning how to create classes that respect students’ body wisdom and sovereignty.

—Margaret A. Howard, MFA, LCSW
Notes
Chapter 1


2. Violence and trauma, including childhood abuse, sexual abuse, and intimate partner violence, are common. It is conservatively estimated that half of all Canadian women and one-third of Canadian men have survived at least one incidence of sexual or physical violence. Although both boys and girls are affected by family violence, four out of five victims of family-related sexual assaults (79 percent) are girls.
See Canadian Women’s Health Network, “Making the Links: Violence, Trauma and Mental Health,” *Network Magazine* 11:2 (Summer 2009), [www.cwhn.ca/en/node/41607](http://www.cwhn.ca/en/node/41607). In a 1995 study of 1,000 women age 15 years or older, 36 percent had experienced emotional abuse while growing up; 43 percent had experienced some form of abuse as children or adolescents; 39 percent reported experiencing emotional abuse in a relationship in the past five years. Cited in Darlene Barriere, “Emotional Child Abuse,” 2017, [http://goo.gl/kE3cES](http://goo.gl/kE3cES). In 1996, the National Clearinghouse on Family Violence, on behalf of Health Canada, reported that 39 percent of married women or common-law wives suffered emotional abuse by husbands
or partners. This report does not address boys or men suffering emotional abuse from families or intimate partners. Cited in The Box of Daughter, “Statistics on Emotional Abuse,” n.d., http://goo.gl/zyUn3M.


10. Patanjali was a fourth-century Indian sage who compiled millennia of yogic wisdom into a text called the Yoga Sutras of Patanjali. His teachings are widely accepted by almost all branches and systems of yoga.

11. The term trauma-sensitive yoga is credited to David Emerson from the Trauma Center at the Justice Resource Institute in Brookline, Massachusetts.
Clinical intervention means an intervention carried out to improve, maintain, or assess the health of a person in a clinical situation.

Chapter 2


2. Ibid.


4. Kenneth R. Yeager and Albert R.


6. Ibid.

7. Ibid.

8. Ibid.

http://goo.gl/oWzTjh.


14. The Canadian Cancer Society states that cancer diagnosis and treatment may lead to a sense of despair and anxiety

15. Van der Kolk, The Body Keeps the Score.


17. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States and
Canada and contains a listing of diagnostic criteria for every psychiatric disorder recognized by U.S. and Canadian health care systems. For an overview of the DSM, see http://goo.gl/CRXr6e.

18. DSM-5 also recognizes that dissociation is a condition applicable to individuals who meet the criteria for PTSD and experience depersonalization and derealization symptoms. The person literally dissociates themselves from a situation or experience that’s too violent, traumatic, or painful to assimilate with the conscious self. See WebMD, “Dissociative Identity Disorder (Multiple Personality Disorder),” n.d., http://goo.gl/tt2bSF.

19. U.S. Department of Veterans Affairs,

20. Van der Kolk, The Body Keeps the Score.

21. Ibid.


24. Ibid.


26. Ibid.
27. Ibid.

28. Ibid.

29. Homeostasis is the process by which a steady state of equilibrium, or constancy, in the body with respect to physiological functions and chemical compositions of fluids and tissues is maintained.


31. Laurence Heller and Aline LaPierre, Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for
32. Van der Kolk, *The Body Keeps the Score*.


34. Heller and LaPierre, *Healing Developmental Trauma*.

35. Ibid.

36. Van der Kolk, *The Body Keeps the Score*.

38. Herman, *Trauma and Recovery*.

39. Pearlman and Saakvitne, *Trauma and Therapist*.


42. Ibid.

43. Ibid.
44. Herman, *Trauma and Recovery*.

45. Emerson, *Trauma-Sensitive Yoga*. Most important for us, the parts of the brain that are normally involved in the storage and processing of memory, like the prefrontal cortex, are impacted by trauma. Instead of being managed primarily by the executive part of the brain, traumatic memories are dealt with primarily by the emotional part of the brain, or limbic system. See Kristin W. Samuelson, “Post–Traumatic Stress Disorder and Declarative Memory Functioning: A Review,” *Dialogues in Clinical Neuroscience* 13:3 (September 2011), 346–51.
Chapter 3

1. In *The Heart of Yoga*, Desikachar defines *avidya* as “incorrect comprehension.”

2. Desikachar, *Heart of Yoga*.

3. A 2012 study by researchers from Boston University School of Medicine indicates that yoga works by regulating the nervous system, specifically by increasing vagal tone and the mind-body’s ability to respond to stress. C. C. Streeter, P. L. Gerbarg, R. B. Saper, D. A. Ciraulo, and R. P. Brown, “Effects of Yoga on the Autonomic Nervous System, Gamma-Aminobutyric-Acid, and Allostasis in Epilepsy, Depression, and Post–Traumatic Stress Disorder,”
Medical Hypotheses 78:5 (May 2012),
Chapter 4

1. Levine, In an Unspoken Voice, 45.


3. Heller and LaPierre, Healing Developmental Trauma.

4. Van der Kolk, The Body Keeps the Score.

5. This is a key guiding principle from Daniel J. Libby and the Veterans Yoga Project.

6. David Emerson, Ritu Sharma, Serena Chaudhry, and Jenn Turner, “Trauma-


9. Ibid.

Chapter 5


3. Emerson, Trauma-Sensitive Yoga in Therapy.


5. Levine, In an Unspoken Voice.


Chapter 6

Chapter 8

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rendon Abram is a thirty-year veteran of
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workshops and teacher trainings. For more
information visit http://getyoga.ca.
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