

Healing from Trauma, Moving Through Grief

Most of us have had some kind of trauma in our lives. One in three women and one in five men have been sexually traumatized. That means that whether they have identified themselves to you or not, there are students with a history of trauma in your yoga class. Some of you may be offering yoga therapy to clients who come to you because they have back pain or some other physical symptom, but who, whether you know it or not, are also recovering from mood disorders or addictions. Let me make it clear that I am not suggesting that you hang out a shingle and treat trauma survivors with yoga. I'm saying that trauma survivors are already in your classes and in your treatment room. It's important that as yoga professionals, we know how to help.

When we've experienced a traumatic event, the emotional center of the brain, known as the limbic region, goes on overdrive. The fight-or-flight hormone cortisol floods the limbic brain, so that we are prepared to act. Other systems of the body shut down, including digestion; the Broca area of the brain which helps to control speech; and the hippocampus, the part of the limbic brain responsible for chronological memory. As a result, our memory of the trauma may be fragmented and incoherent. We have neither linear memory of the event nor the words to speak it. New experiences that trigger a piece of the trauma memory can set us into a tailspin of hormones that overstimulate the little amygdala at the center of the limbic brain, and we may overreact to the new stimulus as though it were the original event. When this happens again and again, the hippocampus actually begins to shrink.

So how does yoga help? Let's look at the science first. Numerous studies have shown that yoga has a direct impact on lowering cortisol (the stress hormone triggered in fight or flight). Yoga also raises levels of GABA (gamma-aminobutyric acid), a neurotransmitter low in those with depression, anxiety, and PTSD. Yoga has been shown to increase heart rate variability (HRV), which tends to be low in those suffering from PTSD. In one study that compared eight group sessions of dialectical behavior therapy (DBT) to eight group yoga sessions, only the yoga group showed a decrease in frequency of intrusive thoughts and severity of hyperarousal symptoms.¹

Your students don't have to understand the science to benefit. Yoga gives them skills they can use at home to manage their hyperarousal symptoms. The tools of

yoga empower students and help them to self-regulate. And most vital, in my opinion, is that yoga teaches us all that no matter what our trauma history has been or what mood state may currently be visiting, ultimately we are more than our mood and our story.



Jacquelyn Jackson

As a case in point, let me introduce you to Jacquelyn Jackson, who was at the Safeway in Tucson on January 8, 2011, when Jared Loughner opened fire. Jacquelyn's life was spared in the shooting that took the lives of six people, many of them her friends, and critically wounded her former boss, Congresswoman Gabrielle Giffords. A year after the event, Jacquelyn sat on the couch in the yoga therapy treatment room, because her beloved brother had suddenly died of a brain tumor at Christmas. Despite the good talk therapy she did with a grief counselor after the Tucson tragedy, many of her symptoms were back, including insomnia, anxiety, and binge-eating. In the year since the Tucson tragedy, she had taken yoga classes with my colleague Maria Kali Ma, RN, MS, ERYT-500, and had felt a sense of returning equanimity and wellbeing after each class. So when her severe symptoms returned, she was drawn to try yoga therapy.

I'm going to jump ahead of the chronology here to offer a precedent-setting fact: after our first three sessions, Jacquelyn asked if I would apply for reimbursement from the Pima County Victims Fund. The County approved the request for eight yoga therapy sessions, and put no stipulations on treatment, so we were free to continue in the "call and response" manner in which we had started.

Through deeply attuning to Jacquelyn over time, I answered her call with a plan informed by my study and experience of the now evidence-based timeless teachings of yoga. That plan was never calculated in advance; it changed from session to session—sometimes from moment to moment—in accordance with what she presented. At

the beginning of our first session together, Jacquelyn's breath was short and her hands shook. It was clear to me that the trauma was still in her body and that talking about it now was putting her through what author and neuropsychologist Richard Hanson calls "one more lap through hell."

I gently suggested that, instead of retelling the story, which she had written down for me in her pre-session assessment form, we begin with the breath, inhaling deeply through the nostrils. I asked her to place her hands on her lower belly and to notice them rising as the breath moved into her lower lungs. Her hands didn't move. Jacquelyn was unable to take a deep breath. In this situation, I might invite a client to practice Yogic Three-Part Breath in the supine position to relax the belly and deepen the breath. Instead, I invited her to stand. It was clear to me that Jacquelyn was tamping down a lot of emotion. Had I pushed my own agenda of helping her to breathe more deeply in that first session, it would have risked an emotional flooding in Jacquelyn. Most of us have had a catharsis on the yoga mat, and it often facilitates a deep emotional and physical release, usually without a story attached. But this was our first session together, Jacquelyn was suffering from trauma, and I wanted to make sure that she felt safe with me so that her emotions might arise without shame or blame in a manner that she could deal with. To do that, I first needed to meet her in that revved up, active (*rajas*) place.

I did not want to move too quickly in a way that might overwhelm and perhaps frighten her. Therefore, I asked her to stand. To get her moving and shaking out the tension I'd observed, we practiced a dance-like joint warm-up with lively *kirtan* music. From this standing position, I offered Jacquelyn a centering ritual of self-acceptance as we created safe and sacred space together. We used eagle *mudra* (gesture at the heart (hands crossed, thumbs interlocked) and a *bija* (seed) mantra to vibrate the heart (the low tone of "yam," with the emphasis on the long "y" and the "m" sound.) I asked Jacquelyn to visualize her own soothing image of peace and acceptance, or if an image didn't readily come, to think the word "peace." We toned the mantra sound to vibrate the seeds of self-acceptance and self-care in her heart. I didn't use the word "safe," because some people with a history of trauma feel that there is no safe place. For those people, the mind will immediately reject the word safe, and the body-mind will move even further away from a feeling of connection.

From this place, I asked her to set an intention for our work together. She was vis-

ibly calmer but anxiety was still present, so we did a slow, brief round of Pulling Prana² at one breath per second. Then I asked her to close her eyes and sense into her face, her palms, and her feet after the practice. This cueing to sensation calmed her further and brought her fully into the present moment. Her breath was now, finally, slow and even.

Now I could safely lead her through self-soothing practices, which included bee breath (*brahmari*); cooling, calming mantra tones; and mudras to calm and focus the mind.³ I stayed attuned to Jacquelyn, checking in with her at every stage of each practice, observing and tweaking the practice to meet each shift in mood and attention. I led her through gentle forward-bending postures, focusing on breath and sensation and incorporating cooling, calming mantras to help with sleep and general limbic deactivation.

Yoga breathing and chanting are known to activate the vagal nerve⁴ and engage the parasympathetic nervous system, slowing heart rate, breath, and pulse; lowering body temperature; and deactivating the limbic brain. When we are practicing yoga with attention to breath and sensation, we are whispering soothing messages to the poor overstimulated amygdala. Current research shows that yoga increases heart rate variability,¹ which is an indication of the body-mind's ability to flow with ease between sympathetic nervous system activation (think *rajās*) and parasympathetic nervous system activation (think *tamas*). This physiological ability is crucial to our wellbeing. When we suffer from the effects of trauma, we are often stuck in sympathetic activation, or hyperarousal, and we overreact to life's challenges.

After each practice with Jacquelyn, I invited her to sense into her face, her palms, her fingertips, and her feet. In the moments of noticing specific sensation in her body on the safety of her yoga mat, she was totally present, not gripped by story or mood. Many students with a history of trauma will tell you that they are living from the neck up—for them, like Jacquelyn, it can be frightening when they feel too much body sensation. So to keep from feeling, trauma survivors find ways to numb out through food, drugs, sex, alcohol, gambling, work—whatever it takes—and they are at serious risk for addiction. Even yoga can be practiced in a numbed out, disconnected and driven way so as not to feel. Gabor Maté, MD, the author of *In the Realm of the Hungry Ghosts: Close Encounters with Addictions*, is a psychiatrist who has spent his career treating people with addiction problems. He says he has never treated an addict who didn't have a history of trauma.

When you as a yoga professional move slowly and gently while cueing to sensation, you are offering your numbed-out, hyper-vigilant students a small window into feeling, first the body, and then, as the window opens wider, the emotions. Cueing to direct

sensation during yoga practice (not the global direction to “feel the sensations in your body,” which is too vague and can actually increase anxiety in some trauma survivors) was a good first step for someone like Jacquelyn. This window into the body-centered moment can facilitate a “reoccupation” of the body as a safe place. This can be yoga's greatest gift to a trauma survivor.

Throughout our work together, I gave Jacquelyn permission to stop, to modify, and to interrupt with a question or a response. After experiencing a traumatic event in which the victim or observer is helpless to change the outcome, as Jacquelyn had during the shooting, survivors often have terrible feelings of powerlessness. So it was essential that I let her know that she was in the driver's seat and could make choices about her own body—an empowering lesson for someone who has had that choice taken away. This is especially important in the case of survivors of sexual trauma.

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On that first day with Jacquelyn, I concluded our session with a yoga nidra and then gave her the *LifeForce Yoga Nidra for Mood Management* CD for home practice. There is a slow progression through the *koshās*, (the five sheaths or bodies we all inhabit—physical, breath, emotional, mental, and bliss) in this practice, making it appropriate for trauma recovery. The exploration of the opposites of emotion and belief culminates in what psychologist and yogi Richard Miller, the founder of iRest®, calls “spacious awareness” beyond the polarities of story or mood. Between our first two sessions, she practiced the yoga nidra CD every evening before bed and bee breath regularly, and she was able to give up the sleep medication she had been using since the shooting. During our second session the following week, Jacquelyn paraphrased the language I use on the CD, when she told me that she felt her “spaciousness so much more than the story.” Aside from her calmer demeanor, Jacquelyn's abdomen was also now expanding during inhalation and she was able to lengthen her exhalation. She had come to this on her own, simply through a daily home practice.

In our work together, Jacquelyn and I started slowly, focusing on breath and sensation. Over the course of our eight sessions, we incorporated a full range of grounding yet empowering poses with mantras and breath. Halfway through our series of sessions in Tucson, she flew east to attend a five-day program at Kripalu Center for Yoga & Health in Stockbridge, Massachusetts. By day four, she found she could hold heart-opening poses that had previously been too difficult. “With all that breathing and yoga,” she told me when she returned, “I slipped into bow pose with no problem.” By the time we completed our eight sessions, Jacquelyn was ready to move to the next step. Her practice had brought her full circle, from traumatized victim to a newfound passion for sharing the yoga that had healed her. Jacquelyn Jackson is currently enrolled in a yoga teacher-training program and will graduate as a Kripalu Yoga teacher in 2013.

In summary, as yoga professionals, we are being called upon to work with victims of trauma. The growing body of evidence that yoga can be an effective intervention for mood disorders and trauma means that students with mood issues and trauma histories are being referred by their health professionals and are showing up in larger numbers in regular yoga classes. In specialty training programs, yoga and mental health professionals can learn simple practices, appropriate in both yoga therapy and in clinical settings, that do not exacerbate already existing conditions but do empower their students and clients to manage their moods. **YTT**

References

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