

## Trauma Centre Trauma Sensitive Yoga (TCTSY) Project

Women are more likely than men to be exposed to repeated childhood abuse perpetrated by a known person, such as family and domestic violence and sexual trauma (Rhodes, Spinazzola & van der Kolk, 2016, p. 189). According to the 2016 ABS Personal Safety Survey one in six women (16% or 1.5 million) and one in ten men (11% or 991,600) aged 18 years and over experienced physical and/or sexual abuse before the age of 15, including from their parent/s (ABS, 2016). Furthermore one in ten men witnessed violence towards their mother by a partner before the age of 15 (10% or 896,700) and one in twenty-five men witnessed violence towards their father by a partner before the age of 15 (4% or 380,000) whereas one in eight women witnessed violence towards their mother by a partner before the age of 15 (13% or 1.2 million) and one in twenty women witnessed violence towards their father by a partner before the age of 15 (4.7% or 440,900) (ABS, 2016).

Childhood trauma disrupts the developmental stages of growth and functionality, including cognition, behavioural, emotional, physiological, intra-personal and interpersonal – most children have the opportunity to thrive and develop these competencies whilst traumatised children must place all their capacity into survival (Kinniburgh, Blaustein & Spinazzola, 2005, p. 424). According to Bessel van der Kolk (2005) and Rhodes, Spinazzola and van der Kolk (2016), if the traumatisation occurs within the parent-child relationship or familial system the child may develop an insecure or disorganised attachment pattern which may result in difficulties in self-regulation, emotional lability, increased vulnerabilities to stress, somatic complaints, avoidant behaviours such as addiction and eating disorders, dissociation, poor self-awareness and problematic help-seeking behaviours, ranging from dependency to isolation. It is common that traumatised children perceive the world as dangerous and frightening and, hence, respond accordingly.

According to Rhodes (2015, p. 247) women who have experienced childhood trauma often feel a disconnection to their bodies which fractures the development of self-trust and their personal identity as well as relationship to others. As their bodies are a place of risk and unsafety women manage their post-traumatic symptoms, such as flashbacks, nightmares, intrusive thoughts and overwhelming emotional responses, through conscious or unconscious avoidant behaviours.

The purpose of this study was to explore the experiences of six women who participated in an 8-week trauma-sensitive yoga (TCTSY) program and the part it played in their healing process. The six women are clients of Phoenix Support and Advocacy Service which is a service that provides individual and group counselling to people who have experienced childhood sexual trauma and their families. The six women have an established therapeutic relationship with the service - five of the women have been engaged in *talk* therapy for over 12 months and one woman has been engaged for 7 months with the service. Three of the women met with their Phoenix counsellor on a fortnightly basis throughout the program and two women met with a Phoenix counsellor on a needs-basis as they were on a therapeutic break. One woman withdrew from the program after the second week of the program (Please refer to the Group Attendance Table). Another woman chose not to complete the post-assessments. The average age of the six women was 52 years old with ages ranging from 41 to 69 years.

The weekly 60-minute TCTSY classes were conducted over 2 x 4-week blocks, from Tuesday 13 November to Tuesday 5 December 2018 and from Tuesday 22 January to Tuesday 12 February 2019. All participants had a 60-minute assessment with a Phoenix counsellor and completed a screening and group-readiness assessment, a safety plan, and three pre- and post-assessment tools which were inspired by McCarthy,

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Fuller, Davidson, Crump, Positano and Alderman (2017) study on TSY on combat-related post-traumatic stress disorder (Please see attachments). Assessments included PTSD checklist (PCL-5), Depression, Anxiety and Stress Scale (DASS21), and Kessler Psychological Distress Scale (K10) (Please refer to the Pre- and Post-Assessment Scores Table). At the end of each session participants were invited to complete a weekly evaluation which was compliant to Phoenix funding body requirements. These quantitative results do not provide a narrative of the underlying reasons for the women’s change over the period of the program nor how TCTSY impacted on their healing process; therefore, the author will draw meaning of their TCTSY experience by reviewing the facilitator’s and participants’ weekly evaluation forms and therapeutic interventions.

Pre- and Post- Assessment Scores

Assessment	P1		P2		P3		P4		P5		P6	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
<b>TCTSY</b>												
<b>DASS21</b>												
Depression	5	7	9	7	8	11	19	11	12		19	W
Anxiety	7	8	10	5	6	14	11	4	9		4	W
Stress	7	7	10	8	1	10	20	12	8		10	W
<b>K10</b>	19	21	29	23	20	25	37	29	30		29	W
<b>PCL-5</b>	17	22	24	20	13	42	47	38	43		41	W

Group Attendance

Name	13/11/18	20/11/18	27/11/18	4/12/18	22/01/19	29/01/19	05/02/19	12/02/19
P1	*	*	*	*	*	*	*	
P2	*	*	*	*	*	*	*	*
P3	*	*			*	*		*
P4	*	*	*	*	*	*	*	
P5	*	*	*		*	*	*	*
P6	*	*						

The TCTSY approach is based on invitational language, choice-making, non-coercion, shared authentic experience and interoception which promotes empowerment and agency to participants. Judith Hermann (1997, p. 159) states that trauma *robs the victim of a sense of power and control* and so it is imperative that recovery is based on the restoration of power and control and a sense of personal safety. Herman (1997) continues that safety and control needs to start from within the body before it can be established outwardly in the environment. In the TCTSY program a sense of safety and group cohesiveness was developed very quickly. The reasons for this may be that some of the women formed a connection with others from a previous psychoeducational group conducted by Phoenix as well as one of the Phoenix counsellors, who co-facilitated the program, participated in the weekly yoga practice.

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*I could not feel any safer. Thank you.*

*My body can be a safe place and also be a place of relaxation.*

*How much I neglected myself by resisting being aware of my body. I was able to relax and feel peace.*

*[I most liked] the beautiful feeling of being cared for and self-caring.*

One of the learnings from neuroscience is that a sense of self can only be realised through the vital connection with our bodies (van der Kolk, 2014). TCTSY supports participants in developing a relationship with their body through the process of interoception and choice-making by interacting with what is happening in their bodies at that present moment. The impact of the neurobiology of interoception in relation to the practice of TCTSY is on the function of the anterior and posterior insular cortex in the brain (seminar 10 November 2018). The anterior insular cortex relates to survival, self-awareness and internal states of being which is of most interest to TCTSY, whilst the posterior insular cortex relates to the interpretation and perception of these sensory experiences, which ultimately formulates our self-identity and belief systems (seminar 10 November 2018).

To know ourselves we need to feel and interpret our physical sensations, increase the awareness of what our bodies need so that we can take care of ourselves and navigate through life in a safe and stable way. People living with complex trauma chronically feel unsafe in their bodies and need to learn how to re/connect by feeling and accepting their physical sensations and inner landscapes (van der Kolk, 2014). Van der Kolk (2014, p. 275) states that *once you start approaching your body with curiosity rather than with fear, everything shifts*. In this study there were significant changes in the participants' level of distress through the 8-week program. The K10 and DASS21 are non-diagnostic quantitative measures for distress and depression, anxiety and stress respectively. These self-reporting assessments are suggestive of a client's level of distress to the counsellor.

According to the quantitative results there appears to be no significant change in P1's distress levels over the 8-week TCTSY program however her qualitative feedback indicated that P1 made significant connection to her body resulting in the activation of her parasympathetic nervous system stating,

*How good it feels to tune into your body, and having feelings of belonging, acceptance and total relaxation.*

P2 shows to have a significant reduction in her anxiety score over this time – P2 reported that she practiced being in her body at home between yoga sessions and suggested that the consistency and predictability of the practice each week helped manage her anxiety,

*I like hearing repetition as I forget things such as information about the body being rigid is not the natural state and the body gets shocked if raised too quickly*

*[I'm] feeling present in my body even though other thoughts were intruding.*

*[My biggest learning is] how my mind perceives things [that] my body experiences that I didn't know.*

P3 had a marked increase in her stress levels and anxiety over this time. During this time P3 was triggered by noteworthy life events as well as nightmares and flashbacks. Even though P3 indicated that the TCTSY practice was generally not impacting her connection with self, the author's clinical supervisors stated that

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the practice of working with the body can impact participants on an unconscious level. Noticing sensations for the first time and making new neurological pathways can be potentially triggering and distressing, and may precipitate flashbacks and somatic re-enactments (van der Kolk, 2014). P3 did not appear to make any linkage to TCTSY and her recent flashback experiences and reported that she engaged in some self-harming activities to manage her anxiety over part of this time. P4 demonstrated a discernible reduction in her K10 and DASS21 scores. P4's qualitative information aligns with some of the outcomes of Rhodes (2015) study where participants experienced an improved sense of agency and control over their lives,

*[I] feel a lot less anxious when attending this class and [I'm] not letting my brain lead [I'm] going with what my body wants.*

P4 reported that she was practicing TCTSY regularly at home to support her with her triggers and stressors. P4 reported that she ceased taking her anti-depressant medication under the supervision of her GP as she feels that counselling, her positive shift in attitude and yoga can sustain her sense of well-being.

*Dissociation refers to the compartmentalisation of experience* (van der Kolk & Fisler, 1995, p. 4). This is where traumatic memories are not integrated as a whole due to the extreme emotional arousal of the initial event/s and therefore, cannot be recalled and translated into personal narratives; rather traumatic memories are stored as sensory and emotional fragmentations of the initial event/s, such as visual images, sounds, smells and physical sensations, and can manifest as flashbacks and nightmares (van der Kolk, Hopper & Osterman, 2001; van der Kolk, 2005). These flashbacks and nightmares are somatic re-living of the initial trauma such as fight, flight and freeze responses (van der Kolk & Fisler, 1995). Dissociation and the lack of integration of traumatic memories are core symptomology of post-traumatic stress disorder (PTSD). The PCL-5 is a self-report measure that can assess PTSD symptoms or in the case of this study, quantify any change in symptomology pre and post TCTSY program. The four women all had varied experiences of their PTSD measures. P2 had a marked decrease in her symptomology whereas P4 had a clinically significant decrease in her PTSD symptoms. Herman (1997) suggests that avoidance and constriction are strong features of PTSD whereas these two women demonstrated that they were choosing to move towards their sensory experiences leading them both to practicing yoga outside of the studio.

*I am important. Recognising big chunks of time where I have been existing in the window of tolerance while motivated to do uncomfortable things in the days in between.*

*Noticing my individual needs.*

*Not letting [my] brain lead going with what my body wants.*

*[My biggest learning was my] parasympathetic nervous system [and] how you can switch it on and off with different moves.*

Herman (1997) continues that this sense of avoidance relates to every aspect of a person's life, from sensations to relationships. Interestingly during the TCTSY program P4 has not only been deepening her connection to self but also to her partner and son. P4 reported that she has started to express her needs and having conversations with her partner about intimacy and how she would like that to look. P4 reported being more reflective and noticing how some of her behaviours may have contributed to some barriers in the relationship. P4 stated that she has noticed a positive change in her son's behaviour since she has become more regulated resulting in her feeling more energised and less depleted. P4 seems to have developed a

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greater capacity for self-observation and a tolerance to hold inner discomfort. To the contrary, P1 had a slight increase in her PTSD symptoms whereas P3's PTSD symptoms peaked.

*I came to this session today feeling like 'I didn't want to be here'. The old feeling of 'wanting to run' is quite strong at the moment. Nice to stop and purposely 'centre' oneself again. Thank you. 'Survival'.*

*[My biggest learning is] how much physical pain is trapped in my body.*

P3 reported in the first half of the TCTSY program that she was experiencing a life-affirming shift towards self-acceptance where she was letting go of the unrealistic expectation of how she should be; letting go of wearing a mask and playing a role. Over the festive season and during the second half of the program P3 experienced some significant life events resulting in her dissociation and operating outside of her window of tolerance. P3 reported that she wasn't sleeping and experiencing flashbacks and nightmares with themes of disintegration and disconnection. Interestingly it appeared that the therapeutic alliance intensified during this time where P3 made some shame-related disclosures about her identity and sexuality which she had never revealed previously in session. According to Herman (1997, p. 194) perhaps this is P3's *fragile beginning of compassion for herself*. As P3 mourns and connects with her shame and true identity she may perhaps experience a sense of renewal where nothing needs to be hidden any longer.

*That when I felt [a] choking feeling recognising it was because of [the] movement I was making.*

*[I had] a brief sense of being in my body looking through my eyes.*

In conclusion this study was too small to assert the effectiveness of TCTSY for clients of Phoenix Support and Advocacy Service. What this study did provide was an *informed* narrative of the women's healing journey by drawing meaning from their weekly evaluations and therapeutic interventions. TCTSY did provide the women with a new way of experiencing and making choices for themselves, and for some, developing empowerment and agency for the first time in their lives. Simply noticing what you feel can foster a sense of who you are.

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