

## Trauma and Mindful Practices to Relieve Suffering

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*“Go in and in.  
Be the space  
between two cells,  
the vast, resounding  
silence in which  
Spirit dwells...  
Go in and in  
and turn away from  
nothing that you find.”*

—Danna Faulds

Many Yoga masters, therapists, and somatic psychologists believe everything we've ever experienced is stored in the body. Even when the memory is repressed, the body remembers. While some people think of trauma as a mental problem or disorder, trauma actually occurs in the body. This trauma may be held somatically, expressed as a chronic aches or pains or a sense of injury. While talk-based therapy serves a critical role in the healing process, it fails to address the ways trauma is held in the body. Yoga addresses the somatic experience through physical movement and restorative action patterns, which is why trauma-sensitive yoga is emerging as an effective adjunct treatment for trauma survivors.

Emotional pain and traumatic memories can be stored in the body long after an event occurs. A traumatic experience involves threats against one's physical, emotional or psychological wellbeing. From abuse at home to sexual assault, disasters, war, and many other difficult experiences, trauma can overwhelm the ability to cope, resulting in debilitating symptoms. For trauma survivors, the body is disconnected from the self, and at worst, is a volatile, dangerous place (Emerson and Hopper, 38).

When a traumatic event occurs, the body's survival system activates fight, flight, freeze, and submit responses designed to escape from danger. These responses contribute

to increases of heart rate, oxygen uptake, blood pressure, and rapid breathing while the brain diverts energy from sensory awareness to muscle enervation to help the body respond. The fight response is a high arousal response coupled with feelings of anger and rage. This response activates the sympathetic nervous system (SNS) as well as the hypothalamus-pituitary-adrenal (HPA) axis, which signals the body to respond to a threat and actively work to repel it. The body reacts similarly during the flight response, but emotions include anxiety, fear, and avoidance.

When the body experiences a freeze response, it's highly activated and aware of a potential threat, but remains immobile as it takes in information about the situation in order to make a decision. During the freeze response, the sympathetic and parasympathetic branches are co-activated. Here, the parasympathetic nervous system (PNS), known as the rest and digest system, turns off the body's activation response. Finally, the submit response involves the body shutting down its active defenses to avoid further enraging an aggressor and disconnect from the experience of pain associated with an attack. The PNS is activated, shutting down the body's defense, which lowers blood pressure and heart rate. The body also produces "endogenous opioids that mediate perception of pain and create alterations in the sense of time, place, and reality" (Emerson, 20).

Physiological alterations are common in trauma-related symptoms and can trigger emotional responses that influence thought. When the body is overaroused, it may be triggered into a survival response. Hyper-arousal symptoms include anxiety and fear, intrusive memories, problems concentrating, nightmares, or overreactions. In contrast, under-arousal symptoms include emotional numbing, social avoidance, fatigue and low

energy, and disassociation. Many trauma survivors disassociate from their bodies and experiences so they no longer feel emotional or physical pain, which causes loss of other emotional sensations such as joy, pleasure, and a sense of connectedness to others.

In either case, trauma survivors are often unable to differentiate between various sensations or determine appropriate actions as their sensations are constricted and disorganized. Survivors are often overwhelmed by their bodily sensations or massively shut down by them. When overwhelmed, they cannot discern between nuances and generally tend to overreact. When shut down, they become completely numb. With this type of habitual patterning, survivors tend to under-react when being threatened or may go as far as harm themselves in order to feel something.

Dr. Bessel van der Kolk, a pioneer in the field of traumatic stress, President of the International Society of Traumatic Stress Studies, Medical Director of the Trauma Center, and Professor of Psychiatry at Boston University School of Medicine, concludes that therapists treating psychological trauma need to work with the body as well as the mind. “The body keeps score, storing traumatic memories and the associated emotional tone” (Mills, 43). Dr. van der Kolk describes the process is adaptive, since the body needs to remember dangerous or threatening situations to avoid them in the future. But holding on to these memories in the body can create discomfort and distress, illustrated by intrusive and avoidance symptoms.

Intrusive symptoms occur when memories of the traumatic event are triggered by a reminder and intrude into the conscious mind. In some cases, the intrusion can be so severe it causes the individual to lose track of time, feeling as if the trauma is occurring all over again (flashback). Contrast this with avoidance, which leads one to push the

emotions and memories further away. Unfortunately, avoidance actually strengthens the fear and anxiety and can become a coping mechanism.

When the body becomes a place of hurt, one disconnects from the emotions, cognitions, or somatic symptoms to tolerate physical and emotional pain. Constructing a false self allows one to function until the true self can be properly supported, sustained, evoked, and challenged (Cope, 223). When a survivor disassociates, memory patterns begin to alter. One might become completely consciously unaware of traumatic memories or of emotional pain attached to those memories. However, the pain may still be held somatically, later expressed as chronic aches or pains or a sense of injury.

Dr. Peter Levine, a psychologist who developed Somatic Experiencing, states that becoming well begins by befriending the body. When a survivor is disconnected from the body, the individual isn't able to resolve underlying issues causing stress or recognize signs of stress or danger, which may lead to further threat or injury. As stress compounds the mind and body, he or she cannot be present, live joyfully or connect with others as well as him/herself.

Repressing emotions only compounds the problem in the body. As the old adage goes, ‘that which we resist, persists.’ Helping survivors focus inward and become curious about the sensations they feel in the body allows them to experience a subtle inner shift and sense of openness. Levine expresses, “awareness of bodily sensations is critical in changing functional and emotional states” (337). He likens this to the mystical Hermetic Kybalion text, which articulates “Everything flows, out and in; everything has its tides; all things rise and fall; the pendulum swing manifests in everything; the measure

of the swing to the right is the measure of the swing to the left; rhythm compensates” (Levine, 351).

While talk based therapy serves a critical role in the healing process, it fails to address the ways trauma is held in the body. Dr. van der Kolk states that traditional therapy relies on a cognitive or top-down approach, while yoga-based interventions draw upon a bottom-up approach addressing the somatic experience as an entryway into a person’s inner life (Wills, 43). This is why he recommends yoga as an adjunct, complimentary practice. Lama Palden Drolma, a licensed Psychotherapist, Founder and Spiritual Director of the Sukhasiddhi Foundation, believes that yoga “purifies the energy channels for the free flow of prana and the psychological and emotional obstacles get flushed to the surface” (Weintraub, 202).

Trauma-sensitive yoga is emerging as an effective adjunct treatment for trauma survivors. Since the memory of the trauma is imprinted within the body, it cannot be overcome without a friendly relationship with the body. Yoga can help people confront their internal sensations, as it’s a safe and gentle means to become reacquainted with the body. “Yoga-based interventions assimilate physical movement and restorative action patterns into treatment” (Emerson and Hopper, 18).

Yoga is ultimately a practice suited to the emotional, spiritual, and physical needs of its practitioner. The intention of trauma-sensitive yoga isn’t to prescribe experiences as the emphasis isn’t on getting the poses right (van der Kolk, 272). Initially, yoga can be scary for many survivors to relax and surrender into poses as they become more aware and notice how things change and flow inside the body. Moreover, the ability to achieve total relaxation during savasana is a major challenge for survivors recovering from

trauma (van der Kolk, 273). Since witnessing passing thoughts can trigger old memories, techniques like pranayama, visualization, and meditation can help survivors calm themselves when anxiety, flashbacks, or panic attacks occur.

Since many survivors are barely aware of their breath, learning to bring attention to the breath can be a powerful, calming technique. Introducing deep, slow breathing practice reduces hyper-arousal in the mind. Moreover, it helps deactivate the prefrontal cortex and alleviate anxious thoughts. Furthermore, as the heart and respiratory rates consistently slow down, the overall metabolic rate drops, muscular tension decreases and blood flow increases to the muscles (Kraftsow, 304).

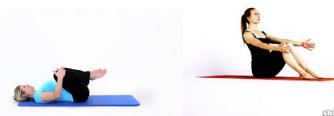
Counting the breath, noticing its pace and depth, and where the breath travels can be a significant accomplishment for survivors. To stop a panicking mind from going into a “full spin,” Donna Farhi suggests shifting attention to the feet to “visualize breathing in through the legs to create a sensation of grounding” (226). During savasana, Weintraub recommends using guided visualizations or meditations. She invites practitioners to use their innate healing energy uncovered through yoga practice to heal areas that may be out of balance.

Weintraub also likes to engage the mind with the karuna meditation. Karuna, which means compassion in both Sanskrit and Pali, is a traditional Buddhist phrase to cultivate the state of compassion: *May I be free from suffering. May I find peace* (Weintraub, 197). Scientific findings in neuroplasticity indicate changes occur almost immediately in the brain during meditation. In a 2004 study by neuroscientist Richard Davidson at the University of Wisconsin, volunteers were taught a brief loving-kindness

meditation. After minimal practice, the novice meditators exhibited unique brain activity patterns that were nicknamed the “compassion wave” (Strosahl and Robinson, 23).

Experts realize that trauma is stored somatically and Yoga has been shown to significantly reduce symptoms through physical movement, pranayama, visualization, and meditation practices. As teachers, the intention of trauma-sensitive yoga is to tolerate the student’s choices and encourage his or her wellbeing rather than to limit or prescribe an experience. Additional training is highly encouraged for teachers interested in becoming more informed about trauma-sensitive yoga. The Trauma Center at Justice Resource Institute developed the following at-home practice sequence for trauma survivors. Just as Sun & Moon has taught, this practice offers multiple variations for each pose to encourage the student to explore what feels best for his or her body.

## At-Home Practice

1. Easy Pose 2. Breath Awareness 3. Seated Sun Breaths	
4. Seated Neck Rolls 5. Seated Shoulder Circles	
6. Table 7. Child's Pose	
8. Child's Pose Lateral Stretch 9. Cat/Cow	
10. Standing Mountain 11. Tree	
12. Chair 13. Standing Forward Fold	
14. Bridge Pose 15. Full Body Extension	
16. Knee Hugs 17. Boat Pose	
18. Seated Forward Fold/Hip Stretch 19. Reclining Twist	
20 Final Resting Form	

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