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*The single most important issue for traumatised people*

*is to find a sense of safety in their own bodies.*

Bessel van der Kolk, 2014

**Introduction**

Meditation and yoga emerged from rich Eastern spiritual traditions which offer multifaceted pathways of training including practice, study, and ethics. Yoga arose from the Hindu Vedantic tradition over 5000 years ago, and mindfulness meditation developed out of the Buddhist tradition over 2,500 years ago. These practices have spread across many different continents and cultures and have recently become more mainstream, so that people suffering from trauma are now regularly seeking meditation courses and yoga classes. Interest in these approaches has been driven by clinicians and researchers who have become concerned that traditional treatments often fail to fully address the complexities of trauma. Some of these difficulties include loss of experiential awareness in the present moment, somatic disturbances, affect dysregulation, inability to experience satisfaction and pleasure in life, and an overall lack of integration between the sense of self and the body (West et al., 2016).

With a more nuanced understanding of the role of overwhelming stress on physiological, neurological and emotional development (Siegel, 2001; Schore, 1994) it can be seen that the balanced regulation of bodily systems, particularly that of the brain and autonomic nervous system (ANS), is a sign of psychological health. ANS dysregulation, brought about by trauma, often impedes the development of healthy cognitive, emotional and relational functioning (Cook et al., 2005). Within the field, attention to the whole human organism, including direct experience of the “body” as a site of possible healing and transformation, has grown substantially over the past 15 years (Van der Kolk, 2014). Drawing on the work of Damasio (2000), Van der Kolk (2014) points to the central role of the registration of bodily sensations, conveying the inner state of the body, that gives rise to a coherent and relatively stable sense of self. Developmental neglect and abuse alter brain functioning in ways that shut down the capacity to access ordinary body-based experience, so that those who have suffered trauma become unable to accurately read their own physiological needs and emotional states, or to respond accordingly.

An important aspect of both meditation and yoga is the development of body awareness in ways that are psychologically salient and useful. These approaches can contribute to self-regulation skills, including enhanced interoception (the capacity to both feel and appraise body sensations), proprioception (awareness of where one’s body is in space), affect differentiation and distress tolerance (the ability to accurately identify and manage one’s emotions), increased sense of safety and self-agency, and the possibility of simply just enjoying being alive (Holzel, 2011). These practices offer a strengths-based approach, fostering growth and empowerment. They may also have considerable relevance to the existential aspects of trauma as they may facilitate a greater sense of connection, and offer a fresh way of being and living, rather than simply being a “treatment” for problems. Today, these practices are offered in diverse ways with different emphases from fitness and strength, to self-regulation, resilience and self-knowledge, and finally to spiritual awakening.

In recent years, as specific approaches have become more carefully tailored to those who have been traumatised, it has become important to recognise that yoga and meditation now necessarily span two powerful yet quite different paradigms. The first is the Western scientific approach, with its emphasis on objectivity, evidence-based practice, cost-effectiveness and generalisabilty. The second is the paradigm of spiritual development, drawing on Vedantic and Buddhist psychologies, with their emphasis on experiential, embodied and phenomenological learning, and on values such as wholeness, integrity, ethics, wisdom and compassion.

**Meditation**

Whilst there are many forms of meditation, mindfulness meditation has been most rigorously researched in the field of mental and physical health. Mindfulness can be understood as the non-judgemental acceptance and “open-hearted” investigation of present moment experience, including body sensations, internal mental states, thoughts, emotions, impulses and memories (Kabat-Zinn, 2003). Mindfulness meditation is the method by which mindfulness is cultivated.

Mindfulness meditation involves training in where and how attention is placed, and the perspective brought to what is being attended to, in the interests of relieving suffering and developing insight and wisdom about the human condition, and how to live. It initially involves concentration practice, choosing to attend to one object, for example the breath, or sounds, which can calm the nervous system. It also involves “open monitoring practice” which tracks and observes the unfolding of experience over time, leading to insights about the nature of the mind and the experience of “self” and “self-in-relationship” (Kabat-Zinn, 1996).

A key contributor to the spread of mindfulness meditation in the West has been Jon Kabat-Zinn, a molecular biologist who has long held a passionate interest in the potential of Buddhist meditation practices and hatha yoga to relieve human suffering. Over the past 35 years, his original mindfulness meditation training program, Mindfulness Based Stress Reduction (MBSR), has been adapted and translated into many Mindfulness Based Programs (MBPs) which are used to treat a wide range of mental and physical health issues, including those that may be trauma-related. Many different mindfulness approaches are now available, some of which use meditation as a central pillar (mindfulness-based programs), while others draw on it less intensively (mindfulness-informed approaches) (Crane et al., 2017). Mindfulness-integrated Cognitive-Behavioural Therapy is a mindfulness-based approach applicable to trauma which draws on a similar rationale but with a different pedagogical style from the MBPs described here, more strongly privileging Cognitive- Behaviour Therapy principals in thinking about case formulation, symptom maintenance, exposure and behavioural change (Cayoun, 2011). Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT) are mindfulness-informed approaches sharing some rationale with MBPs, which, however, do not use mindfulness meditation practice systematically.

**Yoga**

Hatha yoga is the basis of all modern forms of yoga and has been recognised as having many mental and physical health benefits (West et al., 2016). Although originally involving many different practices of self-development including ethics and meditation, yoga is most widely known as a practice of physical postures which emphasise fitness, strength and flexibility. The word “yoga” means to yoke together the body and mind and can be understood to cultivate mindfulness through careful attention to physical movement, breathing and deliberate relaxation.

Trauma Sensitive Yoga, a specific application of hatha yoga for trauma, was developed by David Emerson and colleagues at the Trauma Centre in Boston (Emerson et al., 2009; Emerson and Hopper, 2011; Emerson, 2015). It was born out of a collaboration between Emerson, a social worker and an experienced yoga teacher, and Van de Kolk, a leading trauma researcher and clinician. TSY has five key elements that inform the teaching: a focus on interoception, shared authentic experience, invitational language, choice-making and non-coercion.

**An overview of Mindfulness Based Programs (MBPs)**

MBPs traditionally run over eight weeks, with the group meeting for between two to two and a half hours each week, with one silent practice day. Participants are encouraged to practice formal mindfulness meditation up to one hour each day and are given detailed audio instructions to guide the practice at home. These include exercises involving awareness of breath, body scan, movement practice (based on hatha yoga, and walking), and paying attention to the sensations of emotion, and ultimately, to the processes involved in thinking. There is an emphasis on bringing curiosity-laden attention to all experience, whether it is pleasant, unpleasant or neutral, and therefore encouraging less reactivity to what would normally be avoided or held on to.

By paying attention, awareness is developed, of both immediate unfolding experience, as well as recognition of patterns arising in the body, posture, emotional and mental life, behaviour and relationships. This is explored in class through a process of interactive dialogue and inquiry. There is also an emphasis on exploring one’s capacity to take responsibility in smaller and larger ways for one’s own actions, and to discover how they increase or decrease one’s suffering. The teaching style is experience-near, invitational and empowering of participants to honour and understand their own experience through investigation.

**An overview of Trauma Sensitive Yoga**

Trauma Sensitive Yoga (TSY) is generally conducted in small groups, for an hour a week, for 10 to 12 weeks. An appropriately skilled teacher provides guidance so that participants can practice gentle exploratory movements in a safe, supportive context. This helps participants tune in to physical sensations, enhance their experience of rhythm, to make their own choices and to take effective action in response to what they are experiencing (Emerson and Hopper, 2011). All these human capacities are undermined by the experience of trauma, and TSY deliberately targets them to help build or renew a more strongly “felt” sense of the body through interoception, leading to self-agency and competence in responding to one’s own signals. Ongoing practice after an initial program is ideal.

A key principal in TSY is that of non-coercion in the relationship between teacher and participants. Within a containing structure, participants are invited to make their own choices to move, or not to move, how they move, for how long and in what direction. Participants are free to choose more ease and comfort, or more challenging experiences, in any moment. There is no pressure to strive for attainment of any posture or state, and whatever experience the participant discovers, however they pay attention, and whatever choices they make is honoured as their authentic experience in the moment.

An experience of rhythm and flow in the body is facilitated in TSY by offering explorations of simple movements intra-personally. For example, by connecting the breath with a simple movement within one’s own body or finding a pace and scope that is satisfying or interesting. Inter-personally, this could be explored by negotiating with another person to explore rhythms of movements between people.

An important aspect of trauma is that it often disrupts the sense of time; people can feel trapped in states that seem to never end. In TSY, there is a significant emphasis on noticing how experiences are constantly beginning and ending. Participants are particularly invited to notice the impermanence of sensations: how they arise, get more or less intense, and end, over and over again.

The TSY teacher engages participants in ways which may be very different from an ordinary yoga class. Language is invitational. Teachers do not offer physical touch to assist students with movements. Postures are called by the neutral word “form”. Teachers speak throughout the class so that there is little silent time. Like other yoga classes, however, there is no time given to directly processing emotion or discussing immediate past or current life issues, even if these experiences arise in the class (Emerson, 2015). Participants are also free to self-regulate by leaving the class at any time.

**How programs work**

MBPs and TSY share much theoretical, pedagogical and philosophical ground, as well as being different in key respects. Emerson and other proponents of TSY have conceptualised MBSR alongside some mindfulness-informed psychotherapies such as DBT and ACT as a, “cognitively-oriented treatment without body work” (Emerson, 2015; West et al., 2016). This is a misunderstanding of the MBSR program which is grounded in embodied somatic exploration, including hatha yoga-based movement practice.

**Attention training**

Most humans live on “auto-pilot”, with attention being drawn in spontaneous ways to all manner of internal and external phenomena, often out of conscious awareness. Practice in MBPs involves the recognition of this, and reinforces the capacity for attention: being able to sustain attention on an object (for example, the breath or the body), being able to notice mind-wandering (“What am I going to have for dinner?”, “I am worthless”), one’s response to it (for example, frustration or sadness), and to be able to switch attention back to a chosen object. This basic training strengthens the capacity in daily life for choosing where to place one’s attention and being able to shift it to something salient and of value in the moment. Participants begin to purposefully recognise the difference between the experiencing mode of direct sensing and the conceptualising mode, including thinking of all kinds - memories, beliefs, preoccupations, plans - and to step out of conceptualising mode if one chooses.

In TSY, participants are invited to pay attention to the shifting sensations in their bodies as they explore movements, but there is no emphasis on returning to a particular object or cultivating the ability to pay attention in a sustained way. The rationale for this is so that participants do not feel coerced by the teacher to have certain experiences or to behave in certain ways. This is particularly important for those who have been traumatised by others over extended periods as may have experienced chronic coercion, and these power dynamics need to be reversed.

**Body awareness and interoception**

Simple awareness practices focussing on body-based experience are used in both meditation and yoga, often resulting in the regulation of physiological arousal by the activation of calming parasympathetic states which assist with emotional regulation (Holzel, 2011). Although in both MBPs and TSY it should be noted that physiological regulation is seen as a by-product of practice rather than a goal to be strived for. Focussing on the body however increases both interoception and proprioception and provides a pathway to ground attention in the present moment, often leading to an increased sense of coherence and self-agency. Farb et al. (2015) write, “As the embodied self is more fully realized through awareness of ongoing interoceptive interactions, two complementary senses emerge: presence, one’s connection to the moment, and agency, one’s ability to effect change, which are both foundational in determining a person’s sense of well-being”. Cultivating interoception is very important to transform the sense of bodily alienation, disconnection and somatic dysphoria which is so common with trauma. Participants discover that they can change how they feel by the act of paying attention, as well as by moving in response to what they discover. Participants often discover interoceptive experiences of, for example, empowerment or pleasure that physically contradict the more familiar interoceptive “signature” of overwhelm and hopelessness.

**Autonomic Nervous System and emotional regulation**

A healthy nervous system responds to threat by mobilising energy through the fight/flight response. That is, the activation of the sympathetic branch of the ANS, which involves a focus on external threat, high emotional arousal, and a range of physiological changes. Once the threat has past, a well-regulated nervous system can return to a baseline state of lower arousal. This involves the activation of the parasympathetic branch of the ANS, which is essentially energy-conserving. It allows the body to let go of the mobilisation, and to recuperate. If a threat continues in a way that leads to prolonged helplessness, the organism moves into a parasympathetic state of freeze, which shuts down interaction with the environment. Optimally, with the acquisition of self-regulatory skills in early childhood, the two branches of the ANS can work together in a coupled reciprocal mode, that is, they counterbalance each other. This involves the capacity to switch from one mode of functioning to the other, from arousal to relaxation to arousal, as required (Schore, 2003).

The ANS of traumatised people is often unable to flexibly respond to challenges and safety, and these people consistently live in a state of anticipatory vigilance about the possibility of future threatening events. Interpretations of external events, as well as internal “events” - thoughts, feelings and sensations - then become the triggers for new cycles of sympathetic arousal, or for some, activate both the sympathetic and parasympathetic states at the same time. This is toxic for the brain, and damaging to other systems of the body, and can lead to a range of secondary problems, such as substance misuse, in an effort to self-regulate.

Meditation and yoga practices can be thought of as generalised, non-specific exposure processes; when participants practice, unwanted experience may arise. For those who have suffered trauma, these experiences may involve substantial changes within the ANS. Participants are then, very gently, invited into many personal “experiments” through practice - the participant being both laboratory and scientist - to notice and explore their aversive experiences, and to consider multiple potential responses. Having an increased capacity to know and manage body experience, and its connection to thoughts and emotions, gives rise to increased self-efficacy and empowerment, including an increased sense of ownership and control over one’s body (Dutton et al., 2013; West et al., 2016; Rhodes, 2015). In MBPs there is an emphasis on participants learning how to stay present with unwanted experience with some equanimity, allowing arousal to abate and a new relationship with the experience to arise. To assist this process of integration, people can be assisted to make choices about where they place their attention in any moment (for example on internal or external focus) and to titrate the experience by opening the eyes, moving or coming out of the practice as needed. Because of TSY’s commitment to non-coercion and choice, there is no encouragement to stay with unpleasant experience, but simply to notice or not notice and make whatever changes to the form and movement that feels right in the moment.

An example which captures this process is an MBSR participant - one who had experienced child sexual assault - who found the relative stillness of a 45-minute “body scan” very distressing. (A body scan involves shifting attention systematically through one’s body with as much acceptance and curiosity as is possible in the moment). She was however open to staying with the difficulty and making choices as she explored. Some of the adaptations she made to the practice was opening her eyes to orient to the present context, doing the practice sitting up, moving to gently release the impulse to flee and then coming back to stillness, and continually opening up to a sense of the whole body in which she could feel some pleasant sensations as well as the unpleasant trauma-related sensations. In three weeks found that by repeatedly being present to the body sensations of fear and agitation with maximum curiosity, and by recognising the reactive thoughts and impulses associated with it, that they slowly abated, and she eventually began to experience a sense of much needed rest and recuperation in that practice. She described it as a great relief to be able to drop into the parasympathetic state through her practice, and not be driven to constant activity to avoid her painful symptoms of trauma.

**Change in perspectives on the self**

Together with the “experiments” described above, practice can give rise to meta-awareness, or a sense of the self as a process rather than a fixed, permanent, static sense of self. In TSY this may be as simple as noticing that things change (the experience of sometimes feeling tense and sometimes feeling relaxed) or having a new palpable embodied experience of having some choice in the moment. In meditation practice in an experience-near and pragmatic way, moments may arise where participants can de-identify with the contents of experience and in so-doing gain perspective and a sense of freedom from negative experiences, judgements and beliefs that they may previously have felt defined by. It is a very different experience to be able to say, “I am having a believed thought that I am worthless” to, “I am worthless”. This capacity for reflection opens one up to the possibility of change. “Worthlessness”, once experienced as a trait belonging to “me” in a rigid way, can be newly perceived as a state that is not a defining characteristic of “me”; it arises and passes under certain conditions and is associated with particular body sensations, thoughts and emotions.

**Practicing friendliness and compassion**

In both approaches, there is an implicit invitation to cultivate an attitude of friendliness and even compassion towards oneself and to others. This can enhance the capacity for emotional regulation and can also change one’s relationship to oneself by undermining self-loathing and self-criticism (Germer and Neff, 2015). Explicit compassion practice is introduced in some MBPs; TSY prefers to leave this as an implicit discovery as the focus and emphasis is on providing a context for enhanced interoception within a shared authentic experience.

There is some debate in the field about the value of explicit compassion practice for trauma sufferers. Some studies have suggested that teaching compassion practice to people with developmental trauma can increase distress in unproductive ways as it evokes the attachment system leading to the potential “flooding” of negative affect, and that mindfulness skills need to be developed before undertaking generative compassion practice (Segal et al., 2012; Van den Brink and Koster, 2012). Other perspectives suggest that an explicit compassion focus can assist in developing the capacity to be present to painful material in a productive way (Germer and Neff, 2015; Gilbert, 2013). There may be many factors involved, including the individual’s resources, timing and the immediate salience of the practice, the quality of the relationship between participant and teacher, and the context. The MBSR participant described above reported the impact of taking an active stance of kindness towards herself as initially alien, and unnatural, but gradually more and more soothing. She was eventually able to actively recognise her harsh inner critical voice when it arose in practice, see it as just a thought, and practice softening her body at the same time as offering an intention of tenderness and kindness to herself in these moments.

**Group process**

In MBPs and in TSY the classes are structured to be as non-hierarchical, non-pathologising and non-instrumental as possible (McCown, 2013; Emerson, 2015). In MBPs the group teaching method enables participants to see that their mind is operating in similar ways to that of most other people. This is often revelatory and can undermine shame and isolation with participants often declaring their relief in words like, “So I am not mad after all! Everybody has a mind like mine”. Ideally, participants have an experience of their own “wholeness” or “good-enoughness” in a group that is deliberately benign and non-intrusive. This leads to the sometimes playful and creative nature of inter-personal exploration, and some surprising and enjoyable aspects of being in an, “advice-free-zone” with one another.Participants often experience a spontaneous reduction of defensiveness which can sometimes be fruitfully expressed and acknowledged within the protected container of the class.

Even though there is a structured curriculum, the didactic elements ideally emerge from and are woven into participants’ experiences of the practice, so there is a sense of contingency, aliveness and specificity in the process. As a result, rather than being a passive recipient, the participant has a sense of self-agency and can see their experience shaping the flow of the group. In both MBPs and TSY the teacher is not the holder of some “truth” or knowledge, but a co-explorer in facilitating and making space for the experiential truths of each participant.

In TSY, careful stewardship of the group facilitates a group experience which is predictable, and where participants can engage on their own terms, responding to their own needs. This can be a powerful experience of unspoken belonging and community for many people. There is an implicit embodiment of a shared authentic experience of all participants including the teacher, but there is no verbal sharing of personal experiences as the focus remains directly on the powerful experiences of interoception, choice, action-taking and rhythm-making. As an adjunctive treatment, it is recommended that most participants would have a therapy context in which to explore emotions and integrate their learning from TSY participation (Emerson, 2015).

**Assessment and contra-indications**

Assessment to ensure that potential participants have the necessary resources to attend and manage classes is central to the safety and efficacy of both approaches. A collaborative interview is important, and would include discussion of readiness and intentions, interest in practicing, current physical and mental health, experience of trauma or addictions, and current supports, including the possible need for individual therapy while undertaking a program (Dobkin et al., 2011; Emerson, 2015). Individual differences in terms of timing, motivation and resources means an individual approach is recommended, rather than the application of rigid rules. The presence of dissociation and flashbacks need not generally preclude participation. People who are acutely unwell, psychotic, feel very unsafe, have unstable living conditions, or are not interested in a group program are however unsuitable, although they may benefit from one-on-one sessions using the methods.

Unpleasant and aversive experiences naturally arise in meditation and yoga practice for all humans, as participants come face-to-face with what is arising in the moment, for example, unpleasant sensations, boredom, frustration, anxiety, depression, pain, negative thoughts, or difficult memories, and this can be more pronounced for those who have experienced trauma. The teacher’s capacity to embody openness, groundedness, compassion and equanimity is helpful for participants to feel safe to explore their experience.

Recent discussions of the dangers of mindfulness meditation most often refer to intensive silent retreat experience where there may be an unclear hierarchy, many hours of silence and stillness, and no explicit permission or priority given to self-care and eliciting emotional support in the face of distress. Compson (2014) has suggested that contemporary secular approaches like MBPs may be better equipped to offer safe, titrated, responsive training, in comparison to Buddhist contexts in which teachers are not necessarily trained to work with those who have suffered significant trauma. This logic could well be extended to the TSY program in comparison to yoga classes that are not trauma-informed.

**Adaptations for trauma**

In both approaches, attention to the physical space of the room to ensure privacy, safety and a clear access to the exit is made available. As discussed, TSY is already a trauma-sensitive skilful adaptation of basic Hatha yoga and of course includes care when inviting people into postures that may have connotations with abuse experiences. Students are routinely offered alternatives to any posture being offered and are also encouraged to respond by moving out of a form that feels uncomfortable or distressing for them whenever they choose.

In MBPs, emphasis on flexibly responding to each person and making invitations to experiment is central for the growth of self-agency and curiosity. Teachers should be very explicit about participants taking actions to look after themselves and communicate these in ways that make it easy for participants to learn more about how to do this as the process unfolds. This might include participants keeping eyes open rather than closing them, sitting in a chair rather than lying down, choosing an alternative posture, choosing to move or not to move, and not necessarily being in “sync” with the group, shifting focus at any time, and leaving the room to ground oneself and returning when able. An example of this flexibility is an MBSR participant who had had a traumatic experience with near-drowning and understandably found focussing on the breath activated fear and was quite unworkable. Through exploration he found that he could bring attention to his pulse instead, as an object of concentration. He then became more curious about seeing the movement of the breath as a kind of pulse, and slowly began to be able to explore this as an object of practice without as much reactivity. Others have found that initially making some voluntary hand movements in rhythm with the movements of breathing have brought a much-needed sense of agency and control to the awareness of breath practice.

Providing clear trauma-informed psycho-education for rationale of the practice early in the program can be helpful for people to have an understanding of how to adapt practices for themselves as they explore. A sense of safety can be encouraged by teaching specific self-regulation practices early in the course, for example, to make movements, open the eyes or to alter posture during stillness practices if feeling unsafe, stuck or frozen. Learning how to bring attention to an external focus (through the five senses) rather than internally generated sensations can be very helpful. In groups specifically for trauma, titrating the length of practice, starting with much shorter practices and building up to longer ones, shortening session times each week from two and half to one and a half hours, and increasing the overall length of the program from to 10 to 12 weeks, with additional follow up-sessions, can be helpful. It is also valuable under these circumstances to increase the emphasis on any positive experience that arises in class. For example, a sense of mastery, gratitude, acknowledging one’s efforts, connection, and finding one’s own wisdom (Dutton et al., 2013; Magyari, 2015). Treleaven’s book Trauma Sensitive Mindfulness: Practices for Safe and Transformative Healing (2017) offers a thorough and up-to-date overview of trauma-sensitive practice across all aspects of teaching including an understanding of the socio-political context, power dynamics, screening, theoretical frameworks for understanding experience and practical ways to bring this knowledge into the teaching and learning relationship.

**Research**

Given the infancy of this area of research, much of the literature available is exploratory in nature, and lacks rigour and generalisability. However, the results available show promise, suggesting that these approaches may provide safe and inexpensive benefits that can assist those who have experienced trauma to heal. These approaches may also assist in making psychotherapy more effective through both the development of greater emotional regulation and that participants have had some training in approaching negative thoughts, emotions and sensations with an exploratory attitude, rather than attempting to avoid them (Van der Kolk, 2014).

A wide range of positive psychological and physical outcomes from the practice of mindfulness meditation has been tabled in the literature (Holzel, 2011; Grossman, 2004; Hofmann, 2010). Regarding MBPs specificallyfor those who have experienced trauma, these programs appear to have a significant effect in reducing PTSD symptoms across a range of trauma types and populations (Bhatnagar et al., 2013; Dutton et al., 2013; Earley et al., 2014; Gallegos et al., 2015; Goldsmith et al., 2015; Kelly and Garland, 2016; Kim et al., 2013; Kimbrough et al., 2010; King et al., 2013; Polusny et al., 2015; Niles et al., 2012; Wahbeh et al., 2016).

One longitudinal pilot study of 27 survivors of child sexual abuse in an eight-week MBSR class showed lasting decreases in all the major outcome variables of PTSD, anxiety and depression (Kimbrough et al., 2010). Participants were asked to practice mindfulness skills at home during the course, and three refresher classes were provided over the following 16 weeks. After eight weeks, a 65% reduction was seen in depressive symptoms. In all three of the PTSD symptom criteria studied, symptoms levels decreased, with the greatest reductions in the avoidance cluster of symptoms (Kimbrough et al., 2010). In this study, participant feedback was also consistent with respect to feeling more empowered and reconnected with their ability to grow and change. Many reported that they valued not having to “tell their trauma story”, and that the curriculum focussed on their current lives providing immediate strategies for living and going forward (Magyari, 2015).

To date, the TSY studies are limited in number but point to this approach being a feasible and effective adjunctive therapy for trauma. There have been three randomised controlled trials of TSY which found clinically significant decreases in PTSD symptomology following a yoga intervention of between eight and 12 weeks (Van der Kolk et al., 2014; Mitchel et al., 2014; Jindani et al., 2015). Follow-up studies suggest that continuing decrease in PTSD severity seems to be linked to ongoing practice after the study (Rhodes et al., 2016). Many participants also report TSY classes to be effective and beneficial to their recovery (Jindani and Khalsa, 2015; Clark et al., 2014, West et al., 2016) and that choice-orientation (Rhodes, 2015), the experience of the teacher and fellow participants, and the portable nature of the skills developed are the components seen as most helpful.

**Training**

Like many other therapies, it is important in both TSY and MBPs for the facilitator to embody personal qualities such as genuineness, compassion, warmth, empathy and potency, so that participants can find safety and containment in the structure and delivery of the programs.

While many therapists and counsellors are now integrating mindfulness practices into their work in an eclectic way with minimum immersion or training, international standards for mindfulness teaching of MBPs recommend specific professional training, supervision, in-depth personal practice, and experience of teacher-led silent mindfulness meditation retreats (Crane et al., 2017), and this is especially relevant in teaching trauma survivors (Magdari, 2015). Without this, teachers may prematurely decide that participants are unsuitable because of their own fear and unfamiliarity with the process, they may be unable to effectively titrate the practice in ways that do not lead to avoidance, and they may not have the expertise to respond with equanimity and confidence to the practice difficulties which invariably arise.

TSY also requires specific professional training and is made available to both yoga teachers, who are then trained in trauma theory and research, and to clinicians who have an in-depth experience of a yoga practice.

**Conclusion**

Trauma-specific programs which teach meditation, mindfulness and yoga can be both physically and psychologically useful and offer a way of creating a fresh relationship with painful experience and a platform to build a sense of self that is integrated within one’s own body. Participants may also “open the door” to an ongoing exploration of what it means to be a human being in a community, and, perhaps optimally, the resource of a life-long practice that is less a “treatment” than a way of living.

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