Trauma Treatment: The Importance of Body-Centered Therapy

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What is trauma?

• Any experience that overwhelms an individual’s capacity to cope. (Levine, 1997)

• “Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 1997, p. 33).

• Physical/Emotional Victimization; Witnessing Violence; Natural Disasters, etc.

Center on Violence Against Women and Children

RUTGERS Center for School of Social Work

PARTNERING for CHANGE
What does trauma DO?

Flashbacks/Intrusive Memories

Avoidance

Depression/Anxiety/Panic Attacks

Hyperarousal/Hypervigilance

Somatoform Responses

Sleep Disturbances

Relationship Difficulties

Traumatic Experience
Effects of Trauma Exposure

Cognitive:
- Intrusive/Racing Thoughts
- Memory Loss
- Self-Blame

Physical:
- Feeling “out of body”/Dissociation
- Hyperarousal
- Somatoform Responses

Loss of Control
Traumatic Memory

• “Storing traumatic memories, and the associated emotional tone, is **evolutionarily adaptive**. We need to remember dangerous or threatening situations so that we can try to avoid these situations in the future” (Emerson & Hopper, 2011, p. 21).
Therapeutic Modalities

• Traditionally talk-based
  – Narrative Therapy
    • “telling the story”
    • Allows brain to properly store memory of traumatic event
  – Cognitive Behavioral Therapy
    • Corrects faulty thinking
    • Addresses anxiety symptoms
Therapeutic Modalities

• Experiential/Body-Centered
  – Yoga, Play, Sensory Experience
  – Targets physical experience of trauma
  – Goals:
    • Regain control over body.
    • Stay present (avoid dissociation/flashbacks).
    • Mitigate hyperarousal.
Trauma-Informed Yoga

• Exercises
  – Opening: set tone of safety, gentleness, and non-judgmental self-study
  – Postures vary according to group.
    • Strength-orientated (Military Personnel)
  – Ending: Relaxation Pose
    • Typically done lying down with eyes closed.
    • Hypervigilant/Hyperaroused clients may prefer seated rest with eyes open.

“If this is uncomfortable to you for any reason, you can always come out of the posture and come back to your mindful breathing.”
Trauma-Informed Yoga: Special Considerations

• Environment
  – Soft lighting (not dark).
  – Cover windows.
  – Minimize external noise.
  – Eliminate mirrors.
  – Ensure privacy from outside visitors (maintenance, etc.)
Trauma-Informed Yoga: Special Considerations

• Teacher Qualities
  – Facilitator, rather than instructor.
  – Welcoming, accepting attitude.
  – Slow pace.
  – No surprises (minimize movement throughout the room).
Trauma-Informed Yoga: Special Considerations

• Assists
  – Physical assists NOT recommended for first several months.
  – Verbal assists demonstrate attentiveness.
Trauma-Informed Yoga: Special Considerations

• **Language**
  
  – Typical, but **NOT** trauma-informed:
    • “Push just a little further.”
    • “Imagine I am going to come up and punch you in the stomach- I really want you to feel that strong belly.”

  – Trauma-informed language **INVITES** students to **TRY** something.
    • “When you are ready...”
    • “If you like, try standing up tall.”
Evidence for Body-Centered Therapy

• The Trauma Center (Brookline, MA)
  – Examined effects of 8 sessions of Hatha Yoga v. Group DBT (Dialectical Behavioral Therapy) on women (25-55) with PTSD
  – “Compared to DBT participants, Yoga participants reported a greater reduction in frequency of all PTSD symptoms and severity of hyperarousal symptoms, as well as greater gains in vitality and body attunement” (Emerson, et al., 2009, pp. 124-125)
Evidence for Body-Centered Therapy

- 1-week yoga program conducted with 47 survivors of December 2004 Tsunami (held one month after the trauma)

- Decrease in self-reported fear, anxiety, sadness, and disturbed sleep.

- Improvement in heart/breath rate as measured by polygraph.

(Telles, Naveen, & Dash, 2007)
*Being Mindful of Learning Styles*

The Learning Channels:

- **Visual**: See it.
- **Auditory**: Hear it. Say it.
- **Kinesthetic**: Do it.
Understanding Therapy as Teaching

• Accessing Traumatic Memory
  – Talk
  – Drawing
  – Sand Play

• Learning Coping Skills
  – CBT (thought journals; guided visualization)
  – Yoga, Sensory Activities
Implications for Social Work Practice

• Trauma is a complex phenomenon that necessarily requires complex treatment (mind AND body).
• One clinician cannot do it all.
• Future practice should emphasize treatment TEAMS.
More Information:

Trauma Center at Justice Resource Institute
www.traumacenter.org
/clients/yoga_svcs.php
References