CHAPTER TWELVE

Therapeutic yoga and psychotherapy for facilitating post-traumatic growth

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> Don't explain your philosophy. Embody it.
>
> Epictetus

There is a clinical issue in unresolved trauma that is still overlooked by many talking therapies: that trauma imprints on the body as well as the mind. Advances in neuroscience, and attachment research in particular, show that it is not possible to separate the brain from the body: they are indivisible and shaped by experience. Trauma can inhibit memory functioning and the ability to form a narrative: crucial factors for enabling processing in talking therapy. This means talking therapy is sometimes not effective enough and re-triggering for some survivors. It is therefore important to bring the body as well as the mind into treatment to establish physiological and psychological safety.

The focus of therapeutic yoga is to foster physical and psychological wellbeing, using breathing exercises, postures, guided imagery, and mindful attention. As a psychoanalytically informed psychotherapist and yoga teacher, I lead Yoga4Trauma at the Tavistock Clinic in London. As a team, we utilize therapeutic yoga practices, alongside an understanding of neurobiology and a psychoanalytic lens, to help stabilize the nervous systems of traumatized patients in order to create "embodied" safety. I discuss how safe embodiment helps participants kindle a sense of purpose

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and mastery and how this supports their capacity to process trauma at a deeper level in psychotherapy. Yoga practices help the higher brain processes that depend upon the prefrontal regions (Fisher, 2017) necessary for talking therapy. Using case examples, I explain how participants benefit from the synthesis of "bottom-up" processing in therapeutic yoga sessions and "top-down" processing in the once-weekly psychotherapy they also receive at the Tavistock Clinic.

Safe embodiment: re-framing survivor identity and building a felt sense of safety

There is increasing evidence that therapeutically oriented yoga is helpful for some trauma survivors who are unable to process their experiences using traditional talking therapies alone. A small randomized controlled trial was conducted by van der Kolk and his colleagues, who were some of the early pioneers of therapeutic yoga for trauma (van der Kolk et al., 2014). It studied the effects of therapeutic yoga, incorporating postures, breathing exercises, and meditation, on women with complex trauma who were unresponsive to traditional psychotherapy, and they found it to be an effective adjunctive treatment to psychotherapy. After a course of ten weeks, participants were less likely than those in the control group to meet the criteria for PTSD. In the yoga group, 52% (16 of 31 participants) no longer met criteria for PTSD, compared to 21% (6 of 29) in the control group. Other studies have also shown that therapeutic yoga reduces symptoms of PTSD in survivors as well as depression and anxiety (e.g., Nguyen-Feng et al., 2019; Price et al., 2017).

Alongside research showing the efficacy of therapeutic yoga, there are growing neuro-biological explanations for trauma that psychotherapists have long been describing in purely psychological terms. Survivors of trauma often describe years of not being heard by medical and mental health professionals. With the neurobiological teachings and the efficacy of certain yoga practices we offer to participants, there is an acknowledgement of lived experience. Current guidelines for complex PTSD recommend psychoeducation as part of the stabilization phase. These groups are run by the Tavistock Trauma Unit for individuals prior to starting psychoanalytic therapy. During our yoga sessions, I interweave aspects of clinical research to show how trauma shapes the neurobiology of our bodies and the development of our self-identity (van der Kolk, 2014). Early toxic stress has an especially unfavourable impact on brain development and health outcomes in adulthood. In sessions I refer to the extensive research about the physical impact of early adversity as seen in the

Adverse Childhood Experiences (ACE) research (Bick & Nelson, 2016; Felitti et al., 1998). Some participants might have experienced professionals who have not taken their physical symptoms seriously, but in our sessions they are expressly considered in relation to their trauma experiences. They hear, for example, that trauma can affect the prefrontal cortex, which might impact on their capacity to make use of psychotherapy because of its role in memory and executive functioning. Many heads nod in agreement when I say that if someone is trapped or unable to defend themselves, they can be left with pervading feelings of helplessness. They learn that a possible reason for this is that stress hormones can sometimes continue to be released after the trauma has ended, maintaining fight/flight/freeze responses that may lead to survivors feeling disconnected from their bodies or "disembodied".

Persistent patterns of dissociation and passivity are consistent with disembodiment. To encourage safe embodiment, I suggest yoga practices that support participants to take a gentle, curious, observational stance. Noticing their body's responses to the postures, breathing, and meditation develops emotional as well as physical resilience. With its emphasis on purposeful attention, it also improves capacity for present moment awareness. This alleviates symptoms of dissociation by growing connections between the insula and pre-frontal cortex and improves sensory integration (van der Kolk et al., 2014), which is linked to our sense of touch, balance, and awareness of the body's place in space (proprioception).

Safe embodiment, when the body–mind feels integrated and connected, is dependent on awareness of internal bodily sensations, or interoceptive awareness. However, for many trauma survivors, even with gentle yoga practices, being in touch with their physical and mental states can feel dangerous. Our therapeutic role is as co-regulators to help manage overwhelming responses. Gradually, as participants begin to build a felt sense of embodied safety, their resilience grows for listening more deeply to what their body is communicating, and for tolerating strong emotions and physical sensations that can accompany this enquiry.

Embodied safety as a precursor to psychotherapy: a personal reflection and clinical example

Like many of the participants in our Yoga4Trauma courses, I found my own way to psychotherapy by first experiencing the benefits of embodied safety. It was on starting yoga over twenty years ago that I first became aware that there was a link between the sensations in my body and how

I was feeling emotionally. I was pregnant with my first baby, and perhaps having to take care of this new life was a spur to become more attuned to myself. Having suffered chronic arthritis and a traumatic childhood, I had become alienated from my body; I would rather forget my stiff aching joints and painful memories. However, as the circle of pregnant women in yoga class were encouraged to give time to their bodies and their babies, I became deeply connected to the life growing in me. I had begun the process of tuning in to my inner as well as outer states. I resumed regular practice following the birth of my child and discovered to my amazement that after some months of agonizing stiffness from years of inflammation, I had found a safe way of exploring physical and emotional pain. Feeling safe in my body had allowed me to attend to emotional difficulty with the help of stretching, postures, and conscious breathing. My resilience for this internal work seemed to develop as I grew physical strength and muscles (I explore further how yoga, through using the large muscle groups, enables difficult emotions to feel more safely contained and accessed). After some years of this sort of processing on the mat, I felt ready to deepen the process and began individual psychotherapy. This eventually led me to train as a psychodynamic child adolescent and family psychotherapist; later I also trained to become a yoga, trauma yoga and mindfulness teacher.

"Gracie": strong compassionate warrior

Yoga4Trauma sessions last for an hour and a half, with time for tea, cake, and processing together at the end. I lead the course, with an Alexander Technique teacher and experienced adult psychotherapist from the Trauma Unit at the Tavistock Clinic providing additional assistance to the group of six–eight participants—a small group, to prioritize individual attention.

After years of debilitating trauma symptoms, Yoga4Trauma offered Gracie a way to find embodied safety so she could start to make use of her psychotherapy sessions. She was able to do this through the practice of mindful attention to movement and breath in our sessions, helping her to tolerate her most difficult emotional and physical states. As a child, Gracie had regularly seen her mother being attacked by different men, and then, when she became an adult herself, she found herself in a repetitious cycle of violent relationships. She was angry with herself that she had never found the "courage" to confront her perpetrators. Gracie had many somatic conditions, including rheumatoid arthritis and Crohn's disease, two of the many inflammatory diseases linked with

ACEs (Morris, Berk, Maes, Carvalho, & Puri, 2019), and she felt very disconnected from her body.

Psychoanalytic psychotherapy builds capacity to tolerate negative affect (Levy, Ablon, & Kächele, 2011); however, like many trauma survivors, when Gracie tried to talk about distressing memories in therapy, she became emotionally overwhelmed, and her physical symptoms worsened. As the root word of emotion suggests, *e-motions* impel us to take action, but trauma paralysed Gracie's capacity for self-defence. Long after the trauma had ended, she found herself trapped in a cycle of hyperarousal and dissociative numbing. With significant difficulty in regulating her physiological survival response, she knew rationally she was no longer in imminent danger, and yet her nervous system was still primed for it, resulting in a persistent state of hyper-vigilance. She said of a former partner who had left her for dead, "I know, logically, he's in prison so he can't hurt me, but there's a part of me that can't stop being frightened."

Increasing attentional control is an important component of mindfulness and yoga and helps with managing the sort of strong emotions associated with trauma that Gracie was experiencing (Sippel & Marshall, 2013). We hoped that the practices would help her to make better use of her weekly psychotherapy sessions, so she could process these experiences. However, in Gracie's first Yoga4Trauma session, when she started to become present to sensations in her body, she was flooded with anxiety and physical pain. In the Anusara yoga tradition in which I trained, everything is believed to be in a state of change and pulsation, or *spanda*. It can be a particular relief for traumatized people like Gracie to know that difficult feelings and sensations are not experiences that are fixed in intensity, and that with attentional control they can start to become conscious of that. But to become aware of these fluctuations, first Gracie needed to build her capacity to be present.

The answer was *Vatayanasana*, or Horse pose, to cultivate feelings of power and purpose as a buffer to her state of being overwhelmed. I explained that this is a powerful posture that embodies strength, resilience, courage, and endurance. It is hard not to be aware of body sensations in this pose, I say to Gracie, but if she wants to try, her body will help her to withstand the discomfort by using the largest muscle groups, the glutes and thighs.

The challenge presented by this asana seemed to catch Gracie's interest. It is a simple pose, with feet wide apart at 45°, the knees deeply bent, and the arms expanded wide, but it is very demanding even for the fittest of people. Within a matter of seconds, I could see Gracie's body starting to protest in response to intense sensations. Before she became emotionally

and physically overwhelmed, I joined in the pose alongside her to guide her and the rest of the group to notice that the intensity of physical and emotional sensations they were experiencing, although intense, were fluctuating moment to moment. Gracie responded by letting her body take up more space, she widened her arms and shifted a little lower into the pose, signalling that she was taking on this challenge. With her chin tilted back, her stance and expression were of absolute gritted determination. Instead of freezing, submitting, shutting down, or feeling overwhelmed, here she was alongside other trauma survivors, embodying qualities of strength and power.

There has been considerable research that confirms links between expansive postures, like the *Vatayanasana* (Horse) pose Gracie and our group did together, and increased feelings of power and agency (Cuddy, Schultz, & Fosse, 2018). This challenging pose builds tension and strength in the largest muscle groups, where Gracie's anxiety could safely be physically contained, so she could access her underlying feelings of anger—and strength. When she started, she said, "I have no boundary around my body." The same could be said in her intimate relationships. Yet here, in class, we could see her physically and psychologically transformed by the practice. She reported angry feelings emerging in the following week. After years of humiliation and helplessness, Gracie had begun to feel physically and emotionally stronger, restoring a sense of agency. This had perhaps put her in touch with what she had wanted to do to her perpetrators, which she had long suppressed.

Cultivating "embodied safety": "Asma"

When Asma arrived for her first therapeutic yoga session, I was taken aback by her shut-down expression and physical limitations. In fact, she was so physically and emotionally disabled by traumatic events from her childhood that she could barely function. Though she was in her 40s, Asma's physique and energy levels were that of a much older person. She suffered from Type 2 diabetes, early-onset heart disease, and high blood pressure, all conditions linked with ACEs (Bick & Nelson, 2016; Felitti et al., 1998). She flinched when I first addressed her, and she replied in such a tiny whisper I had to lean in to hear, which made her shrink further. Speechless terror is common in trauma survivors. If talking was the most difficult challenge for Asma, the next was lying down on her mat: she was visibly terrified at the prospect of it.

Asma's constant state of fear and anxiety inhibited her everyday functioning. It had become a learned response, as dependency on her parents,

growing up in Spain, was too dangerous. Her father was a drug addict who paid for his habit by letting his friends sexually abuse her, and her frightened teenage mother was powerless to stop him. Eventually she was prostituted to strangers. Neglect and abuse had profoundly affected how Asma's brain, body, and nervous system developed in childhood. Graham Music (2019) has written poignantly about how neglected or abused infants like Asma do not have enough "emotional inoculation" against the effects of traumatic experience.

Although Asma found refuge in the United Kingdom when she was 17, psychologically and physically she had not found relief. Constant flashbacks had made employment impossible, and she had not been able to sustain an intimate relationship. Like Gracie, her nervous system was still primed for the sort of danger she had experienced as a child thirty years earlier, which she recognized was seriously affecting her life. However, when she was at last allocated psychoanalytic psychotherapy, which she very dutifully and punctually attended each week, she was barely able to utter a few whispered words.

Asma is a disturbing example of how emotionally and physically disabling trauma can be. In efforts to keep her safe, her defences had become a further source of deprivation. Gianna Williams has described how trauma can leave some survivors "doubly deprived" (Henry, 1974). The concept of "double deprivation" suggests that the first deprivation is caused by a child's external circumstances they cannot change, and the second deprivation is caused by a traumatized child's internal defences that have developed in the avoidance of psychic pain and the nature of the child's internal objects. This concept was very helpful for us as a therapeutic team when thinking about Asma, because despite overwhelming physical and emotional symptoms as a consequence of her early trauma, Asma was unable to make use of talking therapy to help process her experiences.

For most people *Shavasana*, the corpse or relaxation pose, is a favourite part of yoga class. However, for many trauma survivors it can be the most challenging. In her first session with me, Asma was very frightened at the prospect of lying down. I thought a lot about Asma in the days that followed and how I could help her to calm this paralysing terror. By the beginning of the next class, I did not have an answer, and I was concerned that instead of helping her, these classes would only traumatize her further. Everyone but Asma had come into some form of lying on their mats. She was sitting almost upright, with a blank, dissociated expression. It might be instinctive, seeing someone in such distress, to put a gentle, reassuring hand on her shoulder, but for Asma, who had encountered so many invasions of her physical body, this could be received as a further assault.

I invited the participants to put a hand on their heart as a gesture of self-compassion, and as a way of self-care. This, I suggested was a useful resource, helping us to be alongside ourselves anytime we need. I was surprised that Asma immediately adopted the practice, and I saw a softening in her body. However, she was still clearly in a distressed state, as she impassively stared up to the ceiling. Instinctively, I felt she needed me as a co-regulator, so while everyone was in constructive relaxation on their mats before the class started, I went closer to her. I was careful not to sit too close, in case she felt invaded, but not too far, so she could know I was being unwaveringly present to her experience.

I noticed something very important. She was breathing in reverse, which is sometimes referred to as "paradoxical breathing". Instead of the belly and chest expanding on the in-breath it contracts, and on the outbreath it expands. This was a breathing habit a yoga teacher had also picked up in me when I first started practicing, and I later discovered that it is linked to the fight/flight response that is associated with trauma, panic attacks, and anxiety. Paradoxical breathing can lead to increased physical pain and weakness and disruption to speech patterns, which I could also see in Asma. In order to attune more to her experience, I started copying her breathing style and quickly began to embody the effects of a breathing pattern that correlates with a frightened mind and body. Breathing rapidly from a tight, constricted chest, I gradually had a feeling of increased tension and being unearthed, akin to feelings of dissociation. So, I responded by sitting taller, grounded myself a little more and slowed my breath. Asma chanced a glance over at me and quite remarkably she began to slide down her mat, so she was now semi-reclining. Her body had shifted from a state of danger and terror to more embodied ease. She was by no means feeling totally safe—it would take some more weeks before she could risk closing her eyes—but she had made significant progress. She was able to trust me enough to make use of me as a co-regulator, a stabilizing secure base (Bowlby, 1969) to aid her nervous system, and, once safe enough, she was able to practice self-compassion. Without experiencing embodied safety, she had been unable to make use of her psychotherapy, but after this session she finally began to talk of her experiences with her psychotherapist, taking tentative steps towards a cognitive and emotional processing of her trauma.

Resourcing for safety and present-moment awareness

For someone who had a persecuting, depriving internal object, putting a hand on her heart was a sign that Asma was starting to be able to introject

good experiences, allowing me to help her and showing compassion for herself. When survivors of trauma believe they have no resources to self-regulate—such as a good internal object—the therapeutic yoga practices of *mudras* (hand gestures), attuned attention to mind and body states, and breathing practices help participants to cultivate these for themselves. Many other therapeutic treatments for trauma, such as "compassion-focused therapy" (Gilbert, 2009) focus on "resourcing" to help create safety and avoid re-traumatizing by using breathing techniques and compassionate imagery. Recent research suggests that these practices improve heart rate variability (the variation of time between each heartbeat), which is a significant marker of mental and physical health outcomes (Mulcahy, Larsson, Garfinkel, & Critchley, 2019).

In arriving at a formulation about Asma's trauma symptoms of heightened fear and anxiety, psychoanalytic, attachment, and neurobiology theories were helpful. This approach is embraced by intensive short-term dynamic psychotherapy (ISTDP), in which I have had some training. It is a form of psychodynamic psychotherapy that usefully offers a neurobiological lens that fits well with therapeutic yoga treatment (Abbass, Town, Ogrodniczuk, Joffres, & Lilliengren, 2017). Proponents of this model believe that talking therapies fail because they focus exclusively on verbal "left-brain" brain processes, while non-verbal "right-brain" processes, such as imagery and sensory experience, are not explored. Lewis (Neborksy & Lewis, 2011) believes that clinicians often overemphasize the cognitive components of anxiety and do not attend to the neurophysiology of unconscious anxiety pathways. These physical manifestations of anxiety, which can be observed in the therapy session, are triggered by unconscious complex feelings stemming from attachment trauma and so provide the clinician with a gateway to the unconscious. Siegel (2012) recommends a "window of tolerance", or safety zone so there is not too much or too little emotional arousal for effective processing. ISTDP clinicians and therapeutic yoga teachers function as "biofeedback loops" for their patients, helping them to attune to their physical symptoms of anxiety and to regulate these, so patients are better able to stay within their window of tolerance, and can then explore the underlying emotions related to traumatic experiences.

The clinical importance and challenges of the breath

Fostering present-moment awareness is key to becoming aware of our own body–mind states and those of our patients. As well as being

foundational to therapeutic yoga, it is also an important part of psychoanalytic psychotherapy, when we consider transference and countertransference. As a psychoanalytically informed psychotherapist and yoga teacher, it was these skills I employed when I was attuning to Asma's experience on the mat. Without this fine attunement, there is a risk that whatever we do as therapists will generate too much distress, making the processing of traumatic memories impossible. "Resourcing" therefore becomes an important aspect of keeping within this optimal arousal zone. In the "Safely Embodied Breath Exercise" (Box 12.1), an important "resource" I emphasize is the constant presence of the earth. The earth's qualities of steadiness, strength, and resilience can be drawn on at any time, in particular when becoming aware of intense emotions or sensations that cause distress. Slowing the breath down by asking participants to imagine their breath coming up from the earth and imbuing themselves with the earth's innate qualities of steadiness and resilience helps to develop the capacity to stay with present moment awareness.

BOX 12.1

SAFELY EMBODIED BREATHING EXERCISE

This breathing exercise is very simple to do but needs careful scaffolding in order to help participants feel safe. Rapid chest breathing, or holding the breath in the chest, is connected with the fight/flight/freeze mode. The autonomic nervous system (ANS) gets trapped in the cycle when this pattern of breathing becomes habitual. The aim of the exercise is to encourage belly breathing: by taking the breath deeper down into the belly, the ANS is relaxed and a sense of embodied safeness emerges.

Sitting comfortably (upright or lying down), first put a hand on the heart and a hand on the belly. The hand on the heart is a gesture of self-comfort, the hand on your belly represents the wise part of yourself keeping you steady and looking after you.

Next visualize the breath coming up from the earth, and with it the qualities of the earth, such as steadiness, solidity, and strength, and this is infusing all of your body. It might even have a colour.

Notice when your breathe in, the hand on your belly moves up and then down when you breathe out.

All the while your hand on your heart is comforting you and keeping you safe.

The breath is very sensitive to dysregulation and is one of the first things to change when the stress response is triggered. In yoga it is also considered the gateway to calming the nervous system and creating a state of physiological and psychological safety. Research shows, for example, that adopting a slow, regular breathing pattern of about five or six breaths per minute is the most effective rate for calming the nervous system (Gerbarg, Brown, Streeter, Katzman, & Vermani, 2019). However, this presents a particular challenge when treating trauma, because the breath is also a barometer of our shifting mind states. When we are anxious, it will become erratic; when relaxed and at ease, it will soften and slow. Due to her traumatic history, Asma's breathing pattern was dysfunctional, reflecting her emotional state. Turning towards inward states can be very dysregulating for trauma survivors, so I have found that the suggestion of visualizing the breath coming up through the earth as an external focus can feel safer. Alternatively, I suggest putting the hands on the rib cage or belly to draw attention away from the chest, where emotional states are most keenly felt. This can also help the diaphragm to move and facilitate a normal breathing pattern.

Interoceptive awareness: learning the language of bodily sensations

Interoceptive awareness and self-enquiry about what the breath is communicating about the body–mind state is made possible once the breath can be felt safely. Learning to develop awareness to feel body and breath sensations is the first step; the next is to be able to differentiate between the sensations. This is just as important as learning about emotions and feelings. Parents help to name their children's feelings, and this helps them to become more emotionally literate and better at mentalizing as they grow up. The yoga therapist, through attuned attention in the therapeutic relationship, can assist survivors in becoming more "body literate", helping them to identify and describe sensations that are occurring within the body–mind. Fay (2017) usefully lists a "language of sensations" to help yoga patients to be able to differentiate intense sensations, such as "tense" or "constricted", or a sensation with a "nerve quality", such as tingling, radiating, or perhaps an "ugh" and "blah" category, when something feels wooden, numb, blocked, or heavy. In this way, a more nuanced vocabulary of interoceptive awareness can develop.

Containers contained

There are some important points to make about the environment that as a therapeutic team we wish to facilitate in Yoga4Trauma. For this, I draw

on my best experiences of going to classes with yoga teachers who are steeped in yoga tradition, theory, and philosophy. We adopt a gentle, caring tone of voice, encouraging members to look after themselves. Our attuned attention cultivates an atmosphere of compassion, acceptance, and kindness, facilitating an experience of safeness and comfort. Bearing in mind that many of our participants have been prevented from making choices, we are careful to invite and facilitate rather than instruct.

Agreements drawn up by the group are also helpful for keeping a safe environment. Members agree, for example, to show consideration for the needs of others and not share details of their traumatic history, to avoid triggering others, and they are encouraged to process what they are experiencing in weekly therapy.

There is no change without emotion, but in order to allow this, it is important that as therapists, when helping trauma survivors, we feel contained enough ourselves to provide a containing function (Bion, 1962b). We have found that the Tavistock model of work discussion with peers—which has some debt to free association in psychoanalysis—brings a useful psychoanalytic lens to facilitate the therapeutic aspect of our yoga work. It involves making a detailed account of the session afterwards to discuss, includes observations of facial and body expressions, atmosphere, transference, and countertransference. It assists us in our thinking together, finding meaning and a shared understanding. This "thinking space" has helped us to engage our own prefrontal cortex in order to digest and process what has, at times, felt intolerable.

Research outcomes of Yoga4Trauma

The effects of Yoga4Trauma at the Tavistock Clinic have been researched using three scales: Perceived Stress Scale; Fears of Compassion Scale; and Multidimensional Assessment of Interoceptive Awareness. Although the sample sizes are small, when analysed, the findings were positive and hopeful, suggesting noteworthy changes.

There was a decrease in perceived stress, an increased capacity in participants to respond to compassion from others, and, importantly, increased capacity to express compassion and kindness to themselves. There was also a positive shift in scores in the "not distracting" category, where, following the yoga intervention, participants reported not ignoring their pain or discomfort, as well as more ability to be in touch with feelings of worry.

Lastly, a shift was also seen in the emotional awareness domain, indicating that participants were able to connect their body sensations and emotional state. The biggest positive changes in scores were seen in

self-regulation and attention regulation, suggesting participants' growing ability to regulate distress by providing attention to bodily sensations.

Conclusion

While we will never have the "answer" to anyone's trauma, I think the ability of psychotherapists to stay with difficulty is perhaps one of the most helpful aspects of our work. However, before severely traumatized survivors like Asma and Gracie can stay with and verbalize their traumatic experiences, their minds and bodies need to be helped towards embodied safety, a baseline state of safety and relaxation.

Bion called for multiple vertices to expand and illuminate our understanding of things, and that it represents a failure to think without these different vantage points (Bion, 1962a). As a therapeutic team, we have found our psychoanalytic training alongside yoga practices useful vantage points from which to reconsider the treatment of trauma survivors seeking help for their symptoms. In Yoga4Trauma sessions we utilize techniques and processes core to psychoanalytic psychotherapy, such as the relationship between patient and therapist, the describing of emotions, curiosity about the avoidance of distressing feelings, and information from our countertransference to deepen our understanding of participants and their therapeutic process. Alongside this we are also working as a "biofeedback loop", using yoga practices to help keep participants within their "safety zone" while exploring underlying emotions and physical sensations linked to their trauma. Postures, breathing exercises, and compassion practices help survivors to begin to shift habitual action patterns associated with underactive/freeze states, when they were unable to move, and to activate effective fight/flight responses by moving through the yoga postures. Feeling safely embodied, they are able to be more present to whatever they are experiencing. When managing difficult emotional experiences and physical pain becomes more tolerable, it facilitates the cognitive processing that is necessary for their talking therapy.

I include poetry in Yoga4Trauma sessions, as it helps participants in the painstaking process of opening up to themselves. One of Rumi's poems, "Birdwings", speaks of the vulnerability self-enquiry provokes, and the self-presence that is necessary to be able to do it. As I read it, I invite group members to place their hands in their laps and to observe what is aroused when they observe themselves slowly opening and closing them. When they feel safe enough, members keep their hands open to whatever it is they are experiencing physically or emotionally. This simple exercise symbolically reflects the understanding and purpose of Yoga4Trauma: it

acknowledges the defences of physical and emotional contraction that are triggered by trauma and the need to create sufficient safety to allow the difficult work of processing traumatic experiences.

Acknowledgement

I am assisted by Elizabeth Abrahams, who, as an Alexander Technique teacher, helps people to become aware of how our bodies reflect the way we feel and discover different ways to respond to what is going on without being overwhelmed. I have also been assisted by Alan Archibald, an adult psychodynamic psychotherapist, and Lisa Shaverin, a clinical psychologist in the Trauma Unit at the Tavistock Clinic. I am very grateful for their support and significant contributions to Yoga4Trauma.