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Therapists' Perspectives on the Use of Yoga in the Treatment of Trauma

By

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MSW Clinical Research Paper

Presented to the faculty of the

School of Social Work

St. Catherine University and the University of St. Thomas

St. Paul, Minneapolis

In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This study explored therapists' experiences of incorporating the practice of yoga into their psychotherapy with clients who experience traumatic stress. Using a qualitative design, five volunteer licensed mental health professionals were interviewed regarding their experiences with integrating yoga as a therapy tool with their clients who experience traumatic stress symptoms. Data was taken from a semi-structured interview and analyzed to identify common themes. The findings support the literature which says, traumatic events affect both the mind and body, and clinicians' need to implement interventions' addressing the whole person, to be effective helping clients' heal from traumatic stress. Findings indicated that the overall experiences of therapists were positive, when safely incorporating yoga as a part of clients' therapy to treating traumatic stress.

Acknowledgements

To all of the participants, thank you for sharing their experiences with me and for doing the hard work that you do.

Colin, thank you for your help through this process and doing your best to help keep my stress levels at a manageable level; I promise to delete your cell phone number now that project is done!!

Mike, you have been a big support to me over the last four years in my personal life, my education, and now professionally. I am so happy that you were a part of this process and I, thank you, for your time and contributions to this project.

Dad and Cheri, thank you doesn't come close to what you both deserve for the support you've given me through this process. I love you both very much and am so thankful for all that you've done for me!

Mom and Laura, thank you for always encouraging me to follow my dreams and to continue on with school. I am lucky to have three (Cheri), strong and smart women to look up to as I enter into the social work profession. I love you both very much, I DID IT!!

Erik, I am so proud of the dad you have become. I look up to you baby brother and I can't wait to see what the future has in store for you. I love you!

Nikki, it has been a hell of a year but I am so thankful that I have had you by my side. Thank you for always being my shoulder to cry on and the best soul sister I could ever ask for. Cheers Edna!

Kendra, thank you for always being a rock in my life; your support, laughs, and vent sessions got me through this year. I can't wait to repay the favor as you begin your journey! Safe touch would be so proud! Love you!

To all of my friends and family that helped with editing this paper, THANK YOU!!!!!!

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Introduction

Working with populations who have been impacted by trauma is complex and has many different contributing factors. Research done at the Trauma Center Justice Resource Institute, which is worldly recognized for Bessel van der Kolk's work with trauma and therapy; supports the belief that trauma must be treated with a mind and body approach (Emmerson & Hopper, 2011). The use of a mind and body approach as a therapy has been found to be effective because of the trauma's deep and long-lasting effects on the entire human organism. During a traumatic event, there are wide reaching implications for the individual. These include chemical changes in the brain, alterations in the body's psychological systems, and modifications in the subjective experiences of the survivor (Emmerson & Hopper, 2011, pg. 35).

Trauma and mindfulness techniques have been used by many practitioners who work with populations with severe trauma. This paper is a qualitative study and looked at the outcomes therapists have experienced when incorporating yoga into therapy with clients who experience traumatic stress symptoms. The study is intended to contribute information on working with clients who experience traumatic stress. This study reviewed literature that provides an understanding for physiological functioning and how a traumatic experience changes the way the brain and memory function properly. The literature also provides professionals with an understanding that the body is also impacted by traumatic events and in order to provide treatment for traumatic stress, clinicians need to treat the whole person, mind and body. The research question of this study is, what are the experiences of therapists' who incorporate yoga into therapy with clients who are experiencing traumatic stress; literature supports the findings of this study and gives

readers insight to professionals and their thought process using yoga as a tool in therapy with clients experiencing traumatic stress.

Literature Review

Overview

The literature for this study was reviewed to provide deeper insight into the research question: What are the experiences of therapists who have incorporated yoga as a therapeutic tool when working with clients who are experiencing symptoms of traumatic stress. This literature review provides a description of the way that trauma affects the brain, mind, and body. The literature review will also review the efficacy of mindfulness practices: a therapeutic strategy that treats both the mind and body.

What is Trauma?

In the United States, around 7.7 million American adults ages eighteen and older, in any given year, meet the diagnostic criteria for post-traumatic stress disorder (PTSD) (Emerson, & Hopper, 2011). Trauma is defined as "...an experience a person encounters that deeply violates our sense of safety, order, predictability, and right" (Emerson, & Hopper, 2011, p. xiii). Rothschild (2000) says that, "Trauma is a psychophysical experience, even when the traumatic event causes no direct bodily harm (Rothschild, 2000, p. 5). Examples of traumatic events include; car accidents, domestic violence, sexual assault, sexual abuse, abuse or neglect as a child, war trauma, community violence, and generational trauma, natural disasters. (DSM5). Crowley, D, & Duros (2014) report that how a person responds to a traumatic event is based on many different factors such as, a person's ability to be resilient, risk factors, how the individual interprets the traumatic event (Crowley, D, & Duros, 2014), and the support to the victim in the aftermath of the event (Rothschild, 2000, p. 13).

Trauma can be experienced and processed in a number of ways from resilient coping to simple depression, to anxiety or PTSD. Pioneers Bessel van der Kolk and Judith Herman have challenged the limitations of the PTSD diagnosis as the sole diagnostic category for trauma-related conditions (Emerson, & Hopper, 2011). The DSM-5 defines trauma as: a person who is exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. The person must have direct exposure to the threat, indirectly experience the traumatic event of a close friend or family member or experience repeated or indirect exposure to details of a traumatic event (DSM5, 2013) This latter exposure is often seen with professionals (DSM5, 2013). The consequences of PTSD generally leave those affected with feelings of reduced quality of life due to intrusive symptoms, which restrict their ability to function (Rothschild, 2000 p.13).

Development of the Brain and Mind

In recent decades there have been advancements in understanding how and why the brain functions the way it does (Cozolino, 2006). The advancement to understanding the functions of the brain comes from the technological advancements of neuroimaging and electrophysiology of the brain which enables researchers to determine the degree and location of arousal and activation in the brain. This produces information to understand the ways the brain creates mental processing of subjective experiences (Cozolino, 2006). In order to understand the effects of trauma, we must first understand how the brain works.

The Brain

The human brain allows us to love, hate, create, have relationships. Everything we do, think, or feel is all mediated by our brain (Perry, 2002). The human brain has special capabilities that have helped to promote survival in the environmental conditions, ecosystems and social systems (Perry, 2002.). The understanding of how complex the human brain is and how the human brain has helped humans evolve into social creatures is a fairly new development (Cozolino, 2006). In order to understand the complexity of the human social brain, one must understand how the brain works and the key actions of the brain. The sensory organs, i.e. eyes, ears, nose, touch, and taste are all important to the brain and our abilities to stay alive (Perry, 2002). Perry (2002), discusses the brain and human experience as every experience being filtered by the brain's senses. These experiences create cellular and molecular processes that change the neurochemistry and cytoarchitecture of the brain, and ultimately the brain's structure and function.

The brain's structure has three parts: the brain stem, the limbic system, and the frontal cortex. The brain stem is the first to develop and is at the base of the brain. The brain stem helps to regulate physiological structures such as heart rate, body temperatures, sleep cycles etc. (Perry, 2002) The brain stem is also responsible for regulating or arousing the Automatic Nervous System (ANS), which is what becomes activated when dangerous or life threatening situations emerge (Perry, 2002).

The limbic system, often referred to as the "emotional brain," is a group of linked structures in the brain (Perry, 2002). The limbic system is crucial for the regulation of memory, emotions, and processing communication (Perry, 2002). The amygdala, located

in the limbic system regulates and integrates emotional memory and response to threat through the five senses, and in turn gives meaning to internal and external stimuli (Applegate & Shapiro, 2005). The amygdala is responsible for the body's "fight, flight, or freeze" response to a perceived threat (DAP, 2014). The hippocampus, another structure in the limbic system, plays a major role in learning, memory, and emotional regulation (Perry, 2002). The hippocampus is responsible for matching previous experiences with the proper emotional response (DAP, 2014).

The last major part of the brain is the cerebral cortex. The cerebral cortex is responsible for mediating all conscious anxiety, including planning, problem solving, language and speech. The cerebral cortex helps individuals make sense of an experience, enables the formation of an idea, provides mental representations of themselves, and impacts the way in which humans interact with the world (Applegate & Shapiro, 2005). The cerebral cortex is made up of two hemispheres, the right hemisphere and the left hemisphere. The right and left hemispheres look alike but have very different functions (Applegate & Shapiro, 2005). The right hemisphere of the brain is responsible for understanding the "big picture" of a situation and is able to process the emotional experience, non-verbal communication, and somatic sensations (Applegate & Shapiro, 2005). The left hemisphere of the brain is responsible for processing details of a situation and language (Applegate & Shapiro, 2005).

Perry (2002) explains that throughout a person's lifespan, the brain is sensing, processing, and storing patterns of neuronal activation that correspond to various sights, sounds, smells, tastes, and movements (Perry, 2002). This is how memories are created. Through the different modes of memory (e.g., cognitive, emotional and motor) the brain

is able to store patterns, through associations of sensory stimuli, which creates the template of experience (Perry, 2002, pg. 4). While the brain is processing incoming information from an experience, the brain is simultaneously being shaped by incoming information (Applegate & Shapiro, 2005, p. 13).

Trauma and Memory

The term “memory” covers a vast territory (Allen, 1995). The way in which a person reacts to situations is impacted by the person’s past experiences, i.e. the past experiences shape the person’s perception of the present or future experiences (Applegate & Shapiro, 2005, p. 15). A memory is the recoding, storage, and recall of information perceived in an individual’s internal and external environments (Applegate & Shapiro, 2005, p. 17-19). Encoding is the brain’s process of recording information into the brain. Storage refers to the memory’s ability to store information and for how long. Memory retrieval is the bringing back of stored information (Applegate & Shapiro, 2005). When the brain receives information, it processes the perceived information and matches it with the correct emotions. When the brain receives new information, it will process the information and store it as thoughts, emotions, images, sensations, and behavioral impulses and when this information is recalled, this creates a memory (Applegate & Shapiro, 2005).

Explicit memory, sometimes referred to as “declarative memory,” operates when a long- term memory is activated and becomes conscious (Applegate & Shapiro, 2005, p. 19). Explicit memory depends on oral or written language. Language and

autobiographical memory appear in unison and impact the way that our brain stores and retrieves information from the explicit memory system (Applegate & Shapiro, 2005).

It is important to understand the historical context, or how a person's past experience has shaped their thoughts, ideas, or emotions, because a person's sense of self is based on past experiences and becomes the narrative for a person's life (Applegate & Shapiro, 2005). The "narrative" is what is called an autobiographical memory (Applegate & Shapiro, 2005, p. 16). The autobiographical memory is the memory of information significant to the self (Allen, 1995, p. 85). Allen (1995) discusses the importance of the narrative-autobiographical memory and the way in which a person is able to retrieve information that is consistent with the experience. Allen (1995) states that the accuracy of the autobiographical memory is often false because they are schematized (Allen, 1995, p. 86). The autobiographical memory is "self-knowledge, and what one recalls is consistent with the self-concept at the time of recall" (Allen, 1995, p. 86); the inaccuracies of a memory happen when a person is forced, or under external pressure, to retrieve a memory (Allen, 1995, p. 86).

Unlike the explicit or conscious memory, the implicit memory is unconscious and involves procedures and internal states of being that happen automatically, which are learned through procedures and behaviors (Applegate & Shapiro, 2005, p. 19-20). A way of thinking about implicit memory is the ability to ride a bike, even after years of not riding. The implicit memory is the most accurate memory because of the brain's recall of the five senses and the way in which an experience is remembered in our bodies (Applegate & Shapiro, 2005). Implicit memories do not involve the conscious remembering of an experience, but take place in the "here and now." This impacts the

way a person feels, which is influenced by past experiences without cognitive awareness (Applegate & Shapiro, 2005, p. 20).

Trauma and the Brain

The limbic system of the brain regulates survival behaviors, such as eating, sexual reproduction, instinctive defenses, and emotional expression (Rothschild, 2000, p. 8). The limbic system is closely connected to the body's autonomic nervous system (ANS), which is responsible for regulating the heart and circulatory system, intestines, bladder, bowel, pupils, kidneys, lungs, muscle tension, oxygen intake, sensory awareness, and emotional responses (Herman, 1997). The two sections of the ANS are the parasympathetic branch (PNS), which is responsible for arousal while there is not a perceived threat and the sympathetic branch (SNS), which is responsible for the body's reaction to stress. Both work together to either activate hyper arousal or to regulate rest and relaxation (Rothschild, 2000, p.8).

When a person is faced with extreme threat, the limbic system releases hormones that prepare the body to be on the defense (Rothschild, 2000, p. 8). The amygdala signals the hypothalamus, which activates the SNS. When the SNS is activated, the adrenal glands are signaled to release epinephrine and norepinephrine, which in turn signals the body's fight, flight, or freeze response (Rothschild, 2000, p.8). At the same time, the activation of the pituitary glands, releases adrenocortio-tropic hormones that activate the adrenal glands to release the hormone called cortisol (Rothschild, 2000, p. 8).

A person experiencing traumatic stress, does not release enough cortisol. Thus, the ANS does not return to a place of homeostasis and the individual remains in a

constant state of hyper arousal and emotional and physical dysregulation (Rothschild, 2000, p. 9-10).

Implicit memory is the unconscious part of our mind (Rothschild, 2000). When a person experiences a traumatic event, there are certain “cues” or associations that are attributed back to the traumatic event, often taking place in the implicit memory (Rothschild, 2000, p. 30). The conditioned memory response happens through state-dependent recall (Siegel & Solomon, 2003). Thus, those who are experiencing traumatic stress have intense, unconscious, automatic reactions and experience state-dependent recall (SDR) or “triggers” (Rothschild, 2000). A person who is suffering from traumatic stress, experiences SDR when their internal state replicates the internal state during the previous traumatic event. State-dependent recall can happen on both a conscious and an unconscious level. The person often experiences activated arousal, body sensations, flashbacks, and intrusive feelings that make their state of being, exactly as it was while the traumatic event(s) was taking place (Rothschild, 2000, p.5).

Somatic Memory

Somatic memory is the body’s memory which connects the brain and body through the nervous system (Emmerson, 2011). In the event of a traumatic event, the body remembers the event through somatic sensations such as smells, sights, sounds, tastes, movement, and sexual arousal at an unconscious level (Applegate & Shapiro, 2005). Emerson and Hopper (2011) explored how the body reacts to trauma. They found that clients reported feeling “...unbearable physical sensations such as crushing feeling in the chest, burning pain in the abdomen and agonizing tension in the shoulders...” and

that their clients reported feeling just as they had during the traumatic event (Emerson & Hopper, 2011, p.xxii).

Treatment

Emmerson (2011) discusses advancements in neurobiology and other trauma-based research have recognized the impact that trauma has on a person's body and mind, and the importance for clinicians to understand these connections. Pioneers in the treatment of PTSD and complex trauma, Bessel van der Kolk and Judith Herman, support interventions that address both the mind and body in traditional psychotherapy with clients recovering from a traumatic event. An effective strategy to address somatic symptoms during psychotherapy is through the use of yoga and other mindfulness practices (Emmerson, 2011). Yoga has been found to reduce hyper-arousal and dysregulation, decrease reactivity, and increase flexibility in emotional responses. (Davis D.M. & Hayes, 2011).

Yoga

Yoga dates back at least 2,000 years as a form of meditation (Christensen-Cowen, 2009). The practice evolved from ancient India and was a part of Hinduism, Buddhism, and Jainism religious practices (Emerson & Hopper, 2011). While yoga is associated with different religions, its purpose is to increase flexibility and has been incorporated into many diverse religions, spiritual practice, and secular traditions (Emerson & Hopper, 2011). Yoga is situated in Eastern values of health, "health is perceived as a state of internal balance and illness is understood as a state of imbalance or blocked flow of energy" (Christensen-Cowen, 2009). This state of "being" can also be defined as

mindfulness, which Davis and Hayes (2011) define as, “psychological state of awareness, a practice that promotes awareness, and a mode of processing information.” Eastern use of yoga is a system of tools to restore inner balance that can be applied to working with clients and trauma (Christensen-Cowen, 2009).

Yoga provides healing for the client who has experienced a traumatic event (Crowley, D, & Duros, 2014) because yoga is practiced through controlled breath and guided movements. This produces a calming effect on the body and mind (Hammer, T, & Head, 2013). Yoga is also believed to be useful for clients experiencing traumatic stress symptoms because of the improvements in mood and self-esteem (Dale, L., Carroll, L., Galen, G., Schein, R., Bliss, A., Mattison, A., & Neace, W., 2011).

The study of yoga as a part of therapy was introduced and studied by Bessel Van der Kolk (2014). Van der Kolk (1999) looked at the heart rate variability (HRV), which is the interval between heart beats. The HRV is measured by tracking the degree to which one’s heart rate corresponds with their breathing (Crowley, D, & Duros, 2014). Van der Kolk (1999) found that when a person has a good HRV, they are able to better self-regulate emotions. Clients who suffer from trauma are often unable self-regulate and maintain a state of agitation (Crowley, D, & Duros, 2014). Van der Kolk (1999) found that clients who experienced traumatic stress with low HRV levels and then practiced yoga raised their HRV levels and calmed their nervous system (Crowley, D, & Duros, 2014). Indeed, yoga was more effective than medication. Yoga has been found to lead to improvements in mood, deeper understanding of life, higher self-esteem, and resiliency. Yoga was also found to reduce flashbacks and psychological stress (Dale, L., Carroll, L., Galen, G., Schein, R., Bliss, A., Mattison, A., & Neace, W., 2011).

Therapy and Yoga

“The aim of practicing yoga is to realize a state of silence, bliss, and oneness with cosmos (Deuskar, M, & Rybak, 2010). Clients, who suffer from complex trauma or PTSD, often are unable to reach a state of calmness and emotional regulation. This makes it crucial to have skilled therapists who are using yoga or other mindfulness techniques as a part of their therapy. It is common for a person who is suffering from a traumatic event to feel disconnected from their body (Emerson & Hopper, 2011). Yoga assists individuals to become more attuned to their body and results in mental calmness, low psychological arousal, reduced mental activity (Deuskar, M, & Rybak, 2010), mental clarity, acceptance, and improved concentration (Davis & Hayes, 2011). It has been found that the state of relaxation that comes from yoga has rendered positive changes with bodily functions (Deuskar, M, & Rybak, 2010). The literature emphasizes the efficacy of mind and body work in successfully intervening with clients who have experience trauma. Indeed, some believe that the body and the mind are not two distinct different systems, but work together as a “unified whole” (Deuskar, M, & Rybak, 2010) and both should be treated in therapy.

The practice of yoga in therapy employs a “bottom-up” approach that uses somatic experiences to gain access to the client’s “inner life” (Emerson & Hopper, 2011). Common elements of yoga- exercise, deep breathing, and mindfulness have many benefits for those who have suffered a traumatic event (Christensen-Cowen, 2009). Mindfulness can be defined as “moment to moment awareness” (Davis & Hayes, 2011), often achieved through deep breathing (Chistensen-Cowen, 2009). Deep breathing exercises have been found to lower heart rate and increase relaxation (Christensen-

Cowen, 2009). Exercise has been found to decrease symptoms of depression (Christensen-Cowen, 2009) while increasing one's self confidence and self- efficacy (Christensen-Cowen, 2009). Neurobiological research on brain scans of individuals who use mindfulness meditation found increased activity in parts of the brain focused on attention, and decreased activity in parts of the brain that are connected to stress and arousal (Christensen-Cowen, 2009).

Yoga also provides “clients a sense of structure for clients to become aware of their bodies again” (Crowley, D, & Duros, 2014). The key elements in using trauma sensitive yoga are experiencing the present moment, making choices, taking effective action, and creating rhythms (Emerson & Hopper, 2011)

Therapists and yoga instructors work with their clients to self-reflect and pay attention to their surroundings in the moment (Emerson & Hopper, 2011). This may be done by having the client pay close attention of one particular area of their body or paying attention to their breathing patterns (Emerson & Hopper, 2011). It is important for the therapist to walk clients through feelings or triggering bodily sensations that arise from this new awareness (Crowley, D, & Duros, 2014).

Integration of Yoga into Therapy

The importance of allowing clients to make their own choices is crucial when working with victims of trauma (Emerson & Hopper, 2011). Victims of trauma are not given the choice about experiencing their traumatic event. This causes the feeling of no control. When clients are using yoga in their healing process, they are in control of the movements they make with their bodies. Gaining more control allows for the client to

regain power and control over their lives (Emerson & Hopper, 2011); Taking effective action for clients, is taking back control and being more self-sufficient (Emerson & Hopper, 2011). When a person is unable to protect themselves from a traumatic event, there is a feeling of hopelessness and loss of control. Inviting clients to be self-sufficient during a yoga session translates into making the environment a place where clients can have agency to meet their needs (Emerson & Hopper, 2011).

Allen (2011) found that women had more success in the therapeutic process when they were more involved in defining their own recovery process. These women participated in regular talk therapy, while exploring other empowering therapies in their recovery process. Allen (2011) found that the women who incorporated yoga into their therapy reported “emerging sense of calmness, improved moods, less reactivity, and improved coping skills” (Allen, 2011). This study supports the need for addressing triggering bodily sensations, because control over one’s body’s reaction, influences the way one’s mind can process the healing experience (Allen, 2011).

While yoga can be a useful tool in the healing process for clients, it is important that the yoga instructor be sensitive to those who have experienced trauma (Emerson & Hopper, 2011). Ropes are common a prop in yoga classes. Clients who have experienced sexual assault may be triggered by these or other props common to yoga practice (Emerson & Hopper, 2011). Emerson and Hopper (2011) also explain that it is common in non-trauma sensitive yoga for a teacher to physically assist clients in their yoga position. Again, it is important to remember that these clients are always on alert for a threat. So if the yoga instructor touches the client while their eyes are closed, it can cause the client to feel threatened (Emerson & Hopper, 2011).

The literature review provides compelling research on neurobiology, the impact of a traumatic event, and the successful use of yoga integrated with therapy in the care of those who have experienced trauma. However, continued advancements and research on neurobiology will deepen the understanding of the effects of trauma on the mind, brain, and body.

Methods

The purpose of this study was to explore the benefits of using yoga practices in therapy with clients who have experienced complex trauma. An exploratory qualitative study was done by interviewing therapists who have incorporated traditional talk therapy with yoga to address somatic symptoms, emotional regulation, self-awareness, and reintegration of the body and mind connection.

Sample

This exploratory study used a non-probability purposive sample of eight licensed therapists, who work with victims of trauma and have used yoga as a part of their therapeutic interventions. The data was obtained through semi-structured interviews. Inclusion criteria for the sample included: 1) licensed therapists; 2) 18 years of age or older; 3) experience in working with victims of trauma; 4) the use of yoga as a part of their therapy approach; and, 5) practicing in the Twin Cities.

Recruitment

Participants were recruited using a non-probability, purposive sampling strategy. The researcher contacted psychotherapy agencies, in the Twin Cities that serve clients experiencing complex trauma. The clinical director of agencies was the anticipated point of contact within said agency. After informing the clinical director of the study, the researcher asked if any therapist in the agency used yoga during therapy or as an adjunct to their therapeutic work. If the director of the agency agreed, a flyer was sent to the

director to forward to the agency's staff that met the research criteria. Therapists' were invited to volunteer for this study through the use of their professional email or USPS mailing. Once the therapist volunteered for the study, they received copies of the purpose of the study and research question, the interview questions, and the consent form.

Data Collection

The interviews took place in the interviewee's office or the researcher's office. The interviews consisted of one-on-one, face-to-face interviewing that lasted no longer than 45 minutes. The researcher reviewed the purpose of the study, confidentiality parameters, the consent form, and any questions from the participant. The interview was recorded on the researcher's cell phone and was protected by security codes. Once the interview was complete, the researcher transcribed the interviews looking for common themes and support of the literature review.

Measurement

A ten question, semi-structured questionnaire was created after review of the pertinent literature (APPENDIX C). The research questions asked about practitioner's rationale for incorporating yoga into therapy, the demographics of the population served, the practitioner's theoretical approach and the advantages and disadvantages of yoga as a part of the therapeutic practice when working with clients who experience complex trauma.

Protection of Human Subjects

Participants were informed of the study and its purpose prior to beginning the interview. The researcher explained how the information would be collected, how the research would be used, and how the research and participant would be protected. The researcher explained any information transcribed would be done without using any identifiable information of the participant or their clients'. The researcher collected information through voice recording on a cell phone that was be protected by security codes and the recording was destroyed once the interview had been transcribed. The researcher informed the participant that they were able to skip, ask questions, or quit the interview at any time. The researcher also explained that the study had been approved by a committee and the IRB, to insure protection of the participant and their confidentiality.

Data Analysis

Qualitative data was collected in a ten question, open-ended, semi structured interview. Information obtained through the interview was then transcribed by the researcher. The transcription was reviewed to find codes within the interview. The researcher then went back through to find themes and sub themes that were found within the codes.

Findings

Overview of Themes

In the analysis of the transcribed interviews, a number of themes emerged to address the research question: what is the therapist's experience incorporating yoga into therapy with clients who have experienced complex trauma? Common themes that emerged included; participant's motivations for using yoga, positive outcomes when integrating yoga as a treatment tool, and risks in using yoga with traumatized clients.

Sample Characteristics of Respondents

Personal Experience

Participants were asked why they chose to incorporate yoga into therapy with trauma clients? Three participants discussed their personal experience practicing yoga, as a motivation to incorporate yoga into therapy with trauma clients. Participants reported their personal experience practicing yoga helped to heal their personal trauma stress, as well as helping with everyday life stress.

When discussing personal motivation for practitioners using yoga with clients, one participant described her personal experience as;

“...I got more into my personal yoga practice, um, and my ability to process some of my own trauma was very impactful. Then being able to just witness other transformations in others who are using the practice and how effective it was for others. It seemed like a no brainer for me [to use yoga with clients]...”

Demographics of Participants Clients – This should be described when you describe the sample of the clinicians at the beginning of the findings section.

Participants were asked to describe the demographics of the populations that they served; two participants reported working with children and three participants reported working with adults. Four participants reported that they use yoga with both male and female clients. One participant stated they have used yoga with couples, while participant stated that they only used yoga with female clients. Four stated they felt that females were more inclined to practice or try yoga within the therapy setting.

Four participants reported the majority of their clients as Caucasian, but the client populations were also very diverse. The overall theme found that the participant's agency setting and location impacted the demographics of the client population, and ultimately who the therapist participant was able to use yoga with in therapy. When discussing demographics of clients and disparities between Caucasian and clients of color, one participant discussed accessibility barriers for minority and oppressed populations. This participant spoke of Maslow's hierarchy of needs, that many in oppressed populations, are concerned with day to day survival. Getting basic needs met is of higher importance than addressing the somatic symptoms that come along with trauma.

One participant's descriptions of their client's demographics show the diversity of clients impacted by traumatic events;

“... [Agency] is all male; the [agency] is both men and women, but predominately male; and the [agency] are all women. I would say across the board, predominately white but it is also very diverse. Age range, at [agency] its, early

20 to 60's; at the [agency] I would say probably early 30 to mid-60s; and the [agency] it's all over the board..."

One participant discussing the common gender of their clients;

"...Definitely female clients I would say are more open to it, more willing to try it. I feel like my male clients think it's awkward..."

Presenting Problems in Clients

Participants were asked to describe the types of trauma their client's experience. All of the participants reported that because trauma is so complex and subjective to the person who experienced it, they work with all kinds of trauma. One participant stated that their clients were not necessarily dealing with trauma but everyday stress and that yoga was helpful to those clients as well. What emerged when discussing the common types of trauma with participants is that incorporating yoga into therapy with clients' needs to be done on an individual basis.

One participant described the type of trauma they have worked with and is an example of how traumatic experiences can happen in a number of ways;

"...So I have worked with clients who have experienced domestic violence, sexual violence, sexual abuse, physical violence, traumatic car accidents, TBI, war, military base trauma, lots of experience with clients who have experienced different kinds of trauma..."

Symptoms of Clients

Four participants reported that many of their clients experience acute stress, high anxiety, dissociation, and the inability to feel connected to their body,

One participant reported the symptoms commonly seen in their clients and these symptoms are congruent with what other participants said in their interviews;

“...A lot of the clients I work with experience depression and high anxiety because of the trauma they have experienced...”

Theoretical Framework

When the participants were asked what their theoretical framework was in working with clients who experience traumatic stress. Four of participants responded that their theoretical framework with trauma clients is: 1) psychodynamic perspective (attachment theory); 2) humanistic and existentialism theory (client centered and strengths-based perspectives); and, 3) feminist perspectives. All participants acknowledged the impact of trauma had on both the client’s mind and their body and that trauma becomes a whole mind/body affliction. Furthermore, these participants believed that yogic practices help their client to address their physical symptoms while helping client to improve their mind/body experiences.

All participants reported on the type of therapy which they use yoga. The responses overlapped but all participants reported they have used yoga in individual sessions with clients. One participant reported that they hold workshops to teach yoga. Another participant reported that they have used yoga in couple’s therapy and four participants reported that they have used yoga in group therapy. The four participants who reported that they had used yoga in larger groups were asked “what happens if some

group members do not want to participate?” All of the participants stated that it was the client’s choice, i.e. clients had the power to decide if they wanted to participate in the yoga.

One participant discussed the structure of group therapy and incorporation of yoga. The first 45 minutes are allotted for psycho-education, followed by 45 minutes for information processing. The final 30 minutes are left for yoga practice. Structuring the sessions in this way allows clients who do not wish to participate in yoga to leave. However this posed complications for groups with involuntary clients.

One participant described their integrative approach as and why it is important to look at a client as a whole and not separate the body and mind;

“...taking cues and conceptualizing client’s cases based on a psychodynamic perspective, specifically attachment theory is very much looking at the relationship, while also looking at somatic symptoms. I use a lot of Bessel van der Kolk’s work around trauma, and the holistic approach looks at the whole client. If we are not paying attention to this, than we are not treating the whole client...”

Experiences Using Yoga in Therapy

Therapists were asked about what their experience had been introducing and incorporating yoga into the therapeutic relationship to help clients who have experienced complex trauma. Through the interviews, the most common theme reported by participants were overall positive experiences. Within this theme, participants talked about the benefits of yoga helping to ground clients. Thus clients who experience benefitted from yoga and mindfulness techniques in helping the client come back to the

“here and now.” Thus, the experience of clients paying attention to their breathing and their body in certain poses activates their ability to be aware of surrounding and become more present.

All participants identified disassociation as a common experience among clients who have traumatic stress. Participants of this study also reported that clients who had difficulty regulating their emotions due to symptoms caused by their traumatic experiences were able to use breathing techniques as a part of yoga practice to better self-regulate their emotions. Deep breathing helped these clients slow their heart rate, and return to the here and now. This was particularly helpful for many who experience traumatic stress and flashbacks.

One participant’s experience with clients who are experiencing traumatic stress symptoms and how deep breathing helped to lessen the effect;

“... with clients who are dissociating, it [yoga] has the ability to ground them. I also use breathing techniques with clients. This often helps clients to be able to calm themselves. Changing the way you breathe can help with depression and anxiety. This helps really as well, to regulate and to bring them back into their bodies again...”

While another participant reported on the way they experienced the discovery of their own traumatic stress symptoms that their body held onto;

“...and then in the process [of therapy] we discover that there is so much underneath that we didn’t even know was there. And not always good stuff, but stuff that our bodies have done a really good job hiding and holding onto for us

that we don't even realize is happening until we find some release from it. I think that it is a much deeper way that we are able to work through our own stuff on a level deeper than cognitively..."

Safety of the Client

While all participants reported positive experiences for clients, some cautioned that yoga must be introduced with care. Participants reported a number of things the clinician must be aware of including the importance of location, choice of participation, delivery mechanisms, and being trauma-informed.

Trauma-Informed Yoga

One participant shared their clients' experience that went to a yoga class that was supposed to be trauma-informed and the consequences of the yoga teacher not being trauma-informed.

"...She was terrified when coming in because the class she had taken back home, the teacher turned the lights of, she was touching them, she used a gong at one point. The woman had a flash back and thought she was back in the war. I mean some very obvious things to us that are not trauma informed. So I think that is the big question. How can we integrate this, and know it's effective and safe for our clients..."

Only one participant reported referring clients out to yoga instructors. This participant reported only sending clients to specific instructors they were familiar

with. This participant discussed the lack of trauma informed yoga classes available in the Twin Cities.

Another Participant described their way of allowing choice to participate and being trauma-informed while teaching client's yoga;

Sometimes with a client who has experienced sexual violence, sometimes, different poses can be triggering for a client. So with that, I will stay away from the yoga poses that will be more triggering. I also let them know it's always their decision. Other than that, I have found it to be very affective.

Location of yoga

All participants stated that they often do yoga in their office with clients. One participant reported that they do in-home work with clients and found it beneficial to teach their clients yoga in an environment where they were comfortable and would be more consistent with practicing yoga skills.

I like to do it in the comfort of their home. Then they can integrate and use those skills at home. Sometimes I feel that those skills don't get transferred if they are being taught outside of the home. So doing it in home I feel is the best way to get them to do it on their own.

Discussion

Overview of Finding's

The purpose of this study was to learn about therapists experience's incorporating yoga into therapy with clients who have experienced complex trauma. The hope for this study was to help clinicians understand how trauma impacts the mind and the body, how yoga can be used as a therapeutic intervention.

Positive Experiences

While this study was about the experiences of therapists using yoga with clients, an unanticipated and interesting finding from this study revealed that when participants were asked "what made them decide to begin using yoga with clients," three participants said they began using yoga with clients because of the personal benefits they experienced when using yoga for their own mental health and trauma recovery. In particular, participants reported using yoga in their own process of healing from personal trauma; as a way to help with regulating stress and emotions associated with their traumatic experience through controlled breathing, and overall feelings of being happy and feeling good. Davis, D & Hayes, J (2011) discuss the benefits for therapists' practicing yoga as their own self-care. This study suggests that yoga can be used by therapists as a way to promote empathy, compassion, decreased stress and anxiety, and counseling skills for working with clients. This study supports this finding because therapists are more aware of themselves, due to mindfulness practices, that they are able to let go of their own judgements, thoughts, and analyzing clients; clinicians' are able to actively listen and be more present with the client (Davis, L & Hayes, J, 2011). The study goes on to say that

practitioners who use yoga are less likely to experience countertransference with clients because of their ability to differentiate between the experiences of their clients with the experiences in their personal lives.

While participants discussed personal experience and profound benefits, such as healing from trauma, managing stress, regulating emotions, and mind/body connections as the motivation behind using yoga with trauma clients; these findings are congruent with all participants reporting what their clients experience when practicing yoga as a part of therapy.

Treating Common Symptoms

Participants of this study, reported symptoms that are common among the clients that they see; such as, high anxiety, stress, trouble self-regulating, and somatic symptoms. This finding was not anticipated or asked directly during the interview process, but all participants at some point in the interview, reported thee traumatic stress symptoms common among clients. This finding is prevalent, because while a traumatic experience is subjective to the person, the traumatic stress symptoms are not. If clients are reporting symptoms that can be treated by addressing somatic symptoms through the use of yoga or other mindfulness practices, then clinicians have a powerful intervention for working with clients experiencing traumatic stress (D. Davis & J. Hayes, 2011).

The literature supports this finding, stating that yoga is beneficial because it is about being very mindful of breathing patterns, the body, and the senses stimulated by external stimuli (Emerson & Hopper, 2011). Four participants reported that their clients

also experienced acute stress, high anxiety, and the inability to feel connected to their body. The literature reviewed, supports yoga as beneficial to combating the symptoms reported by participants. Neurobiological research looking at brain scans of individuals who use mindfulness meditation, found decreased activity in areas of the brain connected to stress and arousal (Christensen-Cowen, 2009).

Safety of Client

While reviewing the literature about why yoga is beneficial in combating traumatic stress, the discussion of safety for the client's physical and mental health continued to appear throughout literature reviewed. While conducting this study, there were three themes that emerged that are consistent with the literature review, as a criteria of safety of yoga with trauma clients; the location where the yoga is practiced, the client's choice to participate, and the person teaching the yoga, being trauma-informed.

A finding that appeared among all participants was the client's choice to participate in yoga. Four participants talked about "choice" and being trauma informed as an important part when using yoga with trauma clients, because certain poses have the ability to make clients feel traumatized again, due to state dependent recall or "triggers" (Rothschild, 2000). One participant talked about their client who was triggered when she went to a class that was "supposed to be trauma-informed," but wasn't. The participant reported the teacher was not trauma-informed, and it caused the client to feel traumatized again. Four participants talked about the difficulty of not having enough space in their agencies to do yoga with clients. This finding may support why a client would have the need to seek outside sources for using yoga as a part of therapy.

Theoretical Framework

When asked to discuss their theoretical framework, participants said that they used an integrative and holistic approach; that interventions treated the whole client, mind and body because both are affected when someone is faced with a traumatic event. This finding is supported by the literature; those who have suffered from a traumatic experience often feel disconnected from their bodies, due to the inability to protect oneself from danger (Emerson & Hopper, 2011), and treatment of said client should not be seen as two separate systems, but rather treated as a “unified whole” (Deuskar, M & Rybak, 2010).

Limitations of this Study

This study has a number of limitations. First, the small sample size of participants means that the findings of this study cannot be generalized to the larger population of clinicians’ using yoga in therapy with clients who have experienced complex trauma; because the study was conducted over a short period of time, it was difficult to get responses from possible participants in the short time span allowed. Secondly, the participant’s for this study were not picked at random due to the study being a snowball study, and therefore it is difficult to say if the study would have a different outcome with participants picked at random; however, there was diversity among participants. The participants of this study were all different ages and had experience with many different populations which did give the study some diversity in responses.

Thirdly, the interviews were originally intended to be conducted in the offices of participants, but because of limited space, the interviews were conducted in open offices at participant's offices and one interview in the participants' home. The interview location was a limitation to this study because of distractions and interruptions that came up during the interviews. Participants' may have been distracted by interruptions or had concerns about their answers being overheard by others. While disruptions and distractions were prevalent in the interviews, all participants' did give insightful answers and were flexible if either came up.

The last limitation to this study was the interview questions. When reviewing the findings, the questions that were asked of the participants were not in-depth enough to fully understand the participant's experience. The study may have been more of a contribution to the social work profession and existing research, had the questions been more in-depth and asked more about the client's experience's versus the therapist's experience.

Contributions to Clinical Social Work

This study adds to the research and growing literature that says, in order to help clients heal from their traumatic experiences, both the mind and body need to be treated. The findings of this study also support other mindfulness techniques to be useful for combating traumatic stress, and not strictly yoga; this finding is useful for professional who may have wanted to implement mindfulness techniques into therapy, but did not have the resources or ability to practice yoga with clients'. This finding also contributes to professionals having more options when choosing an intervention for their client and

their subjective traumatic experience. This study also provides implications for clinician's and program development to be trauma-informed and provides insight from a therapists' perspective; because this was a qualitative study, it allowed for participants to share their experiences through stories, as well as being a voice for their clients' experiences. With the developing research being done to better understand the impacts of trauma on the human experience, which the findings of this study support, it will be crucial that clinicians' are prepared to provide interventions that support healing of the whole client, mind and body.

Further Research

Participants of this study reported that overall, they had positive experience's using yoga with clients. Their responses supported the literature reviewed; however, this study revealed some areas that need further research including; accessibility to oppressed populations to meet the needs of clients who often are unable to receive services that address somatic symptoms; a better understanding of how yoga can be implemented safely in more programs that work with clients who have experienced traumatic stress and methods to help trauma survivors feel safe while practicing yoga.

Conclusion

The purpose of this study was to better understand the therapists experience while incorporating yoga and/or mindfulness techniques as part of an intervention to working with clients who suffer from complex trauma. The findings of this study that are supported by the literature conclude that there is a benefit to incorporating yoga and/or mindfulness techniques into therapy with clients who have experienced complex trauma.

The areas that need more research are the safety of clients while using mind and body interventions and implementation of the yoga practice in a therapy setting. The study and its findings support the social work profession by adding to the existing body of literature and by providing an intervention to working with clients experiencing traumatic stress.

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CONSENT FORM
UNIVERSITY OF ST. THOMAS

Yoga, Trauma, and Therapy

699414-1

I am conducting a study about the experiences that therapists have had incorporating yoga into therapy with victims of significant trauma. I invite you to participate in this research. You were selected as a possible participant because of your use of yoga in therapy with these types of victims. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Brianna Klatt and Collin Hollidge (Chair), affiliation with St. Thomas University.

Background Information:

The purpose of this study is to explore the experiences of using yoga practices in therapy with clients who have experienced significant trauma. An exploratory qualitative study will be done by interviewing therapists who incorporate traditional talk therapy with yoga to address somatic systems, emotional regulation, self-awareness and reintegration of the body and mind.

Procedures:

If you agree to be in this study, I will ask you to do the following:

Participate in a one-time interview, which should last between 30-45 minutes. The interview will take place in the participant's office and will be recorded on researcher's secured cell phone.

Risks and Benefits of Being in the Study:

The study has no risk to participants.

The direct benefits you will receive for participating are: None.

Confidentiality:

The records of this study will be kept confidential. In any report I publish, I will not include information that will make it possible to identify you in any way. The records that the researcher will obtain from the participant include; audio recordings of the interview, transcription of the interview, and the signed consent form. Audio recordings will be stored on researcher's cell phone and will be protected by security codes. Audio recordings will be transcribed by a professional transcriber, who will have signed a confidentiality agreement. Transcripts will be written without any identifiable information, and will be stored in the researcher's locked files at work. The data collected in the interviews will be kept until May 1, 2015, after which the researcher will permanently erase the audio recordings and shred the written transcripts. Signed consent forms will be until May 1, 2018. Original signed consent forms will be locked in the researcher's personal desk drawer, in the office at her home.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with Domestic Abuse Project or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to May 1, 2015. Should you decide to withdraw, data collected about you will not be used. You are also free to skip any questions I may ask.

Contacts and Questions

My name is *Brianna Klatt*. You may ask any questions you have now. If you have questions later, you may contact me at *952-221-6049* or my chair, *Collin Hollidge*, at *651-962-5818* or *Cfhollidge@stthomas.edu*. You may also contact the University of St. Thomas Institutional Review Board at *651-962-6038* with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I consent to an audio recording of the interview. I am at least 18 years of age.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Appendix C

Interview Questions

1. Can you tell me what type of trauma you work with?
2. What are the demographics of the populations you serve? Predominant race? Gender? Age range?
3. What is your theoretical approach to working with clients who have experienced significant trauma?
4. Why did you decide to incorporate yoga into your therapy?
5. How is the client's experience, using yoga as a component of therapy, discussed when in talk therapy session?
6. Have you tried other methods before using yoga with talk therapy?
7. What made you decide to start incorporating yoga into therapy with clients?
8. What setting does the yoga take place? What is important for a therapist to know when deciding the setting of yoga?
9. What are the advantages to using yoga in therapy with clients who have suffered significant trauma?
10. What are the disadvantages to using yoga in therapy with clients who have suffered significant trauma?