# Chapter 12 Yoga as a Healing Modality of Trauma-Related Symptoms and Disorders: From Suffering to Thriving

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### **ABSTRACT**

Healing after trauma is a long-lasting process involving the body and mind. The neurobiological foundation of trauma calls for more bodily and sensational, bottom-up regulatory approaches. Yoga has been proposed as a possible adjunctive treatment for trauma, and for more complex forms where talk-therapy have been proven insufficient. This chapter will give a theoretical and evidence-based summary of all (to our knowledge) relevant empirical data on yoga as a treatment for trauma-related disorders and symptoms.

## INTRODUCTION

Trauma-related disorders cause deep suffering and societal costs worldwide. The WHO World Mental Health surveys have demonstrated a life prevalence of PTSD across nations to be around 6 percent (Kessler & Ustun, 2008). The NICE Guidelines recognize that trauma may lead to other mental diseases or problems (e.g. depression, complex PTSD, addiction). The guidelines are stating that there is a lack of evidence regarding people with PTSD and complex needs. In previous years, many clinical psychologists and scientists have recognized that ordinary «talk» therapy may not be sufficient to treat traumatized patients (Bisson et al., 2013), and also that PTSD is not a sufficient diagnosis to embrace all possible outcomes of traumatic experiences (The National Institute for Health and Care Excellence, 2018; van der Kolk, 2006).

The field of neurobiology has contributed to the latest understanding of trauma, especially regarding the acknowledgement of how essential bodily and sensational issues are to trauma patients. Mind-body therapies, such as sensorimotor psychotherapy (Ogden et al., 2006) and yoga and mindfulness, view

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the body and the mind as interconnected. These traditions treat mental illnesses in a more holistic way recognizing the importance of also healing the mind through the body (Caplan et al., 2013; Ogden et al., 2006; van der Kolk, 2006). In this perspective trauma treatment is not about treating an abnormal state of mind but rather increase internal awareness, insight and acceptance (Briere, 2015). In addition, the bottom-up approach of yoga is also taking into consideration that the top-down regulatory properties of the prefrontal cortex of is affected in traumatized individuals. In effect, trauma treatment should involve more focus on the body and arousal regulation together with the cognitive and emotional aspects (vander Kolk, 2006).

In yoga philosophy, pain is an universal experience of all beings. Pain differs from suffering, which is often underlying mental health issues. The *Yoga Sutras* of Patanjali guide the practitioner through how to overcome the causes of suffering (e.g. the *kleshas*). There are in accordance to Patanjali five *kleshas*, or sources to suffering; ignorance, ego-centeredness, attachment, hatred, and fear of death. Traumatic events have an innate potential for suffering, where yoga can contribute to changes in how one relates to the traumatic reactions, the world and oneself. In essence, one can say it is through acceptance of pain and suffering as part of life, and a non-judgmental stance towards others and one's reactions to suffering, healing can occur (Bryant, 2009).

This chapter will give a theoretical and evidence-based summary of all (to our knowledge) relevant empirical data on yoga as a treatment for trauma-related disorders and symptoms. Interventions with meditation and mindfulness alone, and other body-mind techniques, are not included. Following in-depth reading of articles on the field, 16 studies were found eligible and included in this chapter review (Carter et al., 2013; Culver et al., 2015; Cushing et al., 2018; Descilio et al., 2010; Franzblau et al., 2008; Jindani et al., 2015; Johnston et al., 2015; Mitchell et al., 2014; Reddy et al., 2014; Reinhardt et al., 2017; Rhodes et al., 2016; Stoller et al., 2012; Telles et al., 2010; Thordardottir et al., 2014; Van der Kolk et al., 2014).

### Trauma and its Sequelae

Trauma is understood as an event which objectively would result in personal distress and an overwhelming psychophysiological emotional response, although many scholars understand the stress response as a trauma (Briere & Scott, 2006). Within the research field of trauma, different traumatic experiences have been categorized into two typologies (Herr, 1991). Type 1 trauma is a single event that occurs abruptly and unexpectedly and often promotes a strong fear response as the person experiences that one or others are at risk of life (APA, 2013). Examples of such traumas may be natural disasters, rape, and robberies. Type 2 trauma often occurs in early development stages, and in a relationship with close caregivers. These traumas can involve everything from the child's recurring negative and unwarranted criticism, to more serious forms such as sexual and physical abuse. Research on psychological trauma has largely focused on type 1 trauma where PTSD is often the end state. Type 2 trauma has been referred to as relational trauma, often creating more complex symptomatology. In recent times, developmental or early childhood traumas have been used to describe this. This typology is important to highlight as they seem to have different outcomes and implications for treatment (Cloitre et al., 2012).

# **Posttraumatic Stress Disorder [PTSD]**

Traumatized individuals are known to respond inadequately to present stimuli which reminds them of the past traumatic event. These reactions must be considered as once necessary for survival in the mo20 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

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