

Trauma-Sensitive Mindfulness, Meditation and Yoga

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Somatic Experiencing Practitioner



Getting grounded...

Self-care

- Some of this material may be activating (triggering) – this is normal
- Notice your thoughts, feelings, body sensations, impulses to shift, move, or tune out
- Come back to felt sense or ground yourself by using what resources you have presently
- On break, check in with me if you need support

“I attended a silent weekend retreat where I was told to focus my attention on my breath and body the whole time. We couldn’t talk to one another, and there were little isolation closets that we had to sit in as well. I started to have a panic attack and couldn’t break my anxious spiraling thoughts, which just intensified. When I tried to focus my attention externally to ground myself the way my therapist taught me, the teacher called it distraction and I felt forced to keep my focus internal, even though I was flooded.”

--H.

“One evening I was taking a yoga class from a male teacher. He happened to be right behind me as he guided the class into a pose similar to child's pose, but with our backsides sticking out. He chuckled and said that some people call this "happy boyfriend pose". My back immediately tensed up and I came out of the pose. I was shocked and very upset by the comment that I had to leave the class and I did not return, and had reactionary back pain the next day. I told the studio owner, who just shrugged.”

--Lee

“I teach a mindfulness group and a lot of the participants just don't bother doing the homework or practicing at home. I keep having to challenge them to just do it or things won't change. Some people are just resistant or lazy and don't really care.”

--Overheard spoken by an RSW

“While meditation practices, and particularly mindfulness forms of meditation, are generally safe and have overwhelmingly beneficial results, they can catalyze challenging psychological problems. They can also be misused by meditators in ways that are contrary to the goals of psychotherapy. In addition, there are psychological conditions where meditation practices, again including mindfulness, are contraindicated or should only be used with great caution.”

--David Lukoff, PhD & Gary Buck, PhD

Rationale

- Mindfulness meditation and yoga are often suggested to clients with trauma to support their healing, without an understanding of the caveats and contraindications
- Even some recent trauma-focused yoga and meditation resources fail to identify the pitfalls of commonly-taught practices and principles or identify approaches that might be safer (NurrieStearns & NurrieStearns, 2013)

“We believe that the sophisticated and precise theories and techniques of Somatic Experiencing offer a way of understanding the processes that occur during mindfulness meditation, both the beneficial mental, emotional and physiological effects of mindfulness meditation and the flooding or dissociation that can occur when traumatic memories surface. In addition, SE can suggest ways in which mindfulness meditation practices could be modified to enable meditators to process traumatic material, and traumatized people to use mindfulness-based techniques to help them recover.”

--Payne, Levine & Crane-Godreau (2015)

Goals

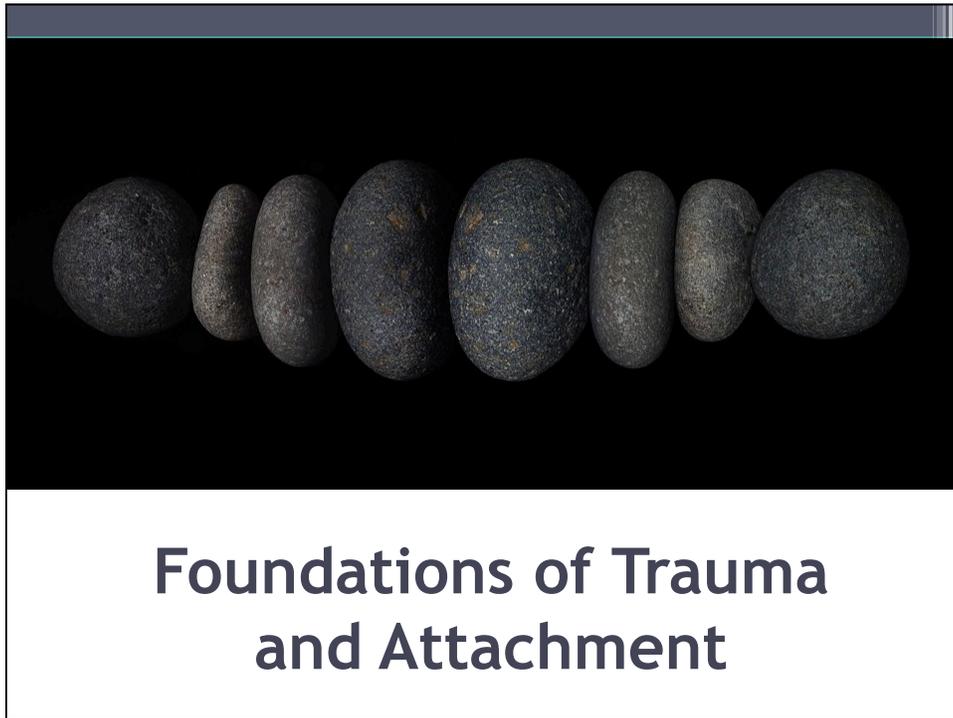
- Learn about the most common ways mindfulness meditation and yoga can be triggering or retraumatizing
- Understand the neurobiology of trauma, stress and emotional dysregulation and how overwhelming experiences impact the brain, body and behavior
- Reframe client resistance through a trauma lens
- Distinguish between presence and dissociation
- Incorporate trauma-informed principles and skills from somatic psychology into their existing approaches with clients.
- Discover ways to adapt mindfulness meditation and yoga to increase client safety, stabilization, choice, voice and empowerment

Inspiration

- Dr. Peter Levine (Somatic Experiencing)
- Dr. Ron Siegel (mindfulness & psychotherapy)
- David Emerson & Dr. Elizabeth Hopper (trauma-sensitive yoga)
- As well as additional authors and key players in the fields of trauma neuroscience, mindfulness and yoga
- This workshop also draws on material developed by myself and Caroline Owen, BA, ERYT-500

Agenda

- Welcome, introductions
- Foundations of trauma and attachment
- **BREAK**
- The Transcendence Trap: Common Pitfalls
- **LUNCH (12-1:30pm)**
- Trauma-sensitive principles
- Trauma-sensitive practices
- **BREAK**
- Trauma-sensitive practices
- Additional recommendations
- Debrief, evaluations and close



What is trauma?

- Thoughts?
- Definitions?

Shifting the definition

- Most definitions of trauma focus on the event
- However, two people may experience the same event and have different experiences of it
- This is partly because:

“trauma is not in the event itself; rather, trauma resides in the nervous system” and affects the body as well as emotions, mind, spirit, and our capacity for relationships

Peter Levine, *Waking the Tiger: Healing Trauma*

The call of the wild...







Video:

Polar bear threat response

So what is trauma?

- Animals in the wild who are threatened routinely rarely become traumatized – why?
- Animals recover from a freeze state by “**shaking out and passing through the immobility response and becoming fully mobile and functional again**” (Levine, 1997, p. 18)

So what is trauma?

- Domesticated animals and humans do experience trauma
 - Unable to self-protect successfully → stuck in fight/flight/freeze/collapse/surrender/dissociation
 - Exposure to chronic stress without relief
 - Surrender = “weakness”
 - Cognitive override
 - Shame, self-consciousness, somatic dissociation
 - “Get over it”
 - Brace against body sensations / prevent discharge

So what is trauma?

- Trauma is less about the event, than about what is left over as a result of an event or series of experiences:
 - Helpless and overwhelmed
 - Incomplete self-protective responses
 - Nervous system and affect/arousal dysregulation
 - Fragmentation of self
 - Core shame
- Trauma also involves the lack of support or responsiveness of others following an overwhelming experience

The stress response

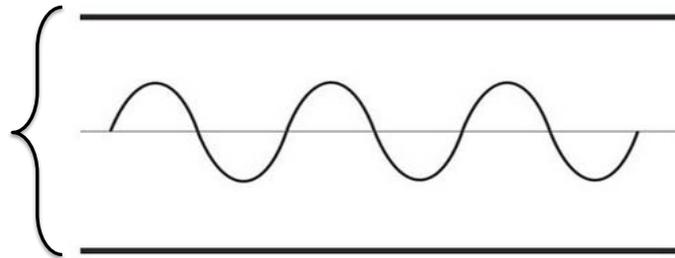
- **Sympathetic Nervous System (gas pedal)**
 - Gears us up to deal with stress / threat
 - Regulates arousal (also active when we are alert, excited, physically / sexually active)
 - Symptoms?
 - Increased heart rate and blood pressure
 - Rapid or shallow breathing
 - Blood diverted from digestion to extremities
 - Blood vessels constrict and drain blood from skin to prepare for injury (pale, cold, clammy)
 - Pupils dilated, eyes wide and focused
 - Muscles tense

The relaxation response

- **Parasympathetic Nervous System (brakes)**
 - Helps us to unwind, reorganize and restore us after stress or threat
 - Symptoms?
 - Muscles relax
 - Lowered heart rate and blood pressure
 - Breathing slower and deeper
 - Skin warming and colour returning (flushed)
 - Digestion resumes
 - Bodily fluids released

Regulated nervous system

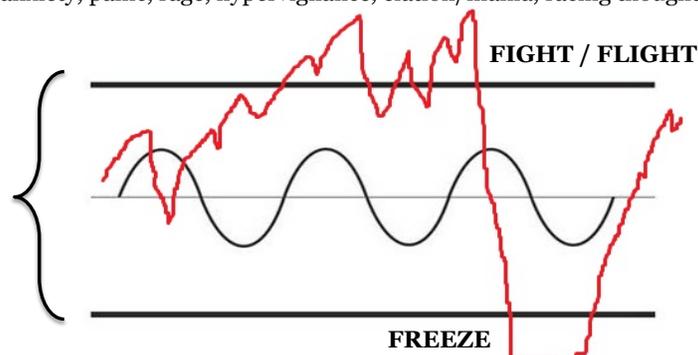
Stressful experiences are within our **window of tolerance**:
easy charge and discharge, flow, able to think clearly, have
empathy, and be present to one's experience



(adapted from material by Dr. Peter Levine and Pat Ogden)

Dysregulated nervous system

“Stuck on ON” (Hyperarousal): Increased sensation, reactivity, hyperactivity,
anxiety, panic, rage, hypervigilance, elation/mania, racing thoughts

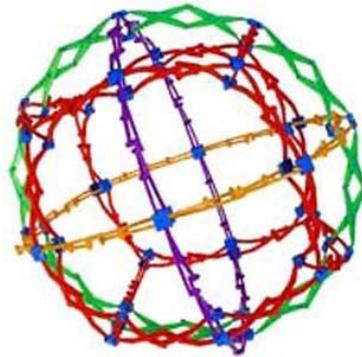


“Stuck on OFF” (Hypoarousal): Depression, disconnection, dissociation,
deadness, exhaustion, absence of sensation, “fog”, reduced movement

(adapted from Somatic Experiencing by Dr. Peter Levine)

“Holding all this stacked up energy in the body has a very disorganizing influence. It disorganizes our nervous system and how we process information. We’re both revved up and constricted at the same time, and every time we get into a state of physiological arousal, everything hooked up with trauma tends to get restimulated. Levine likens it to having a foot on the accelerator and brake at the same time.”

--Jasmin Lee Cori, MS, LPC (2008, p. 15)



expansion



constriction

Expansion → constriction

- One of the biggest factors to consider about mindfulness meditation and yoga
- Trauma involves dysregulated pendulations between chaos and rigidity, between too much and clamping down
- The body has often adapted by bracing or being in a state of hypervigilance, muscles tense, body postures that are more self-protective (hyperarousal)
- Or the body lacks muscle tone and is flaccid / collapsed (hypoarousal)

Kindling and reactivity

- Distress changes our cellular function to be more easily excitable – mobilized and ready for action to protect against future threats
- Result → more easily triggered and difficult to slow down
- Often leads to a higher baseline (towards hyperarousal) in the window of tolerance – “it takes less to set us off”

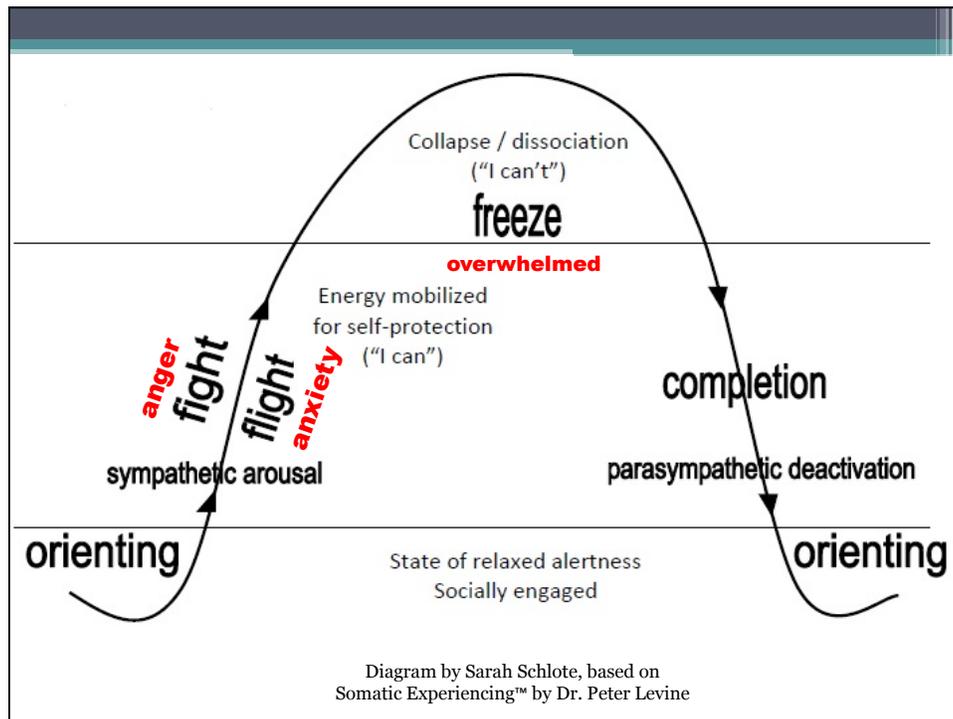
“Basic to all motile life is a differential approach/avoid response to perceived features of environment. The stages of response are initial reflexive noticing and orienting to the stimulus, preparation, and execution of response. Preparation involves a coordination of many aspects of the organism: muscle tone, posture, breathing, autonomic functions, motivational/emotional state, attentional orientation, and expectations. The organism organizes itself in relation to the challenge. We propose to call this the “preparatory set”.”

--Payne & Crane-Godreau (2015)

Activation cycle (“preparatory set”)

- Rest, social engagement (relaxed or vigorous play)
- Mobilization of a stress/self-protective response:*
 - Startle
 - Defensive orienting
 - Specific self-protective, defensive response:
 - **Fight**
 - **Flight**
 - **Freeze**
 - **Also: collapse, submit, surrender**
 - Discharge / completion (back to resting state)
 - Exploratory orienting

(adapted from Somatic Experiencing training manual, p. B1.24, and Porges, 2007)



From stigma to strength

- Nature does not place a value judgment on fight, flight or freeze – mobilization of a stress or self-protection is natural and needed
- None is better or worse than the other
- If it allowed you to **survive**, that's all that matters
- There can be self-consciousness or shame associated with anger, running away, or dissociating, as well as with other symptoms and adaptations– normalize and validate these
- Help clients honour and understand their mammalian responses

Activation cycle

- For more information on the neuroscience of the activation cycle and how it is used in various somatic, meditative and body-oriented modalities:
- Payne & Crane-Godreau (2015)
<http://journal.frontiersin.org/article/10.3389/fnhum.2015.00178/full>
- Payne, Levine & Crane-Godreau (2015)
<http://journal.frontiersin.org/article/10.3389/fpsyg.2015.00093/full>

Management strategies

- People who have experienced trauma often have depleted internal resources and reduced capacity for tolerating distress
- Their behaviours and reactions **may be their best attempt at managing their dysregulation** – their internal chaos, overwhelm, numbness or pain
- When all a person experiences is pain/hurt, he or she will seek the quickest road to pleasure or relief.

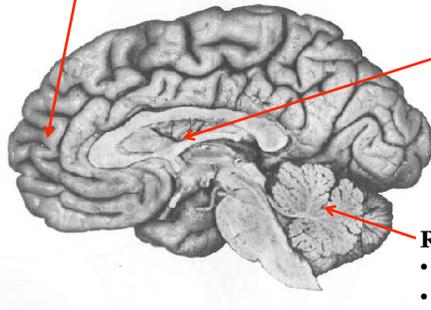
Their best attempt to regulate

- Addictions (to people, substances, behaviours)
 - *Including to meditation and yoga!*
- Self-harm, disordered eating, compulsions
- Impulsivity
- Disconnecting, withdrawing, dissociating, avoiding
- Bottling up or venting/flooding
- Caretaking for others (external focus)
- Wearing a mask or adopting a false persona
- Trying to find control on the outside
- Staying in their heads or bracing against sensation (**CONstriction**)

The triune brain (adapted from Dr. Paul MacLean)

New Mammalian Brain: Neocortex THINKING

- Rational thought, logic, planning, emotion regulation, language, consciousness, "**mindful witness**" (ability to reflect on oneself and one's experience)
- Regulation of arousal, impulse control, cravings, evaluating consequences of decisions, pain relief, reward



Old Mammalian Brain:

- Limbic system EMOTIONS
- Seat of our emotions, memory production and value judgments
- Sense of threat
- Attachment bonds

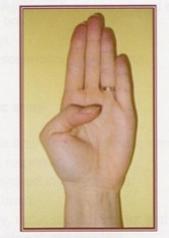
Reptilian Brain: SURVIVAL

- Brain stem, cerebellum
- Heartbeat, breathing, body temperature, balance, muscle control
- **FIGHT-FLIGHT-FREEZE**

Brain in your palm (adapted from Daniel Siegel)



- **When our brain is integrated (grounded, relaxed, oriented to the present)**, high road / cognitive processing is possible: mindfulness, flexibility in our responses, self-awareness, rational thought



- **When triggered (stress/trauma)**, pre-frontal cortex shuts down and lower or subcortical brain function takes over (**fight/flight/freeze mobilization**): intense emotions, impulsivity, rigid/repetitive responses, lack of self-reflection and consideration for other points of view

Images from
Pelletier (2009)

Negativity bias

- Sanskrit/Pali:
 - Dukha = suffering, constriction
 - Sukha = ease, spaciousness, expansion
- Somatic Experiencing:
 - Red = suffering, pain, “trauma vortex”
 - Blue = ease, comfort, “healing vortex”
- Clients with trauma often live in the “red” / dukha and have difficulty reconnecting with or tolerating “blue” / sukha.

Negativity bias

- “When the brain is under the influence of an emotion, it habitually makes connections to past events that triggered the same emotion.” (Cori, 2008, p. 18)
- This wiring is meant for survival
- Healing involves experiencing the counter-emotions, more positive, nurturing experiences, which can be difficult to access

Early attachment experiences influence the development of our social engagement system and **teach us how to regulate** internal and external stimulation.

Pat Ogden
Trauma and the Body (2006, p. 41)

Attachment and self-regulation

- When we are infants and young children, we rely on our caregivers to soothe us and help us to settle so that our arousal is maintained within our window of tolerance (co-regulation)



Attachment and self-regulation

- Primary caregivers calm babies when arousal is too high and stimulate them when arousal is too low, through consistent, secure and accurate attunement via gaze, touch, holding, voice, interactive play, and the quality of their physical soothing and contact



Attachment and self-regulation

- Repeated interactions with caregivers also help us develop our capacity for connection and relationships and feel a sense of safety and trust, as well as our ability to predict, manage and regulate our environment
- This helps both children, and later adults, to be able to process, tolerate and grow from difficult life experiences (resiliency)

Attachment and identity

- Our **sense of self** develops in relation to our ability to self-regulate, beginning with our sensory experience via touch, movement and arousal, followed by other senses and language
- Caregivers attending to our needs help us to get a **sense of our own body**, both in terms of our own sensory experience and in relation to others
- Requires the caregivers' ability to recognize the child as being a **separate person** with her own motivations, desires and needs

Attachment and self-worth

- Receiving “good enough” parenting through interactions that meet your developmental needs as these change over time leads to:
 - Believing you are worthy of love and care
 - Believing your needs aren’t too much for others
 - Believing you are enough

Impact of secure attachment

- Other impacts include:
 - A wider window of tolerance for pleasure and unpleasant sensations/experiences
 - Effective ability to engage socially
 - Ability to self-soothe and modulate arousal
 - Greater capacity for intimacy and connection
 - Ability to tolerate frustration and disappointment
 - Congruency between body movements, emotions and thoughts
 - Comfort with autonomy and seeking help
 - Self-worth and positive self-concept

“If the attachment process is disrupted or never allowed to develop in a healthy manner, as can occur with abusive and neglectful caretakers, the child's brain will be more focused on meeting the child's day-to-day needs for survival rather than building the foundation for future growth.”

Child Welfare Information Gateway (2009)

“The early brain develops its intelligence, emotional resilience, and ability to self-regulate by the anatomical-neuronal shaping and pruning that takes place in the context of the face-to-face relationship between child and caregiver. When traumatic events occur [or when there is ongoing attachment trauma], the imprinting of neurological patterns is dramatically heightened.”

Peter Levine and Maggie Kline
Trauma Through a Child's Eyes (2007, p. 7)

Impact of early trauma

- Ruptured sense of self in relation to others
- Emotional instability (**hyper-arousal** and **hypo-arousal**)
- Social dysfunction
- Difficulty recovering from stress
- Disorganized or impaired thinking
- **Limited window of tolerance** (difficulty tolerating both pleasure and discomfort/distress)
- Limited capacity for relationships / intimacy (avoidant or overly enmeshed/dependent)
- Poor impulse control and ability to assess safety
- **Low self-worth**, core shame and “badness”
- Inability to recognize one’s own needs or “hear” oneself
- Sense of isolation / “not being seen”

Your role in hope and healing

- Trauma-sensitive mindfulness and yoga can provide some foundational tools to assist clients and students in their healing and recovery
- **Scope of practice:** either trauma-specific (goal of processing trauma) or trauma-informed (focusing on safety and stabilization – stage 1 trauma work)

Intentionality

- In your mindfulness meditation or yoga practices with clients or students, what is your goal? What is your intention?
 - To serve as an external regulator
 - To increase self-regulation
 - To integrate fragmented parts of the self
 - To build capacity to be present in the moment with what arises in a non-judgmental way and without getting overwhelmed, flooded or avoiding
 - To befriend the body
 - To develop self-compassion / lovingkindness
 - To foster RESILIENCY





The Transcendence Trap: Common Pitfalls

Meditation drop out

- Clients are often told to “quiet their mind” or to come to a place of stillness.
- This can set people up for failure, as they realize how much mental activity there is inside and feel discouraged at not being able to do this
- Similarly, certain practices or poses can be triggering and clients may either get overwhelmed and panic and override to stay with the practice (“be a good student”) or dissociate to get through the exercise
- Especially challenging in groups (no ability to share what is happening)

Too much, too quickly

- Trauma involves a disconnection from oneself, having to leave oneself to survive
- Numbing and dissociation are self-protective
- Starting with the breath or body awareness exercises first can be a jarring experience as the client comes back into contact with aspects of the felt sense that occurred in moments of fear or terror (“overcoupling”)
- **Flooding:** being tossed into the deep end of the swimming pool without knowing how to swim

Too much, too quickly

- Similarly, many meditative practices prime us to close our eyes or look down, in order to “go inward”.
- For some, this is helpful, but for others, doing so can lead to getting lost inside in unhelpful thoughts, painful sensations or overwhelming feelings. “Inside” is not a place of refuge for many trauma survivors.
- Keeping the eyes open may feel safer (awareness of one’s environment), especially if the trauma involved something unseen or the inability to orient to threat

Many survivors of trauma are strongly drawn to spiritual paths and spiritual states. For those who have experienced interpersonal trauma, more ethereal, transpersonal states may help replace untrustworthy human relations and provide an alternative to a world now viewed with a cynical eye. The fight to the boundless looks pretty darned attractive (“boundless” is also the opposite of “trapped”, which most of us were during trauma).

--Jasmin Lee Cori, MS, LPC
(2008, p. 204)

Dissociation

- Being told to “clear your mind” or “enter into stillness” may reinforce a familiar state of being comfortably numb (as opposed to mindfulness and yoga being about cultivating presence)
- For some, feeling dissociated can be a blissful state, and hard to distinguish from altered states of consciousness that can come from long-term meditation
- Also, certain traditions of meditation and Buddhism emphasize the eradication of the self and emotions

“Besides extreme identification with phenomena, extreme dis-identification can occur. Some students [and teachers] misunderstand the Buddhist doctrine of “no-self,” meditate in a way to dis-identify with their experience, and thereby cultivate a withdrawn, emotionally disconnected “schizoid” state.”

--Dr. Lois VanderKooi (1994)

Disowned experiences

- Practices that encourage a rigid “no-self” or “uncreate and let go” approach may further support a disintegrated state or inadvertently re-enact familiar dynamics
 - Not allowed to have a voice or sense of self as separate from “other” (boundary-less)
 - Not allowed to express emotions or needs
 - Being punished for “unacceptable” urges, thoughts and feelings
 - Being ostracized or shamed for one’s responses (conforming / pleasing / submitting to survive)

Disowned experiences

- Also recall that trauma often involves a thwarted self-protective response (Levine, 1997; 2010)
- An emphasis on letting go of anger and forgiving may trigger resistance, especially if a client was told to just “get over it” and if they were prevented from mobilizing a self-protective fight response (or their anger was shamed by others)
- Aggressive or sexual urges that arise may feel “un-enlightened” and repressed further

“A painful or disturbing [internal] experience may be pointing to the necessity for some kind of “biological completion.” Simply maintaining a neutral awareness may not lead to resolution if movement impulses and imagined movements are unconsciously impeded; and many meditation traditions do discourage movement. The question, “what does it feel like my body wants to do?” can often reveal the obstructed impulse, the completion of which may restore comfort and ease.”

--Payne, Levine & Crane-Goudreau, 2015

Selfhood

- Many authors discuss the importance of helping build a sense of self (or “ego strength”) before being able to expand beyond these structures (Germer, 2005; Herman, 1997; Levine, 2010; VanderKooi, 1994; Engler, 1986; Assagioli, n.d.)
- This is similar to the idea of needing to build internal safety and stabilization (internal control) before being able to let go of control to allow the body to complete and renegotiate traumatic experiences (“trip-phasic model”)

“People with a history of dissociation often find it easy to go into transcendent states. Some of these states have been a haven during trauma, and the ability to dissociate and rise above the particulars of the situation may have saved their sanity. Yet leaving these outer reaches and coming back to earth may be a little rocky. For one, if you don’t have a solid sense of self, you don’t have a good airstrip to land on. It’s as if there is not much to come back to, and what is there is not very visible from above. Second, you may not want to come back.”

(Continued)

“It feels much better to float above the pain than to be constantly nipped by it, better to revel in the bliss or equanimity than to return to every day life with its disappointments, limitations and the deep hurts we know too well. Without some grounding, you tend to lose touch with reality, and transcendent states sometimes become psychotic. We need our feet on the ground to make our heaven real.”

--Jasmin Lee Cori, MS, LPC (2008, p. 205-206)

Spiritual bypass (Charles Whitfield, MD)

- A defensive maneuver (or management strategy) in which the path to spirituality, wisdom, God, compassion or enlightenment becomes a way to deny our human emotions, “fooling ourselves into acting as we imagine enlightened or holy people do.” (Siegel, 2014, p. 25)
 - Drives feelings underground, where they continue to run the show, further reinforcing the need for spiritual bypass to manage them
 - Results in somatic symptoms, passive-aggression, compulsions, etc.
 - “Mindlessness masquerading as mindfulness”

Practices as avoidance

- Practices such as mindfulness, meditation retreats or yoga can become ways to avoid and not deal with “reality” – that is, unresolved issues, trauma wounds, responsibilities, basic needs, emotions, and developmental tasks (Cori, 2008; Masters, 2010; Siegel, 2014)
- Need to be aware of the balance between pursuing spiritual development and avoiding engaging fully in life

*“According to object relations theory, the major cause of psychopathology is the inability to establish a cohesive integrated self. In contrast, Buddhist psychology states that the deepest psychopathological problem is the protagonist of a self, the 'clinging to personal existence'. But **one has to be somebody before one can be nobody** (Engler). Meditation may be most helpful to people who have achieved an adequate level of personality organisation. Meditation can help both with getting in touch with oneself, and with letting go of the self, where there is excessive investment in the self.”*

--Iberto Perez-De-Albeniz and Jeremy Holmes (2000)

No-self

- See Pollak, Pedulla & Siegel (2014) for some suggestions on how to introduce the idea of no-self in therapy once more ego strength has been established

Fear of silence

- For others, the opposite is true: stillness and silence may remind clients of other times in which they became still as part of the freeze response (or were left alone) → terror
- Lacking any positive experience of stillness that does not involve splitting off, the suggestion to enter into a place of inner quiet may be met with resistance or fear:
 - Pervasive sense of void inside and resulting despair, isolation or emptiness

Fear of silence and presence

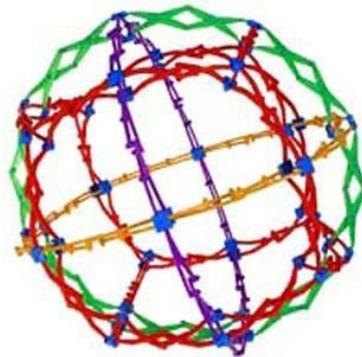
- Others resist slowing down or silence lest what they fear may catch up with them:
 - More thoughts, more pain, more judgment, more self-criticism – low affect tolerance
- This may be especially true for those with:
 - high performance or social anxiety
 - obsessive personality traits
 - perfectionism,
 - core shame
 - avoidant personality or attachment styles
 - very constricted nervous systems

“Just relax and let go”

- In trauma, the body has often been primed to expect stress or threat, and to constrict into holding, bracing or mobilized patterns of readiness for fight/flight/freeze
- To let down one’s guard might feel both unsafe and unnatural (hyperarousal as new baseline) – a loss of control (trauma already implies choice and control were taken away)

“Just relax and let go”

- Invitations to relax may feel uncomfortable or scary, and imply a loss of boundaries or further dissolution of self
 - E.g., imagining oneself as an ice cube melting into the ocean
- Being told “don’t resist, just let your body go” may also trigger memories of having to comply with what was happening to them, such as rape or sexual abuse



expansion



constriction

Expansion → counter-constriction

Use of language

- Language that limits choices and options
- Suggestions to “find your inner light” or “connect with joy” may feel futile and inaccessible (due to a life of pain, core shame and limited safety)
- Language of “letting go”, “forgiveness” or “acceptance” may be confused with condoning what happened (and implies a cognitive process – whereas the body may still be reacting)
- Sexually suggestive or uncomfortable language to describe body parts

Guru culture

- Trauma involves power and control dynamics – clients were at the mercy of something or someone more powerful and fast than them
- Practices, classes or retreats that are more spiritual in focus or that encourage clients to push beyond their capacity may not be a good fit for those who experienced trauma in relation to a religion, cult, spiritual leader, authority figure or person of trust

Guru culture

- It is important to remember that many survivors have learned to override or dismiss their own needs, boundaries, body and internal warning signs in order to please someone else and be a “good boy/girl” to avoid abandonment or shame
- Clients who have experienced interpersonal abuse, attachment trauma or ritual abuse may be more vulnerable and more likely to comply with authority, even at their own expense

“In the most extreme cases of this guru legacy, yoga practitioners are commanded to subjugate their will to that of the guru and to deny their own subjective experience, trusting totally in the mandates and proclivities of the teacher. For those of us interested in trauma-sensitive yoga, this is the exact opposite of what we hope for from yoga, and in fact seems closer to a definition of trauma than a liberating practice based on self-discovery and self-care.”

(Continued)

“Therefore, we reject the guru culture that can be found in yoga [and meditation’s] past and present in favour of a model where the [therapist, teacher or instructor], while creating some structure and safety, invites students to listen first and foremost to their own bodies and to be guided by their own experiences in the moment. There is no need for a guru or for dogma in order for the practice to be safe, effective, and even spiritually nourishing for trauma survivors.”

--Emerson & Hopper (2011, p. 27)

Yoga-specific challenges

- Poses or movements that might involve the genital area or leave clients feeling exposed, vulnerable or unable to see what is going on
- Poses that involve the constriction of the pelvic floor muscles
- Poses that require a motor sequence that is linked to a traumatic experience
- Poses or movements that expand the area around the heart

Yoga-specific challenges

- Savasana – stillness and relaxation can be responded to with hypervigilance. No voice of teacher or directions to provide an anchor to focus on, no movement to keep anxiety at bay
- Touching to stabilize or correct a posture – shame at not doing it right, or activation related to not having had choice about proximity or the contact

Yoga-specific challenges

- Styles of yoga – similar to meditation, not all styles are created equally. What may be a fit for one may not be for another. Need to consider:
 - Fast styles that promote pushing beyond limits
 - Temperature and amount of clothing
 - Use of props and straps
 - Holding uncomfortable poses for long periods
 - Chakra activation exercises (expansion → flooding)

Group practice challenges

- For both group meditation and yoga settings, as well as retreat settings:
 - Lack of 1:1 attention to address what might be coming up
 - Social anxiety being in a crowd
 - Core shame → sense of isolation and being the only one to struggle
 - “Not being seen” and “being seen”
- Intensive silent retreats can also induce or provoke the relapse of serious psychological concerns

Meditation-specific challenges

- *“Concentration meditation involves an inner collectedness of psychic energy and therefore may be more prone to induce dissociative states or exacerbate dissociative tendencies, while mindfulness meditation, with its emphasis on insight and self-awareness may be more likely to evoke repressed emotions or memories.” (Lukoff & Buck, n.d.)*
- Sokrlung: a disorder that arises from straining too tightly in an obsessive way to achieve moment to moment awareness (Epstein, 2007) - **constriction**

Eastern practice, Western mind

- *When Asian meditative practices are transplanted into Western contexts, whether spiritual or psychological, the same problems can occur. Anxiety, dissociation, depersonalization, altered perceptions, agitation, and muscular tension have been observed in western meditation practitioners (Lukoff & Buck, n.d.)*

Spiritual growth practices (Grof & Grof)

- **Spiritual emergence:** the practitioner is opening to types of spiritual experience both that are new to them and which may be temporarily disorienting
- **Spiritual emergency:** when spiritual openings become so disorienting as to manifest, at least temporarily, as a loss of the client's ability to function normally in various everyday contexts. Especially when the degree of disorientation affects normal functioning, the symptoms fall within the DSM IV category of Religious or Spiritual Problem

Spiritual growth practices

- Long-term meditation and associated spiritual awakening and crises can lead to a variety of additional challenges and adverse effects (Assagioli, n.d.; Braith, McCullough & Bush, 1988; Craven, 1989; Dobkin, Irving & Amar, 2011; Kennedy, 1976; Shapiro, 1992; VanderKooi, 1994; Walsh & Roche, 1979)

Adverse effects

- Relaxation-induced anxiety, panic, and neuroses
- Pain, uncomfortable sensations
- Paradoxical increases in tension (expansion → constriction)
- Less motivation in life, boredom
- Impaired reality testing, confusion and disorientation, feeling spaced out
- Dissociation, depersonalization, derealization, identity breakdown
- Psychotic breaks and fragmentation
- Depression, negativity, more judgmental, suicidality

Adverse effects

- Grandiosity, ego inflation, uncontrolled or disordered behaviour, mental agitation, restlessness, scattered energy (mania)
- Defenselessness – fear, apprehension, anger, despair
- Exhaustion, insomnia
- Parapsychological perceptions
- Intense pendulations:
 - From elation and awakening → reality and disillusionment
 - From light to darkness
 - From joy to suffering
- Feeling addicted to meditation
- Physical symptoms

“The opening of the channel between the conscious and the superconscious levels, between the ego and the Self, and the flood of light, joy and energy which follows, often produce a wonderful release. The preceding conflicts and sufferings, with the psychological and physical symptoms which they generated, vanish sometimes with amazing suddenness, thus confirming the fact that they were not due to any physical cause but were the direct outcome of the inner strife. In such cases the spiritual awakening amounts to a real cure. But in some cases, not infrequent, the personality is unable to rightly assimilate the inflow of light and strength. This happens, for instance, when the intellect is not balanced, or the emotions and the imagination are uncontrolled; when the nervous system is too sensitive; or when the inrush of spiritual energy is overwhelming in its suddenness and intensity.”

--Roberto Assagioli, MD (n.d.)

Spiritual or clinical?

- sensations of heat
- tremors
- involuntary laughing or crying
- talking in tongues
- nausea, diarrhea or constipation
- rigidity or limpness
- animal-like movements and sounds

...kundalini rising?

...or mobilization of trauma response?

http://www.spiritualcompetency.com/dsm4/lesson3_5.asp

Note:

- The challenges associated with meditative and spiritual awakening practices are not necessarily evidence of psychopathology, and are often viewed as necessary to the process (“dark night of the soul”)
- *“For example, voluntarily induced experiences of depersonalization or derealization form part of meditative and trance practices that are prevalent in many religions and cultures and should not be confused with Depersonalization Disorder.”* (Walsh & Roche, 1979, p. 488)

Note:

- However, they are listed here with the intent of holding awareness of their particular impact on individuals who have experienced trauma and may lack the inner resiliency, selfhood, ego strength, affect tolerance, containment and self-regulation required to pursue deeper practices

Dissociation vs. presence

- How do you know when you are present?
- When do you leave yourself?
- What is different?

Dissociation vs presence?

Presence	Dissociation
Able to recognize and feel emotions and sensations without over-identifying with them, panicking, judging, fighting or seeking to block or suppress them	Unable to describe or access feelings or sensations (numb, tuned out) May be coupled with a sense of fear or terror (or not) May become frustrated at attempts to notice what is happening or to be more present
More embodied; can feel their weight on the ground (sense of mass, gravity)	May feel like they are floating, weightless or out of their body

Dissociation vs presence?

Presence	Dissociation
May report feeling calm or in a state of relaxed alertness	May feel sleepy, far away, hypnotic or in an altered state
Able to describe what they notice internally and externally	May be able to notice some aspects of their experience but not others
Eyes may be closed or open – if open, alert or soft gaze (not hypervigilant)	Eyes may be closed or open – if open, blank stare, fixed or blinking
However, closing one's eyes may help with focusing and grounding by reducing stimulations or distractions	If closed, may be a sign of getting "lost" inside

Dissociation vs presence?

- Altered states of consciousness in more advanced meditative practices may bear similar traits to dissociation
- Important to keep a trauma lens in mind as a framework when teaching mindfulness or yoga
- For information on differentiating clinical and spiritual symptoms, visit:
http://www.spiritualcompetency.com/dsm4/lesson5_1.asp



LUNCH

(image by Pouria Montazeri)

Trauma-Sensitive Principles

Trauma-sensitive principles

- Safety and stabilization (self-mastery)
- Choice, voice and empowerment
- Self-determination
- Taking effective action
- Mindful curiosity and non-judgment
- Self-compassion
- Pausing
- Restoring rhythms
- Knowledge is power
- Working within your scope of practice

“The emphasis in mindfulness meditation on remaining detached from discursive thought may sometimes encourage a remote or uninvolved attitude toward arising images, feelings, and insights. We believe that such an attitude may subtly impede the opening-up, de-conditioning process intrinsic to meditation. SE encourages an active, curious exploration of arising phenomena, which is nonetheless not conceptually based. We believe that a familiarity with this form of exploration can inform the practice of mindfulness.”

--Payne, Levine & Crane-Godreau (2015)

Choice points

- Pollak, Pedulla & Siegel (2014) discuss three skills of mindfulness practice:
 - *Focused attention/concentration (redirecting towards anchors)*
 - *Loving kindness / self-compassion*
 - *Open monitoring (allowing without judgment)*
- These will be adapted based on Dr. Levine’s work with trauma (Levine, 2010)

Choice points

- *Focused attention/concentration (redirecting towards anchors)*
 - Goal: To interrupt a sequence and reground oneself (such as unhelpful thoughts, judgmental self-talk, obsessive ruminating, becoming activated with “red” if it is too overwhelming to stay with the “red”)
 - May be the safest place to begin for many trauma survivors

Choice points

- *Lovingkindness / self-compassion*
 - Goals: To extend gentleness towards oneself (“it’s not what’s wrong with me, it’s what’s happened to me”)
 - To offer oneself the nurturing one may not have received earlier in development (internal locus of control → self-soothing)
 - To soften shame (this too can be titrated)

Choice points

- *Open monitoring (allowing without judgment)*
 - This may be more challenging for trauma survivors, as it involves sitting / staying with what distressing material comes up
 - Work on building concentration / redirecting / self-regulation skills first (control – “hitting the brakes”)

Choice points

- *Open monitoring (allowing without judgment)*
 - **To follow a sequence** (such as the mobilization of energy towards a self-protective response – phase 3) requires internal capacity (phase 2) – Somatic Experiencing or Sensorimotor Psychotherapy may be helpful to process this
 - However, there will be times when **interrupting a sequence** that is unhelpful may be necessary

“When the mind is particularly frisky and unfocused or tending to get lost in streams of thought, more concentration practice is often helpful. When it is flooded by difficult memories or emotions, or full of self-critical contents, lovingkindness, self-compassion or equanimity practices often help. When the mind is more stable and accepting [SE phase 2], open monitoring can move us towards greater insight and integration by helping us become conscious and accepting of a wide variety of thoughts, feelings and memories that might otherwise escape our awareness.”

--Pollak, Pedulla & Siegel (2014, p. 7)

A note about noticing

- “By staying with the bodily components of emotion, rather than the narrative, I’m able to experience it more fully without feeling compelled to take action to “fix” the situation (the way I might if I were attending to the narrative content). Most people can tolerate intense affects once they learn to be with them simply as bodily sensations while allowing the accompanying images and narrative thoughts to rise and pass”. –Pollak, Pedulla & Siegel (2014, p. 16)

Choice points

- Pollak, Pedulla & Siegel (2014) discuss which objects of attention might be helpful, from more coarse to more subtle
 - **Coarser objects** = helpful for hyperarousal (e.g., feet touching ground, walking meditation, sights/sounds of nature, taste of food)
 - **Subtle objects** = when mind is more settled, there is less arousal and less thought distraction (e.g., sensation or temperature of breath at the nostrils, mantra, breath in belly)

Choice points

- Pollak, Pedulla & Siegel (2014) echo Dr. Levine's Somatic Experiencing and other experts who support the tri-phasic model of trauma treatment
- Both emphasize the need to establish safety, control and self-regulation skills before loosening these and turning towards "sharp points" (i.e., moving from blue to process red)

Choice points

- **BLUE safety ('healing vortex'):**
 - Focusing on the periphery away from the body's core (extremities, interface of body and the world)
 - Focusing outside the body into the environment (orienting via 5 senses)
 - Practicing with eyes open
 - Walking or eating meditations
 - Safe inner focus:
 - Certain guided imagery practices that are grounding or containing
 - Self-kindness words or gestures
 - DBT techniques

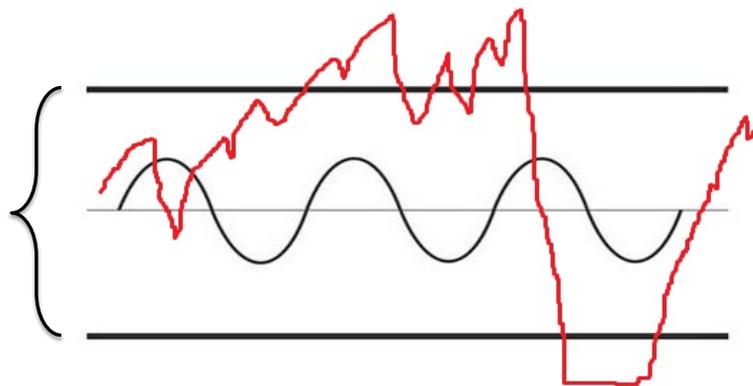
Choice points

- **RED sharp points ('trauma vortex'):**
 - Focusing on breath (for some), chest, belly and throat, esp. with eyes closed
 - Pain, fear, sadness, anger, sexual arousal, urges (destructive or compulsive behaviours)
 - Memories, triggering words/objects
 - Noticing sensations (especially if one has traditionally avoided or numbed these)
 - Some self-kindness language (can trigger anger or more shame)
 - Need to titrate to learning small amounts of this

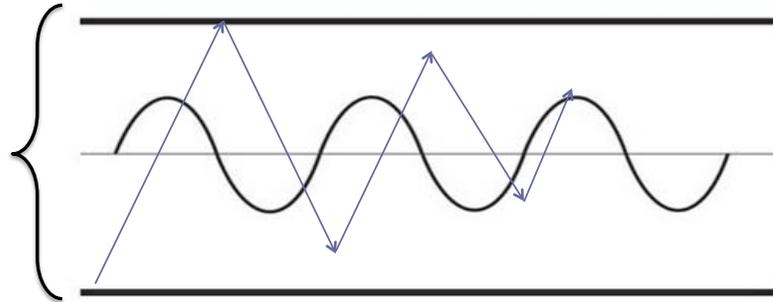
Choice points

- Some people avoid red altogether while some are in it most of the time or seek it (“chasing the cheetah”)
- With trauma, we are often working from the extremes to finding more organized balance and a mid-range in the window of tolerance
 - Helping people who are hyperaroused to put on the brakes and helping those who are disconnected to trust their ability to feel and not get overwhelmed (touching the gas pedal)

Shifting from dysregulation...



...to containment and regulation



(adapted from material by Babette Rothschild)

Stages of trauma healing

CHAOS	CONTAINMENT	COHERENCE
<p>Clients find themselves in hyper- and/or hypo-arousal. Fragmented sense of self. Dysregulation, disconnection, outside window of tolerance</p> <p>s...e...l...f</p>	<p>“Safety and stabilization” phase of developing self-regulation: orienting to the present, titrating within a window of tolerance, self-soothing, ego strength and regaining control (TOP DOWN)</p> <p>self</p>	<p>Capacity building in previous stage supports letting go of control and allowing natural pendulations or oscillations between trauma and healing, as well as the completion of self-protective responses in an embodied way</p> <p>Self</p>

Adapted from Steve Hodgkinson and Berns Galloway (Somatic Experiencing Trauma Institute faculty members)

Biological completion

- As stated earlier, sometimes when meditating or practicing yoga, sensations, body movements or urges linked to an incomplete self-protective response will emerge
- Simply “noticing” these may not be sufficient

Biological completion

- *“Facilitating the completion of the defensive reaction, in a safe therapeutic context, restores balanced functioning to the autonomic nervous system and the network of core subcortical centers, resolves the stress response, and allows the patient to let go of the trauma-oriented preparatory set in which they had been stuck since the precipitating event. This completion happens through the use of imagery and subtle movement to enact a successful resolution of the situation.” (Payne & Crane-Godreau, 2015)*

Biological completion

- As outlined in Payne & Crane-Godreau (2015) and Payne, Levine & Crane-Godreau (2015), this is mainly explored in modalities like Somatic Experiencing (body psychotherapy for trauma), bodywork modalities (such as Rolfing or Body Memory Recall), though other meditative traditions that include movement such as:
 - Spontaneous Qigong
 - Kriya
 - Tandava Yoga and Laya Yoga
 - Tibetan La-Tsung

Core Skills:

Supporting Trauma-Sensitive
Mindfulness

“Meditation, when practiced intently, leads one into deep exploration of inner space. Long-held grief, body tension, and critical or judgmental thoughts may be met perhaps for the first time with full attention. As such, tolerance needs to develop for such unpleasant material.”

--Dobkin, Irving & Amar (2011, p. 4)

Grounding

- Reconnecting with the ground and gravity via felt sense or imagery
- Can also be achieved through mindful breathing
- Rationale?
 - Helps nervous system to settle organically
 - Provides anchors in the present to help in moments of distress or dissociation
 - Helps modulate arousal and regulate emotion
 - Helps build distress tolerance
- Caveats: hyperventilation, body scan

Tracking ('open monitoring')

- Pausing and noticing without judgment (alert curiosity instead of anxious hypervigilance)
- Rationale?
 - Reconnecting with oneself → witness
 - Becoming aware of signs of overwhelm → choice points for self-regulation
 - Possibilities for interrupting unhelpful sequences
 - Self-mastery and agency vs. powerlessness
- Scaling, distancing, shift and stay (“approach & retreat”)
- Honouring the edge
- Caveats

Tracking ('open monitoring')

- This skill teaches both:
 - **Interoception**, the ability to notice one’s internal internal sensations (visceral)
 - **Proprioception**: the ability to notice musculoskeletal and kinesthetic information (body in relation to the environment / gravity – sense of “itself”)
- They are essential to “biological completion” but are often what can result in feeling overwhelmed with charged material in traditional mindfulness because the completion is not addressed

Orienting

- Bringing awareness to what is soothing, solid, neutral, enjoyable or affirming
- Orienting is external (environment, sensory)
- Rationale?
 - Helps nervous system to settle organically
 - Provides anchors in the present to help in moments of distress or dissociation
 - Helps rewire the brain out of a narrow focus on red
 - Builds distress tolerance
- Caveats: eye movements

Orienting

- From the perspective of poly vagal theory (Porges, 2007), **neuroception** is how our neural circuits distinguish between safety and threat
- With trauma, the ability to orient is either stuck on “ON” (hyperaroused → hypervigilant, always focused on danger or exits) or “OFF” (hypoaroused → unaware of danger → extinguished response)
- Encouraging clients to focus on external surroundings holds a neurological benefit in helping rewire and re-establish safety in the present

Resourcing

- Resourcing can be internal or external (breath, comfort in the body, helpful memories or thoughts, supporters, environment/sensory etc.)
- Rationale?
 - Helps nervous system to settle organically
 - Provides anchors in the present to help in moments of distress or dissociation
 - Helps rewire the brain out of a narrow focus on red
 - Builds distress tolerance
- Caveats: tolerating “blue”, object permanence

Titration and containment

- Titration: doing a little bit at a time
- Containment: a process and a state in which we are able to be present to distress without becoming overwhelmed – felt sense of internal boundaries
- Rationale?
 - Helps with sharing stories in a way that prevents more distressing overwhelm
 - Helps keep clients in a window of tolerance
 - Helps build a sense of choice and internal control
 - Titration also supports distress tolerance
- Sandwich model, containment strategies
- Examples

“During contemplative practice, a disturbing experience may arise too intensely or too quickly, resulting in overwhelm and a reactive suppression of the feeling. However, neither overwhelm nor suppression are productive strategies. Temporarily diverting awareness to a positive, safe experience, such as the support of the ground or positive imagery, can allow one to regain inner balance; then a consciously “titrated” process of returning attention to the disturbing experience *one little bit at a time* may facilitate the assimilation of the experience.”

--Payne, Levine & Crane-Godreau (2015)

Additional recommendations

- Obtain consent to consult with the meditation or yoga teacher who is working with your client to:
 - Coordinate integrative treatment and track progress (Emerson & Hopper, 2011; Lukoff & Buck, n.d.)
 - Assess and differentiate between clinical and spiritual issues (Lukoff & Buck, n.d)
- Pre-screen clients prior to suggesting yoga or meditation retreats (Lukoff & Buck, n.d. VanderKooi, 1994)

“For individuals with a fragile or rigid sense of self, significant unresolved or unintegrated trauma, or who might be suffering from psychosis, silent retreats are usually contraindicated. While some meditation centers have since developed guidelines for whom to allow to attend intensive retreats, many participants will still become overwhelmed when their habitual defenses are challenged.”

--Pollak, Pedulla & Siegel (2014, p. 10)

“Clients who decompensate when cognitive controls are loosened [expansion out of constriction] should generally not do formal meditation.”

--Germer (2005, p. 128)

--at least, not without the skills in place described here

Additional recommendations

- Introduce practices with caution when clients have **difficulty with:** (Germer, 2005; Perez-De-Albeniz & Holmes, 2000; Lukoff & Buck, n.d.; VanderKooi, 1994)
 - Reality testing
 - Ego-based issues
 - Boundaries
 - Lack of empathy
 - Rigid self-control (physically, emotionally)
- Focus on helping clients to connect with reality and work on ego strength, boundaries and establishing control before titrating their ability to attempt more challenging practices

Additional recommendations

- Due to risk of clients becoming distressed and overwhelmed by symptoms during meditation, Shapiro (1994) lists contraindications for meditation in people suffering from:
 - Psychosis
 - Schizoid and schizotypal personality
 - Dissociative states
 - Hypochondriacal and somatization disorders
- Orienting may be more helpful to connect with sensory anchors that exist in reality

Additional recommendations

- Both Engler and VanderKooi suggest caution with introducing meditation to individuals with narcissistic and borderline traits.
- However, mindfulness strategies (especially within the context of Dialectical Behaviour Therapy) have been used successfully with these clients in multiple studies and anecdotally (Perez-De-Albeniz & Holmes, 2000)

Additional recommendations

- Educate clients about their nervous system, self-protective responses (preparatory set) and negativity bias to help normalize and destigmatize symptoms and help them be more comfortable with their mammalian nature
- *“It’s not about what’s wrong with you, it’s what’s happened to you and how you adapted to survive”*

Additional recommendations

- Normalize counter-constrictions after clients attempt something new, open up more than they are used to or push their edge of tolerance
 - May notice more bracing, paradoxical increases in tension, more fatigue/yawning (could be a sign of release, but also could be a sign of having done “too much”)
- Aim for smaller pendulations between constriction and expansion to help build tolerance and capacity (“less is more”)

Additional recommendations

- Encourage them to notice the pendulum swing between expansion and constriction with kind curiosity
 - “Find the fulcrum” (witness → stillpoint)
- Titrate moving from the periphery (usually more “blue”) to the centre (more “red”)
 - From the edge of the dartboard to the bulls eye

Additional recommendations

- Encourage clients to notice resistance with curiosity and to celebrate the recognition of their own limits and boundaries (instead of overriding)
- Support clients to honour their own needs and capacities – yoga and meditation were originally highly individualized practices and not about blindly following a teacher
- Use invitational language and offer options

Debrief

- How are you in this moment? How do you know that?
- What stands out for you?
- Evaluations

3-day training

- Interested in learning more and in applying the concepts learned in the 1-day introduction?
- **Trauma-Sensitive Mindfulness Training** is offered in a 3-day module offering more experiential, hands-on practice in pairs, triads and the whole group, with live demonstrations.
- For more information or to bring this training to your region, contact me directly.

4-day training

Trauma-Sensitive Yoga for Yoga Teachers, Mindfulness Instructors and Therapists

October 22-25, 2015

Sugar Ridge Retreat Centre

Wyebridge, Ontario

With Sarah Schlote, MA, CCC, SEP and Caroline Owen, BA, ERYT-500

Registration:

<http://www.wavelengthsyoga.com/trauma.html>

Somatic Experiencing Training

- Contact the Somatic Experiencing Trauma Institute for more information:
<http://www.traumahealing.org>
- New training cohorts in Canada:
 - May 2015 – Halifax, NS; Saskatoon, SK
 - June 2015 - Edmonton, AB; Qualicum Beach, BC
 - Sept 2015 – Montreal, QC
 - Nov 2015 – London, ON
 - Feb 2016 – Vancouver, BC
 - If unable to attend the first module due to dates, contact the Institute to make arrangements

For more information



Sarah Schlote, MA, CCC, SEP
www.healingrefuge.com
1-855-7REFUGE

Contact me to discuss in-service trainings on body-based safety and stabilization skills to help clients with trauma and addictions shift towards harm reduction and self-regulation

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Charles Tart, PhD: <http://blog.paradigm-sys.com>
(professor at Institute of Transpersonal Psychology – multiple blog posts on spiritual bypassing)