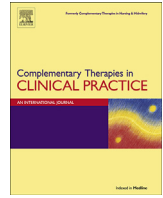




Contents lists available at ScienceDirect

Complementary Therapies in Clinical Practice

journal homepage: www.elsevier.com/locate/ctcp

Bending without breaking: A narrative review of trauma-sensitive yoga for women with PTSD



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ARTICLE INFO

Article history:

Received 19 April 2016

Accepted 6 May 2016

Keywords:

Post-traumatic stress disorder

PTSD

Trauma

Intimate partner violence

Yoga

Trauma sensitive yoga

ABSTRACT

Objective: The purpose of this review is to evaluate the peer-reviewed empirical evidence on the use of Trauma-Sensitive Yoga (TSY) for the treatment of women with post-traumatic stress disorder (PTSD); specifically interpersonal trauma such as intimate partner violence. To date, no such review has been conducted.

Methods: Articles meeting study inclusionary criteria were identified through electronic database searches. A total of five studies ($N = 5$) were selected and reviewed. These studies included two randomized controlled trials (RCT), one follow-up of an RCT, one quasi-experimental study, and one qualitative study.

Results: There is tentative evidence to support the efficacy of TSY in reducing PTSD, depression, and anxiety symptomatology for women with PTSD; there is also tentative evidence confirming the feasibility of implementing TSY as an adjunctive mental health intervention, particularly for individuals who are non-responsive to cognitive-based psychotherapies. The qualitative findings speak to a number of benefits of yoga practice stimulated by TSY participation centering on the phenomenon of peaceful embodiment.

Conclusions: Replication of these results using larger and more diverse samples and rigorous study designs by independent researchers would add credibility to these findings and contribute to the growing body of knowledge on TSY. Additionally, there is a dearth of studies on this nascent form of therapeutic yoga. Therefore, further research is needed to explore the potential efficacy of TSY with other types of trauma, populations, and settings.

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1. Introduction

Trauma is a serious and prevalent social problem in the United States [30]. Certain psychotherapeutic modalities such as cognitive-behavior therapy have long been the gold standard for treating trauma-related issues such as post-traumatic stress disorder (PTSD). However, there is a growing sentiment that these therapies may not adequately address the unique idiosyncrasies of trauma, particularly interpersonal trauma [13]. Concomitantly, a host of alternative and complimentary interventions are increasingly being employed to address the mental and physical aspects of trauma. One such intervention is yoga. Its popularity is increasing, notably in mental health praxis [26]. This review will examine the efficacy of a therapeutic form of yoga called Trauma-Sensitive Yoga (TSY) for the treatment of women with PTSD.

2. Understanding trauma

PTSD, which is classified under a category called Trauma and Stress Related Disorders in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* [1] is defined as exposure to actual or threatened death, serious injury, or sexual violence with symptoms in the following clusters: re-experiencing, avoidance, negative alterations in cognitions and mood, and hyperarousal and reactivity. There are two subtypes: delayed onset and with dissociative symptoms. Some common sources of trauma include sexual and domestic violence, accidental injury, natural disasters, and military combat. Reactions to trauma depend largely on individual factors and the nature of the traumatic event—among other considerations [16]. The potential for trauma to have a devastating and potentially debilitating impact on one's mental, physical, and psychological wellbeing is high. The effects of trauma can threaten one's quality of life and lead to increased service utilization, both medical and psychiatric/psychological [2].

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According to the National Center for PTSD [30], 60% of men and 50% of women will experience trauma at some point in his or her lifetime. In the U.S., 7–8% of people will go on to develop PTSD at least once in his or her life; women are at increased risk compared to men. Other factors that put one at increased risk for developing PTSD include membership to a racial/ethnic minority group, personal or family history of mental health disorders, prolonged or repeated exposure to trauma, low education, and poor social support.

2.1. Interpersonal trauma and intimate partner violence in women

Interpersonal or person-on-person trauma, which is often repeated and/or prolonged in nature, can result in a number of symptoms such as anger, shame, self-injurious or self-defeating behaviors, an inability to recall traumatic events, failed attempts at self-protection, and an altered or impaired ability to make meaning of events [19]. A common form of interpersonal trauma is intimate partner violence (IPV). IPV can be understood as physical, sexual, or psychological harm caused by a current or former partner or spouse [7]. According to the World Health Organization [32]; about 35% of women worldwide have experienced some form of violence, most frequently at the hands of an intimate partner. Additionally, approximately 30% of women who have been in a relationship report experiencing physical and/or sexual violence by an intimate partner. In addition to PTSD symptoms, the fallout from IPV can include substance abuse [10], depression, anxiety, suicide, self-injury, and a plethora of physical ailments [11].

3. Yoga

As defined by the National Center for Complementary and Alternative Medicine [23]; yoga is “a mind and body practice with origins in ancient Indian philosophy. The various styles of yoga typically combine physical postures, breathing techniques, and meditation or relaxation.” Yoga originally stemmed from the tenets of Hinduism, but it contains elements of Buddhism, and Jainism as well. Spiritually, the goals of yoga are expansion of consciousness, self-transcendence, and *mukti* (liberation from *samsara*—the birth-death-rebirth cycle). In addition to the postural or hatha-based styles popular in the West, there are several other forms of yoga, including bhakti yoga (yoga of devotional love), karma yoga (yoga of good deeds), mantra yoga (yoga of sound), and jnana yoga (yoga of knowledge). Some seminal ancient yogic texts include the *Upanishads*, *Bhagavad Gita*, *Hatha Yoga Pradipika*, and Patanjali's *Yoga Sutras*. Swami Vivekananda is credited with bringing yoga to the United States in 1893 [15].

The practices of yoga—unifying mind and body—has been utilized as a way of reducing stress and dis-ease for thousands of years and has the distinction of being one of the oldest spiritual practices in the world [20]. Practitioners of yoga report a number of physical benefits of yoga, such as improved weight, sleep, diet, and energy level [27]. However, there is a growing body of literature to suggest that yoga can result in improved mental health as well. Yoga has been empirically shown to be efficacious in reducing anxiety, depression, and other PTSD symptomatology [21]. As yoga is increasingly employed in the mental health milieu, there is a concomitant interest and need for research to evaluate its efficacy and utility.

3.1. The neuroscience of yoga and trauma

While investigation into the exact mechanisms through which yoga assists in stress and anxiety reduction remains ongoing, there is mounting evidence that yoga impacts autonomic nervous system

(ANS) activity. The ANS is comprised of the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). Together, the SNS and the PNS responses regulate the body's innate reaction to stress. Stress disrupts the body's equilibrium, which results in ANS imbalance: specifically increased SNS activity and decreased PSN activity. While this is an adaptive survival response in the short-term, chronic exposure to stress or trauma can have deleterious physiological effects due to allostatic overload—wear and tear on the body consequent to repeated or prolonged exposure to trauma and stress [29].

A regular yoga practice may increase PNS activity, particularly through the regulation of breathing. Breathing is essential to survival; thus, information the brain receives regarding respiration is given top priority. Slow rhythmic, and controlled breathing sends information to the brain that positively impacts perception, cognition, emotion regulation, and behavior through the stimulation of the vagal nerves, which act as the primary pathway of the PNS [3–6]. Chanting mantras (such as “OM”) is believed to stimulate vagal activity and induce physiological relaxation through vibration and altered breathing [4–6]. Studies have also shown that yoga may reduce the stress hormone cortisol, increase the inhibitory neurotransmitter GABA, and lower heart rate variability. This can reduce stress reactivity for individuals with PTSD [9,22,28].

4. The purpose of this review

This review will examine the efficacy of Trauma-Sensitive Yoga, which is posited to be uniquely able to address the needs of traumatized individuals vis-à-vis other forms—therapeutic or otherwise. To date, no such review of TSY has apparently been conducted. The studies in this review will be used to answer three questions: (1). Is TSY effective in reducing PTSD symptomatology in traumatized women? (2). What, if any, other benefits does TSY provide for women who have experienced trauma? (3). What role can TSY play in the treatment of trauma?

5. Methods

5.1. Intervention

Trauma-Sensitive Yoga (TSY). Developed by David Emerson and his colleagues at the Trauma Center at the Justice Resource Institute in Brookline, MA [12], this style of yoga adapts the typical studio yoga class—which may be overwhelming and unwelcoming for an individual with PTSD—to be trauma-informed. TSY aims to create an environment that is welcoming and reduces triggers such as vulnerability and lack of a felt sense of safety. TSY classes begin with a seated centering exercise and warm-ups. During the warm-ups, the instructor sets a tone of non-judgment, safety, and gentleness. The bulk of class focuses on a postural (*asana*) practice that is suited to the abilities and needs of diverse students. Classes conclude with a traditional *savasana*, or final relaxation pose, with eyes closed; recognizing that individuals who have experienced trauma may not feel comfortable with this due to hypervigilance or other PTSD symptomatology, students are given the option of concluding with *savasana* with open eyes or a seated meditation (eyes open or closed). Due to the unique nature of trauma, psychically adjusting or touching students by an instructor—common practice in most yoga styles—is prohibited in TSY. Other modifications include the use of invitational language; rather than telling students what to do, instructors invite students to engage in particular activities. In TSY, there is also a strong emphasis on allowing students to make choices about what they do and refrain from doing with their bodies. The overarching intentions of TSY are to respect the experiences of trauma survivors and to empower

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