

# Complex Trauma & the Relational Body

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## INTRODUCTION

In 2002 David Emerson and a multi-disciplinary team from The Trauma Centre, Boston, began to investigate the effects Hatha Yoga practices on the somatic effects of Complex Trauma: **hyper-arousal, heart rate variability, varieties of dissociative experiences.**

From this endeavour what has *instead* emerged is a new practice - **Trauma Centre, Trauma Sensitive Yoga (TC-TSY)**

TC-TSY supports the re-growth of **interoception** - the foundational capacity of 'feeling oneself'.

Interoception lies at the heart of one's primary sense of somatic self, one's sense of affect and all voluntary and involuntary behaviour.

Because interoception is eroded under conditions of chronic inter-relational trauma, it is possible that it will reappear under conditions of relational safety.

A very particular method of creating relational safety constitutes a great deal of what the TC-TSY practice *is*; TC-TSY does appear to reduce the effects of 'treatment resistant' trauma symptoms.

In this poster we present an introduction to the underpinnings, practice and future directions of TC-TSY, including the first TC-TSY pilot in an NHS mental health trust (North Essex Partnership NHS Foundation Trust).

Because TC-TSY is an *experiential* practice we invite interested readers to enquire into future information sharings, workshops and TC-TSY sessions.

*We are defined by the relationships we form.  
For this reason they can also destroy us.*

*This is the tragedy of the human condition, the story of  
how we traumatise each other.  
But it is also a redemptive tale, the story of how humans  
heal each other.*

*When we are seen and denied, we become **no-body**.  
When another human sees and allows us to be, we  
become **somebody**.*

*- Can Anyone Out There Hear Me?  
Alexandra Cat*

## ATTACHMENT AND SAFETY

Helpless babies are entirely reliant on attentive adults for their physical survival.

Without consistent and appropriate care, an infant will face life threatening danger, feel fear and orient its limited resources toward survival - seeking & calling for attention.

As we mature we are more able to meet our own basic needs.

Nevertheless, nurturing relationships will continue to form the bedrock of our sense of safety, liberating us to thrive - learning, playing, working, feeling, restoring & relating.

## COMPLEX PTSD

When we are isolated or when we are in threatening relationships our resources are oriented to surviving.

Chronic 'surviving' will almost always result in life-limiting (and in some cases, life ending) emotional, social, cognitive and physical damage.

**Complex Trauma** describes the experience of repeated, often inescapable exposure to threatening relationships/isolation.

**Complex Post Traumatic Stress Disorder (C-PTSD)** is the proposed ICD 11 psychiatric category describing the damage (or symptoms) caused by complex trauma.

Complex trauma is something that is enacted within relationships. For this reason it is different to **PTSD** which does not specify that the original (index) trauma needs to be inter-relational.

*Not everyone with Complex PTSD will carry a diagnosis of PTSD.*

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## TC-TSY : BASIC PRINCIPLES

### Language:

- we do not use the phrase 'yoga pose' - pose suggests an external judgement
- all motoric cues are **invitations**, e.g. "if you like, in your own time, when you are ready... you could lift your arm."

### Interoception, Choice Making & Agency:

- clients are invited to notice what they feel, e.g. "when you lift your arm you may **notice sensation**, maybe in your shoulder"
- clients are invited to explore making **choices**, e.g. "how far you lift your arm is up to you, you're in charge of that"
- at a 'higher dose, clients are invited to make choices based on what they **feel**, or take **agency** over their experience e.g. "you may notice different sensations in your arm depending on how high you've lifted it. What you feel might inform your choice about how high to lift your arm"

*"With yoga, I reclaimed my body. That is a gift because I so hated my body.*

*Or I claimed it, not reclaimed because I was so young.  
I claimed it. It was a long process to consider myself not an outline. ... I think yoga helped define me"  
-TC-TSY participant*

### Safety:

Because interoception requires **inter-relational safety**, TC-TSY builds into its practice specific 'safety measures'.

- we do not touch our clients or move around the room
- we make no use of props, metaphorical language, music, incense or Sanskrit
- we do not engage in 'meaning making' or interpretation of the TC-TSY experience<sup>1</sup> - in this sense there is no triggering 'trauma processing'
- the TC-TSY-F is engaging with the practice & cueing from *their own experience at the same time as the client* - see below

## Shared Authentic Experience & Non-Attachment to Outcomes

When a Facilitator cues from their own practice two important experiences emerge:

- Interoception requires the facilitator to feel, in themselves, **safe**. This means that they feel *safe in the presence of the client*, have no need to change the client or her experience & have no **attachment to an outcome**.

The client's experience is entirely their own

- interoception necessarily means that the facilitator is **present**

**In this way TC-TSY is an opportunity to be *with* someone who is safe - the antithesis of trauma.**

## INTEROCEPTION & AGENCY

At its most basic, interoception constitutes one's primary pre-verbal and non-verbal sense of **self**. It includes:

- touch
- the muscle dynamics of lengthening & shortening
- hunger, thirst, satiation, sexual arousal & pain
- affect/emotions
- safety and fear

Without an interoceptive capacity it becomes very difficult to exercise **choice based on what one feels**. For this reason **agency** & confidence in one's ability to take care of oneself, are inextricably related to interoception.

*"I was always disconnected from my body.  
... I wasn't able to feel if I was injured. I would completely ignore being hungry.  
If I was tired I wasn't able to rationalise going to bed.*

*All those things seemed reasonable because they were normal."  
- TC-TSY participant*

**Exteroceptive vigilance & dissociation** are excellent survival mechanism. *Both, however, are mutually exclusive with interoception* which may well, over time, become eroded.

This erosion of interoception shows on brain scans as a lack of activity in the **insula** & may well underlie first person experiences & psychiatric classifications of **eating disorders, body dysmorphism, negative symptoms of schizophrenia, dysmaturation & 'personality disorders'**.

These experiences are pernicious & traditionally resistant to most forms of therapy. However, it may well be that 'interoceptive therapy' in the form of TC-TSY can provide the 'missing link' in most Stability Stage trauma interventions.

PAPERS:  
West, Liang & Spinazzola/Trauma Sensitive Yoga as a Complementary Treatment for PTSD - International Journal of Stress Management, July 2016  
Yoga for Adult Women with Chronic PTSD: A Long-term Follow-up Study - Rhodes, Spinazzola & van der Kolk, The Journal of Alternative & Complementary Medicine, February 2016

Claiming Peaceful Embodiment Through Yoga in the Aftermath of Trauma - Rhodes, Complementary Therapies in Clinical Practice, Vol. 21, Issue 4, Pages 247-256, September 2015

Yoga for Traumatic Stress: A Three Paper Dissertation - A dissertation by Alison Rhodes, Submitted in partial fulfillment of the requirements for a degree of Doctor of Philosophy, March 2014

Trauma Sensitive Yoga as an Adjunct Mental Health Treatment in Group Therapy for Survivors of Domestic Violence: A Feasibility Study - Clark, Lewis-Omelio, Anders, Parsons, Nguyen-Feng, Henn, Emerson, Complementary Therapies in Clinical Practice, Vol. 20, Issue 3, Pages 152-158, August 2014

Yoga as an Adjunctive Treatment for Post-Traumatic Stress Disorder: A Randomised Controlled Trial - van der Kolk, Stone, West, Rhodes, Emerson, Suzuki, Spinazzola, Journal of Clinical Psychiatry, 75(6), e698-e695, 2014

Moving To Heal: Women's Experiences of Therapeutic Yoga After Complex Trauma - Jennerl I West, PhD Dissertation, Department of Counseling, Developmental and Educational Psychology, Boston College, September 2011

BOOKS:  
Emerson, D. & West, J., 2015, *Trauma-Sensitive Yoga in Therapy: Bringing the Body into Treatment*. W. W. Norton & Company

van der Kolk, B. 2015, *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. Penguin

Emerson, D. & Hopper, E., 2011 *Overcoming Trauma Through Yoga: Reclaiming Your Body*. North Atlantic Books, U.S.

Herman, J. L., 1997 *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror* 2nd ed. Basic Books

Herman, J. L., 2000 *Father-Daughter incest* 2nd Ed Harvard University Press

<sup>1</sup> Since 2002 when David Emerson coined the phrase 'trauma sensitive yoga', a variety of practices have emerged using this same description. In order to maintain the consistency of our practice and therefore the safety of those who approach us for help, we now call the practice Trauma Centre, Trauma Sensitive Yoga (TC-TSY). We are aware it is cumbersome!

<sup>2</sup> a condition of offering TC-TSY is that clients are engaging a task based, trauma informed reflective space.



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TRAUMA SENSITIVE YOGA

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