

# The Transformation of Ashtanga Yoga: Implicit Memory, Dreams, and Consciousness for Survivors of Complex Trauma

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## ABSTRACT

This mixed methods study explored whether body-work such as Ashtanga yoga can lead to improved affect regulation and body awareness among survivors of complex childhood trauma. It examined the prevalence of complex trauma among Ashtanga yoga practitioners to determine qualitatively whether their perceptions of emotions, their ability to manage affective states, and their body awareness changed over the course of their practice. In addition, this study also explored relevant dreams and images which arose for participants during the course of their practice. The study is based on the hypothesis that body-work such as yoga can help survivors of complex childhood trauma integrate traumatic experiences, resulting in greater levels of affective regulation and body acceptance. A total of 31 female participants who practiced Ashtanga yoga on a regular basis were administered the Childhood Trauma Questionnaire. The findings suggested that the majority of these participants had experienced some form of emotional, physical, or sexual abuse, and found yoga practice to be helpful in regulating emotions and improving body awareness. Those who scored at least moderate levels in at least one of the subscales for self-reported abuse and neglect were selected for qualitative interviews. A total of 6 participants agreed to qualitative interviews. The emergent themes from the interviews revealed that participants found that practice did help them with affect regulation and body acceptance. Moreover, dreams and images which emerged spontaneously for these participants have been helpful in their psychological growth. Such findings suggest that a consistent Ashtanga yoga practice may help female survivors of complex trauma improve their ability to regulate their emotions as well as improve their body awareness, resulting in improved consciousness of various aspects of experience.

**Key Words:** yoga, implicit memory, complex trauma, body awareness, affect regulation

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## Introduction

Trauma is widely prevalent in contemporary American society, with studies indicating that over 50% of the American population has suffered at least one traumatic event in their

lifetime (Kessler *et al.*, 1995; Emerson *et al.*, 2009). More specifically, relational trauma refers to events such as physical, verbal, or sexual abuse which occurred for an individual over extended periods of time (Schore, 2002; Lawson, Davis and Brandon, 2013; Summerlin, 2013). Such adverse events typically occur in one's childhood or adolescence, and are often perpetrated by the survivor's caregiver system (Lawson, Davis and Brandon, 2013).

The results of relational trauma are equally devastating, as these individuals can suffer from severe symptoms such as self-harm,

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social isolation, aggression, substance abuse, and dissociation (Herman, 1992; van der Kolk, 2005; Lawson, Davis and Brandon, 2013). Those who suffer from relational trauma are often found to be treatment resistant to many forms of psychotherapy interventions (Courtois, 2008). Last, many survivors of relational trauma also present with significant affective dysregulation as well as a feeling of disconnection from their physical bodies (Herman, 1992; van der Kolk, 2005). Schore (2002) states that “the most significant consequence of early relational trauma is the lack of capacity for emotional self-regulation, expressed in the loss of ability to regulate the intensity and duration of affects” (p. 11). As a result, there are often difficulties in maintaining healthy attachment relationships along with deficits in self-esteem, due to impairments in functioning across the various domains of life such as social outlets, work, and/or school (van der Kolk, 2005).

Concurrent with the adverse effects on mind and behavior, relational trauma also exacts a toll on the body (van der Kolk, 1994). Survivors of relational trauma often have comorbid issues related to affect dysregulation as well as poor body image, eating disorders, body dysmorphic disorders, and psychosomatic complaints (van der Kolk, Burbridge and Suzuki, 1997; Didie *et al.*, 2006; Sansone, Whitecar and Wiederman, 2009; van Dijke, 2012). Trauma has been connected with the aetiology of body image disturbance due to “an assault on body integrity” (Neziroglu, Khemlani-Patel and Yaryura-Tobias, 2006). Moreover, such trauma results in a deep sense of disconnection from the body that extends beyond the empirical and into the cultural and spiritual dimensions of being (Woodman, 1982; Johnson, 2009; Kalsched, 2013).

Given that trauma has often been inflicted on the physical body, treatment interventions addressing the somatic realm have relevance. Recent discoveries have highlighted the significant relationship between the mind and body, which can potentially change how clinicians are treating clients who present with relational trauma (Clance, Mitchell and Engelman, 1980; Price *et al.*, 2007; Emerson *et al.*, 2009; Dale *et al.*, 2011). Bessel van der Kolk, one of the chief researchers in trauma treatment, noted that physical action is necessary for the integration of traumatic experience (1991). Among body-oriented treatments for trauma

(such as EMDR), yoga has emerged as an effective modality to address such issues particularly due to its emphasis on the felt sense of the body and the mind (Courtois, 2008; Emerson *et al.*, 2009; Dale *et al.*, 2011; Emerson and Hopper, 2011). This article will explore the transformative and healing effects of Ashtanga yoga on the role of implicit memory, dreams and consciousness among female survivors of relational trauma.

## Ashtanga Yoga

In Sanskrit, the word yoga is derived from *yuj*, which means “to yoke,” “to bind together,” or just “union” (Feuerstein, 2011). The most common understanding of yoga in the West is often the intention of uniting mind and body. In Western culture, such an intention carries special significance as the body has long been overlooked due to the dominance of Cartesian thought in Western philosophy. Such a split between body and mind is especially true in traditional mental health practices today (Emerson *et al.*, 2009; Emerson and Hopper, 2011). Could this partly explain the continuing growth in the popularity of yoga in the West? The idea of union implied through yoga also seems particularly relevant for this research study, as often survivors of relational trauma suffer from a deep disconnection between the mind and the body.

In recent times, the essential relationship between body and mind is becoming increasingly clear (Harris, 2001). Breath and movement are domains of physical experience which have the potential to effect powerful changes in the mind and body. Though many Westerners have approached yoga as a primarily physical practice, there is growing empirical evidence of its benefits in mental health and psychological well-being (Casden, 2005; Bergemann, 2009). Yoga and other body-based practices such as meditation and breath-work have also shown increases in empathic attunement, a skill necessary for the cultivation of fulfilling social relationships and a hallmark for emotional growth (Bergemann, 2009). Yoga practice had an effect on emotional regulation among practitioners (Gootjes, Franken and van Stein, 2011), while another study indicated that consistent yoga practice can lead to development of emotional competence (Bulut-Jakovljevic, 2011).



In light of such discoveries, this article will explore Ashtanga yoga as a means of addressing relational trauma. But why Ashtanga yoga, one may ask? To begin with, Ashtanga yoga refers to the eight limbs of yoga practice, of which the physical poses, or *asanas*, comprise only one limb (Maehle, 2009). The distinctive features of the physical practice involve three aspects: *drishti* (gazing during *asanas*), *pranayama* (long and even breathing), and *bandhas* (engagement of core muscles during poses). It is believed that the combination of *drishti*, *pranayama*, and *bandha*, with sustained and consistent practice, characterizes the powerful effects of Ashtanga yoga on the mind and body (Maehle, 2009). Such characteristics of the practice may also prove to be invaluable tools in honing one's interoceptive awareness or coping with the intense emotions or thoughts that may arise from traumatic experiences.

The ability to tolerate and/or communicate the more difficult ranges of human experience is also a hallmark of emotional development (van der Kolk, 2005). Currently there is growing research on the relationship between yoga and emotional well-being in practitioners, but the studies have been very few or limited in nature. Most of these studies are quantitative, and focused only on outcomes, such as the effect of yoga on reduction of depression and anxiety. Others have examined only the qualitative aspects of emotional well-being in general practitioners. Few studies have focused on Ashtanga yoga in particular, or addressed the process of change among Ashtanga yoga practitioners from a depth psychological and Jungian perspective.

Concurrently, being immersed in a daily practice also involves an intimate knowledge of the darker aspects of yoga that many may experience but often do not express. I offer an additional conjecture that it is not only the physical practice with the body, but also the active engagement with these darker aspects of practice that ultimately helps that practitioner deepen his or her transformation of the emotions and body. Can yoga practice facilitate this development more rapidly? Also, because of the complex relationship between body and mind, can a yoga practitioner's emotional regulation and relationship to the body both change through the process of yoga? And, how might

practitioners' internal experiences (such as dreams and images) speak to these processes?

### Implicit Memory

If there has been trauma, the body may remember even if we cannot recall the details in the conscious mind (van der Kolk, 1994; Rothschild, 2000; Schore, 2002). The body awareness gained from yoga practice can help those of us with trauma to access our reactions to it.

As we have seen from the literature, the role of the right brain hemisphere is critical for the development of our ability to identify and regulate our emotions. The right brain is also central for our somatic awareness. Rothschild (2000) states that "trauma is a psychophysical experience" (p. 5) and that its impact is equally felt by the body, giving rise to the phenomenon of somatic memory. Thus, survivors of relational trauma hold an implicit memory of traumatic events both in the mind and body.

The right brain hemisphere and autonomic nervous system also appear to be the connecting point between one's emotional state and somatic awareness. Changes in one's bodily states are mediated by the autonomic nervous system and thus crucial for ongoing emotional experience (Schore, 2002). The right brain hemisphere is also dominant for somato-sensory processing, storing an internal model of the attachment relationship through bodily experiences and is encoded in one's implicit memory (Schore, 2012). More specifically, the right prefrontal cortex—with its connection to the hypothalamus of the limbic system—controls the somatic components of emotional states (Schore, 2002).

Early physical handling and misattunements from the caregiver are deeply remembered on a physiological level in later life, and such memories are manifested through disconnected physiological responses, emotions, and acting out behaviors (Herman, 1992; Schore, 2002). In other words, early relational trauma is expressed through right brain hemisphere deficits in the processing of socio-emotional and somatic information.

The bodily component of trauma is the least examined area on trauma research



(Rothschild, 2000; Schore, 2002; Johnson, 2009). Central to the somatic aspect of trauma is the interoceptive system, the sensory nervous system that registers all of the body's internal stimuli. The interoceptive system is further comprised of one's proprioception and vestibular senses (Rothschild, 2000). One's proprioception is further comprised of the kinesthetic sense and the internal sense (Rothschild, 2000). While usually unconscious, the kinesthetic sense is crucial to one's physical functioning and also important to implicit memory (Rothschild, 2000). The internal sense registers the state of the body's internal environment and suggested to be foundational for the concept of somatic markers (Damasio, 1994; Rothschild, 2000).

Internal stimuli are comprised of interoceptive information from the body and the basis of the corporeal self (Schore, 2002). Indeed, embodiment theories suggest that we derive our sense of self from the body; the body is viewed as an important locus of experience, especially through social interaction (Wiens, 2005; Johnson 2009). The quality of the caregiver's interaction can thus mold one's sense of self through the somatic realm. Further, the experience of emotions is influenced by bodily sensations that are evoked by responses to different stimuli (Damasio, 1994).

Rothschild (2000) suggests that each sense – from sight and sound to movement and touch – are encoded as somatic sensations in traumatic memory. These emotions and sensations are then encoded into one's implicit memory which can be triggered when similar conditions are present, although their origin may not always be recalled. Traumatic memories in early childhood are stored in the amygdala in implicit form and thus are often unconscious (Simpkins and Simpkins, 2010). Such memories and affects remain dissociated from the trauma survivor's consciousness, yet continue to influence behavior and thinking in powerful ways.

Thus, one of the main goals of trauma-based therapy is to help such individuals better understand their bodily sensations through identifying these sensations and using language to name and describe them in a meaningful narrative (Rothschild, 2000). Relational trauma causes deficits in the right brain hemisphere in recognizing, processing and integrating external

with internal stimuli (Schore, 2002). This cascade of events results in deficits of interoceptive awareness, as noted by Herbert, Herbert and Pollatos (2011), who suggested a connection between interoceptive awareness with emotional awareness. The current research in trauma indicates the growing role of the body in mediating traumatic experiences (Johnson, 2009).

The felt sense of the traumatized individual expresses itself through persistent fear, constriction of movement, and a range of somatic complaints for which there are no words (Johnson, 2009). Yet their existence defines one's identity; the contemporary theories on embodiment and somatic psychology state that our bodies are a critical locus of experience that contributes to our sense of self (Merleau-Ponty, 1962; Hanna, 1970). Johnson (2009) states that "trauma is significantly mediated through the body and manifested in embodied experience" (p. 21). In her research findings, she discovered that women who suffered from traumatic experiences presented with vivid sensations of confusion, disruption and disorientation (embodied memory) as well as somatic withdrawal and alienation. Most significantly, however, is the positive effect of body-work for these survivors of trauma.

Epstein (1995) also offers a complementary perspective on how meditative practices can repeat instances on trauma through the combination of silence and bodywork. The silence of meditative practice can bring the survivor of relational trauma to the state of dread and anxiety, but it is in the therapeutic or teacher relationship where healing can occur. Yoga, in particular, has emerged as a means of reconnecting with the body and developing a greater sense of engagement to our feelings, thoughts, and memories within the psyche.

### **Dreams, Images, and the Unconscious**

Thus far, we have discussed the increasingly crucial role of the right brain in the formation of the implicit self, affect regulation, and the relationship to the body. We have also examined the practice of yoga in the treatment of various psychological issues. Here, we explore another aspect of right brain functioning—dreams and imagery. Jung's notion of imagery and active





imagination are also cogent points here, as such functions are believed to fall within the right brain hemisphere. Yet, the numinous energy of dreams resides far beyond neurobiology. Jungians view dreams as messages from the psyche that symbolize our internal process through vivid imagery, and occupy the middle place between the outer and inner worlds (Hillman, 1979; Whitmont and Perreira, 1989; Kalsched, 2013). Jungian analyst, Donald Kalsched, merges ideas from psychoanalytic schools of thought and current affective neuroscience in his explanation of the self-care system that develops after trauma.

Kalsched (2013) defines trauma as any experience that causes the child unbearable psychic pain or anxiety. The psyche responds inwardly to overwhelming life events; in the face of unbearable trauma, dissociation occurs “to prevent annihilation of the unit self” (p. 11) and the intolerable affect is relegated elsewhere to different parts of the mind and body. Kalsched (2013) has suggested that the trauma continues to live in the unconscious realm, especially in dreams.

Dreams can reveal inner object images which symbolize catastrophic outer events which are too much for the conscious ego to hold, and accordingly dreams can be a way for us to process our trauma, if we are receptive to the messages they carry (Kalsched, 1996; 2013). Dreams may also carry content stored in implicit memory. As such, the power of dreams and imagery can also carry significant healing potential. Therefore, it would be worthwhile to explore such phenomena in survivors of relational trauma.

In recent times, dreams still hold a privilege in psychoanalytic schools of thought as they are believed to lead not just toward the unconscious but also to memories of actual traumatic events. De Saussure (1981) suggested that recall of the dream can be helpful while the original trauma has been forgotten. Brenneis (1994) also examined the efficacy of dreams in the reconstruction of trauma. While actual traumatic events could be reconstructed with validity from dreams, Brenneis concluded that such reconstructions depended more on the skill of the analytic clinician than any systematic application of dream interpretation.

Specific images and the affective content of dreams for trauma survivors are also significant. Hartmann *et al.*, (2001) introduce the notion of contextualizing images (CI) in dreams—a powerful central image that provides context for the dominant affect within the dream. CI is a construct to represent the intensity of the image and can be scored. Trauma survivors had statistically significant differences in the CI score compared to a control group, and emotion rates as contextualized tended toward more negative emotions; especially pronounced were the affects involving fear/terror and helplessness vulnerability (Hartmann *et al.*, 2001). Phelps *et al.* (2011) found similar results among PTSD survivors. Their dreams often consisted of a repetitive replay of the traumatic event, complete with cognitive, affective, physical, and behavioral responses. Fear was the most common affect, with rich sensory detail and somatic involvement. Phelps *et al.* (2011) suggest that dream affects are consistent with emotions that may have been suppressed at the time of trauma.

Finally, we examine the potential relationship between dreaming and meditative practices such as yoga. Faber, Saayman and Touyz (1978) suggests that such a relationship can exist, and that Jung also noted the connection between meditative techniques and the compensatory function of dreams. While Faber’s study did not establish the causal relationship between meditation and dreams, they found that the dreams of meditators contained significantly more elements of a transpersonal and archetypal nature than those who did not meditate. Such images are found to be both spontaneous and autonomous, and reminiscent of Jung’s account of archetypal images encountered in active imagination. Thus, it is possible that meditation may facilitate a greater receptivity to inner experience.

Dreams are a phenomenological process which is difficult to quantify or contain. Yet, there is literature to evince the numinous power of dreams. Whitmont and Perreira (1989) state that “the dream itself is a natural and necessary expression of life” (p. 2). Through vivid imagery, dreams give voice to the unconscious and our task is to understand the dreams in order to bring an alternative viewpoint to the unconscious (Edinger, 1972; Hillman, 1979; Sedgwick, 2001; Kalsched, 2003). This task would be highly relevant to the dreams and images of those who



have suffered various forms of trauma, particularly relational trauma, as well as their recovery through body-based meditative practices such as yoga (Faber, Saayman and Touyz, 1978; De Saussure, 1981; Brenneis, 1994; Hartmann *et al.*, 2001; Kalsched, 2003; Brown, 2006; Phelps *et al.*, 2011).

## Method

The author conducted a mixed-methods consisting of quantitative and qualitatively-based inquiry into the participants' experiences of Ashtanga yoga practice among survivors of trauma. Methodology had been reviewed and approved by the Institutional Review Board at Pacifica Graduate Institute. A survey questionnaire was developed to gather quantitative data on history of complex trauma among female Ashtanga yoga practitioners. Another questionnaire was developed by the author to be administered along with CTQ to collect relevant information on the participants' yoga practices and other demographic information. Factual information such as age, profession, educational level and other demographic factors as well as the frequency and length of time spent in Ashtanga practice were gathered.

In the second part of the study, the essence and emergent themes associated with Ashtanga yoga practice were explored from personal narrative accounts of at least several participants from the initial pool of survey respondents, with particular attention given to affect regulation and somatic awareness. Interviews conducted with the participants were based on a semi-structured, researcher-developed questionnaire. Participants were invited to share their own thoughts, emotions, and fantasy material in written form that would be then be submitted to the researcher.

Participants in the study were female Ashtanga yoga practitioners. The intent was to recruit a sample of at least 20-25 participants to take a survey questionnaire on complex trauma. From this initial sample, five to seven practitioners who were able to articulate their personal experiences of their practice were selected. Inclusionary criteria will be the following: practitioners who have maintained a steady Ashtanga yoga practice (defined by at least 1-2 days a week for at least 1 year).

Participants were limited to those who were between 20-69 years of age.

The instrument used in this study was the short form version Childhood Trauma Questionnaire (CTQ) developed by Bernstein and Fink (1998). The shortened version CTQ is a 28-item retrospective self-report and can be completed in 5 minutes by those with a 6<sup>th</sup> grade reading level (Bernstein *et al.*, 2003). There are five subscales in all, with three assessing abuse (Emotional, Physical, and Sexual), and two assessing for neglect (Emotional and Physical). The short form CTQ has been shown to be good overall reliability (stability coefficients near .80) and validity (Bernstein and Fink, 1998; Bernstein *et al.*, 2003) across various populations.

Participants were recruited using various methods. A flyer requesting participant involvement will be posted to various Ashtanga yoga studios in the San Diego and Orange County regions. Additionally, participants were invited through email message posted to an online social media group (Facebook) that included Ashtanga yoga practitioners in the mentioned catchment areas.

Participants completed the survey in-person at the researcher's private practice office or at a private location convenient to the participant. Before completing the survey, participants were shown an Informed Consent Form, and asked to read and complete the form. Participants would not be able to complete the survey until they have read and agreed to the terms in the Informed Consent. Completion of the survey is estimated to take five to ten minutes. In the quantitative portion of the study, the responses of the participants will be analyzed to provide descriptive demographic data, as well as to screen for potential interview candidates.

Survey participants who scored at least a moderate level of trauma in at least one of the subscales in the CTQ will be invited to an interview. A phone, office or home visit was scheduled with the participant, with the interview lasting no more than 60 minutes. During the interview, a semi-structured interview questionnaire was used with participants during the interviews. Interviews were documented using audio recordings as well as notes taken during session. Thematic analyses were conducted on audiotaped recordings to notate emergent themes.



## Results

### Quantitative Data

The total participants numbered 31. The majority of the participants (38.7%) were between 40-49 years of age. Most of the participants reported having completed college (35.5%) while the others described themselves as having completed some college (22.7%) or a post-graduate degree (32.4% with masters and doctoral degrees combined).

Nearly half of the participants described their marital status as single (45.2%) followed by married (38.7%), divorced (12.9%) and in a domestic partnership (3.2%). With regard to practice, the majority of participants (54.8%) reported practicing 5 to 6 days a week (the recommended frequency in Ashtanga yoga practice). The remainder reported practicing 3 to 4 days a week (41.9%) and 3.2% reported practicing 1 to 2 days a week. Most of the participants (45.2%) reported having practiced Ashtanga yoga for 1 to 2 years, 29% reported practicing for 3 to 5 years, 9.7% have been practicing for 6 to 10 years, and 16.1% reported having practiced for over 10 years.

In regard to whether yoga practice helped with emotions, a large majority of participants (90.3%) reported that yoga practice helped them “a lot.” The remainder reported that yoga practice helped with emotions “a little bit” (3.2%) and “somewhat” (6.2%). In terms of yoga practice helping with body awareness, a large majority (96.8%) stated that practice helped them “a lot,” while only 3.2% reported that yoga practice helped them “somewhat.” See Table 1 below for details.

As discussed before, the CTQ measures five common domains of abuse or neglect: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. With regard to the first domain of emotional abuse, only 3.2% reported that they had none to minimal emotional abuse. Nearly 30 percent (29.1%) reported having experienced low to moderate levels of emotional abuse, and only 3.2% reported moderate to severe levels of emotional abuse. Interestingly, more than half of the entire sample (20 participants out of 31) reported severe to extreme levels experienced in childhood (64.5%). By contrast, the majority of participants reported none to minimal physical

abuse (61.3%), 12.9% reported low to moderate levels, and 9.7% reported moderate to severe levels of physical abuse. Severe to extreme level of physical abuse were reported by 16.1% of the participants.

**Table 1.** Sample Characteristics.

Age	
20-29	16.1%
30-39	32.3%
40-49	38.7%
50-59	12.9%
Education	
Some college	22.7%
College	35.5%
Masters	22.7%
Doctoral	9.7%
Trade	19.4%
Years of Practice	
1-2 yrs	45.2%
3-5 yrs	29%
6-10 yrs	9.7%
>10 yrs	16.1%
Marital Status	
Single	45.2%
Married	38.7%
Divorced	12.9%
Domestic Partner	3.2%
Practice Frequency	
1-2 days/wk	3.2%
3-4 days/wk	41.9%
5-6 days/wk	54.8%
Help with Emotions	
A little bit	3.2%
Somewhat	6.5%
A lot	90.3%
Help with Body Awareness	
Somewhat	3.2%
A lot	96.8%

In the domain of sexual abuse, over half (51.6%) reported no exposure. Low to moderate levels were reported by 6.5% of the participants. Nearly 13 percent (12.9%) reported experiencing moderate to severe levels of sexual abuse, and 29.1% reported experiencing severe to extreme



levels of sexual abuse. For the subscale of emotional neglect, only 16.2% reported none to minimal levels. The majority of participants (35.4%) reported low to moderate levels, 25.8% experienced moderate to severe levels, and 22.6% experienced severe to extreme levels of emotional neglect. In the final domain of physical neglect, the majority (51.6%) reported none to minimal levels of exposure. Over 16% (16.1%) reported low to moderate levels of exposure, and 6.5% reported moderate to severe exposure to physical neglect. Severe to extreme levels of physical neglect were reported by 25.8% of the survey participants.

**Table 2.** CTQ Results.

Emotional Abuse		
None-Minimal		3.2%
Low-Moderate		29.1%
Moderate-Severe	3.2%	
Severe-Extreme	64.5%	
Physical Abuse		
None-Minimal		61.3%
Low-Moderate		12.9%
Moderate-Severe	9.7%	
Severe-Extreme	16.1%	
Sexual Abuse		
None-Minimal		51.6%
Low-Moderate		6.5%
Moderate-Severe	12.9%	
Severe-Extreme	29.1%	
Emotional Neglect		
None-Minimal		16.2%
Low-Moderate		35.4%
Moderate-Severe	25.8%	
Severe-Extreme	22.6%	
Physical Neglect		
None-Minimal		51.6%
Low-Moderate		16.1%
Moderate-Severe	6.5%	
Severe-Extreme	25.8%	

The high percentage of participants who found that yoga practice helped with regulating emotions and improving body awareness further supported the decision to hold qualitative interviews to explore practitioner’s experiences in greater detail. Such data also resonated with my own personal experience where yoga practice helped me to face and acknowledge the darker emotions or memories that would emerge. In my own experience, the structure and consistency of Ashtanga yoga practice, combined with learning from a trusted teacher, served as a powerful container for difficult emotions which would sometimes arise.

### Qualitative Data

In this section, a summary of the interview participants will be described. The full descriptive data can be found in Table 3. As discussed earlier, the CTQ was used to screen for participants who scored at least moderate levels in one of the subscale of abuse or neglect in the CTQ. A total of six participants shared their experiences of their histories of abuse/neglect, and how yoga practice helped them to manage their emotions as well as to improve their body awareness. Spontaneous memories of early trauma and dreams and images arising during practice will also be explored, as well as how these phenomena contributed to a transformation of awareness.

A total of six survey respondents offered personal information regarding their lived experience of yoga practice, and how this practice helped them to come to terms with their histories of childhood abuse/neglect, as well as improve their emotional regulation and body awareness. As can be seen in Table 1.1, all of the interview participants scored at least moderate to severe levels of abuse or neglect in at least one of the CTQ subscales. Five reported severe to extreme exposure to neglect or abuse in at least one of the CTQ subscales, and one participant scored severe to extreme in all five subscales of abuse or neglect.

As the interviews were conducted, common themes were noted to emerge from the participants’ lived experiences. Additionally, a large majority (90.3%) of the participants reported that Ashtanga yoga practice helped “a lot” with their emotions (in the researcher designed portion of the survey). Similarly, close to 97 percent (96.8%) reported that this yoga practice helped them “a lot” with their body awareness.

The wide prevalence of self-reported emotional abuse and neglect among the survey participants would suggest that such events can affect the psyche in negative ways. The repetitive stress of emotional trauma can have tangible effects on the developing brain and lasting sequelae on the lifespan of the survivor; moreover, such survivors of trauma often suffer from both a disconnection from their emotions as well as their bodies (Schore, 2002; Kalsched, 2013; van der Kolk, 2014).





Kalsched (2013) also emphasizes how early trauma creates a division between mind and body, and how the body must also be attended to during the process of emotional healing. Both Kalsched (2013) and van der Kolk (2014) state that traumatic memories are often “encoded” as psychosomatic symptoms, and thus, careful attention must be given to both the unconscious as well as the body. It would appear that yoga practice may help to mediate such a division, and the themes that emerged from the qualitative interviews, discussed in the following section, seem to support this hypothesis.

quantify. All of the participants were able to describe how yoga practice helped with their emotions and body awareness, yet each process felt individual and specific to each person. P5 described it best in that yoga practice mirrors the difficulties and intensities of life challenges; how one can master the difficulties in the body somehow translates to confidence and ability to mastering the difficulties in psychological life. This also brings to mind that our encounter with the shadow—with what it most difficult and frightening in our own practice—is what can also lead to our internal sense of freedom and empowerment.

**Table 3.** CTQ Profiles of Interview Participants.

Participant #	CTQ Score	Level of Severity	
<b>Participant #1</b>	Emotional Abuse	20	Severe-Extreme
	Physical Abuse	16	Severe-Extreme
	Sexual Abuse	16	Severe-Extreme
	Emotional Neglect	18	Severe-Extreme
	Physical Neglect	14	Severe-Extreme
<b>Participant #2</b>	Emotional Abuse	13	Moderate-Severe
	Physical Abuse	5	None-Minimal
	Sexual Abuse	5	None
	Emotional Neglect	12	Low-Moderate
	Physical Neglect	6	None-Minimal
<b>Participant #3</b>	Emotional Abuse	18	Severe-Extreme
	Physical Abuse	17	Severe-Extreme
	Sexual Abuse	5	None
	Emotional Neglect	10	Low-Moderate
	Physical Neglect	14	Severe-Extreme
<b>Participant #4</b>	Emotional Abuse	17	Severe-Extreme
	Physical Abuse	7	None-Minimal
	Sexual Abuse	6	Low-Moderate
	Emotional Neglect	16	Moderate-Severe
	Physical Neglect	6	None-Minimal
<b>Participant #5</b>	Emotional Abuse	9	Low-Moderate
	Physical Abuse	7	None-Minimal
	Sexual Abuse	5	None
	Emotional Neglect	16	Moderate-Severe
	Physical Neglect	16	Severe-Extreme
<b>Participant #6</b>	Emotional Abuse	22	Severe-Extreme
	Physical Abuse	13	Severe-Extreme
	Sexual Abuse	21	Severe-Extreme
	Emotional Neglect	16	Moderate-Severe
	Physical Neglect	13	Severe-Extreme

**Theme 1: Being “at home.”**

All of the participants shared that they came upon Ashtanga yoga practice by accident, but then discovered how much “at home” they felt with the practice. “I felt like I had come back home,” said one practitioner. Yoga practice usually became the one constant element amidst turmoil or transition in the participant’s life. Moreover, they noticed the transformative quality of Ashtanga yoga practice, as negative emotions change after practice. The unique qualities of Ashtanga yoga practice, with its repetition and set sequences of poses, the focus on breath and drishti as well as the pose itself, and its physical intensity is what makes this particular practice so effective.

**Theme 2: Connecting to the present moment**

Breath is a crucial component in helping participants calm down and connect back to the present moment. “If I’m feeling stressed, I just go back to the breathing,” P1 had stated. As a result, practice becomes a safe container and helped them develop a more effective way to manage negative emotional states. This process, however, takes time. The women have shared how they have experienced an initial disconnection from the body, but practice inevitably resulted in more body awareness as well as acceptance.

**Theme 3: Starting slowly**

Participants have shared that it is important to start slowly. Then, over time, one can take on a more intense practice. As P6 had shared, “When I started my inner work, I needed a really soft

**Qualitative/Thematic Analysis**

This section reviews common themes which have emerged from the interviews. The common themes would include the following: being “at home,” connecting with the present moment, starting slowly, holding difficult emotions in specific sites, and finally, healing the body to transform the psyche.

The transformative properties of yoga practice are noticeable yet, in a sense, difficult to



practice. Just breathing and little moves. After years with a soft yoga practice, and psychological help I could slowly start a deeper practice.” Deeper practice leads to deeper and more intense experiences, as one already has the psychological scaffolding to tolerate the emotions which can emerge spontaneously. Additionally, it is common to have memories and feelings, especially the traumatic ones, arise during practice. These experiences tend to emerge especially during very difficult poses. Finding a trusted teacher, as with a psychotherapist, is important. With a teacher and through the postures, one never knows what inner emotional story may come up, but there is faith that one can survive and learn from it. Interestingly, participants have shared that their experiences in traditional psychotherapy have helped them to cognitively understand their trauma, but there was still a gap between understanding and experience. Yoga practice, with its emphasis on breath and the body, helped them to cope more effectively with negative emotional states such as anxiety, sadness, and/or anger.

#### *Theme 4: Holding difficult emotions in specific sites*

The most common emotions reported were fear, anxiety, and anger. Moreover, participants shared that certain parts of the body hold memories or emotions; thus, poses which involved hip or back opening like *Supta Kurmasana*, *Baddha Konasana*, *Kapotasana*, or *Marichyasana D* tended to bring such feelings up on a very intense level. P5 had stated: “You are going deep into the back, the hips, belly, places where we hold a lot of stress, and memories, and all that sort of stuff.” As one progresses through practice, the intensity fades but one’s perspective changes as well.

#### *Theme 5: Healing the body to transform the psyche*

Finally, all the participants agreed that Ashtanga yoga practice had significant effects on the psyche. They shared that the practice eventually changed their mind and self; one becomes more genuine and compassionate, more accepting of emotions. Over time, many realized that emotions, even the negative ones, are transient although very intense at the time. P5 had expressed that “Yoga becomes a metaphor for life. As one overcomes the challenges in yoga practice, one also gains confidence in overcoming

fearsome situations in life.” Such a process occurs because in practice one must face what comes up. One cannot run away; ultimately, one learns how to tolerate and be compassionate to negative feelings, and oneself.

The development of compassion arises out of practice and the women shared that it needs to start with oneself. One needs to develop her own comfort and compassion to her own body; only then can one develop a relationship to the body, and then be able to relate to others with more gentleness and compassion. If one is not comfortable in her own body, this somatic disconnection can influence one’s outlook and perspective. This recurring theme among the participants emphasizes how the body can influence the psyche. A full discussion of this overarching theme is the subject of the next chapter.

The high prevalence of emotional abuse within this research study suggests the ubiquitous nature of emotional trauma. The effects of any kind of trauma, however, are undeniable—physiologically and psychologically (van der Kolk, 2014). Contemporary neuroscience has demonstrated that traumatic events can alter the brain and impair the communication between the right and left hemispheres, resulting in emotional dysregulation and somatic disconnection (Schoore, 2002; van der Kolk, 2014).

Certainly this would be true for the survey participants as well, and it appears that yoga practice can address the disconnection between emotional dysregulation and the body. How exactly could yoga address this, one may ask? It seems that there needs to be a combination of several factors—the focus on breath as well as the body, and the container of practice that is supplemented by a trusted teacher. In doing body work, the right brain becomes more dominant and this is probably when traumatic memories or difficult emotions—usually held in check by the conscious ego—arise. The repetition of sequenced postures, as well as the progression to more difficult poses, will also trigger more memories and feelings. A structured practice with the focus on breath may help the practitioner tolerate these difficult states of mind, and over time, be able to tolerate difficult states of mind for longer periods, and for more instances outside of practice. P1 had stated that



“it’s one of those things, once you get through it, you’re done.” A similar theme is echoed by P3, who states that “I was a big repressor, especially when it comes to my own childhood history. For the longest time, I would tell myself that everything was ok, but inside something didn’t feel right. Yoga really helped me to face things. . . . I feel like it gave me a safe place to work through stuff. You know, I got overwhelmed in verbal therapy, but yoga gave me a way of working through some really painful emotions.”

While the neurobiological theories of trauma offer valuable information on how the brain is altered by traumatic events and can be healed by yoga practice, it is also important to consider again the Jungian archetypal perspective with regard to developmental trauma. Kalsched (2013) suggests once more the importance of the body in the containment of overwhelming affect from a Jungian lens. Our sense of self cannot come only from the psychological realm, but also from the somatic. Trauma splits off the self and integration can be attained only if such affects are experienced in our bodies. Could yoga be such a vehicle for the containment and conscious processing of overwhelming affect from trauma? The results from the CTQ survey and participant interviews seem to say “yes” to such a question. As noted previously, the practice itself has served as a container for dark or even unbearable emotions which have come up for the participants, with the use of controlled breath being the most important factor.

The dreams or images shared by the interview participants also revealed a wide range of experiences. Dreams in themselves offer a portal into what Kalsched (2013) refers to the daimonic, mythopoetic or archetypal realm, which may also offer an opportunity for healing and is rarely discussed in trauma literature. It would seem that the dreams shared by the participants reflected their own emotional state; one participant (P4) reflected that many of her dreams carried the feeling of anxiety, of not being able to make it to practice in time.

Interestingly, for another participant (P1), a dream of a pose which she had been struggling with gave her the ability to say “no” in reality and this became a learning moment for her. Such a dream would reflect the psyche’s own wisdom in helping a person realize her own needs and voice them. The waking dream shared

by P3 also reflects the spontaneous wisdom of the autonomous psyche, in which the vision of a female figure immersed in a pool of water provided the participant a needed reflection of herself, leading to a sense of deeper compassion and self-acceptance.

Finally, there is a question of whether yoga practice supersedes psychotherapy in its effectiveness. It would seem so from some of the responses in the interviews; with the participants revealing how therapy alone felt overwhelming or ineffective in giving them concrete ways to manage difficult emotions. Yet it also became apparent that the combination of both yoga practice and psychotherapy yielded optimal results; participants who experienced both modalities were able to conceptualize their experience through psychotherapy, and yoga practice gave them a concrete way to manage difficult emotions. One could even say that Kalsched’s idea of a “binocular vision” (2013) applies here—to have one eye turned towards the psyche, and one eye turned towards the body.

In the psychotherapeutic sense, to cultivate Kalsched’s idea of the “binocular vision,” the therapist would certainly need to attune her/himself to the client’s affective state within the intersubjective field. At the same time, the therapist’s own attunement to his/her somatic state can also serve as a powerful tool. One eye is turned toward the internal psychological state, while the other eye is attuned to the external physical state. For example, the client’s own anxiety and fear may be not expressed explicitly but instead through non-verbal communication. If the therapist is adequately attuned to his/her own somatic state, this affective energy would also serve as information. In my own practice, I have found this to be accurate; clients who have experienced severe trauma may not be able to verbally express their fear and anxiety, but in my attunement to both their and my own somatic states, I am informed of their state of mind. Choosing when to reflect this extends beyond the scope of this paper, but certainly one may surmise that the somatically aware therapist can use such information to the client’s benefit.

If the client engages in a consistent body-work practice such as yoga, she/he may also be more informed of the internal states of mind that are communicated by the body.



## Limitations of the Study

The limitations of the study included a small sample size (N=31 participants). First, the study design was only descriptive and focused on qualitative experience. Second, the study was limited to only the practice of Ashtanga yoga and may not be generalized to other common yoga practices. Third, the study did not explore the combination of psychotherapy and yoga practice specifically. Fourth, selective bias may also have been a factor in that participants may have been influenced to answer questions a certain way. Last, there may be a lack of sensitivity to the subtler forms of trauma in the CTQ.

## Implications for Further Research

For participants who had scored higher in one or more subscales of trauma in the CTQ, might they have more difficulty in the more challenging postures of the Second Series? This question would be specific only to the practice of Ashtanga yoga.

For male practitioners of Ashtanga yoga, how may they have responded or acknowledged their experiences of trauma and neglect? How may they experience the helpfulness of the practice in the regulation of emotions and body awareness? How may their experiences mirror or contrast from the experiences of female practitioners?

There is also more need for empirical research in the effectiveness of Ashtanga yoga in emotional regulation and somatic awareness, with an effective study design that would include a null hypothesis. Such a study design could also further illustrate the relationship between emotional regulation and body awareness.

In this chapter, we discuss an overarching theme which has emerged from the research study through the participants' responses—how the healing of the body can transform the psyche. We end with a conclusion to the potential of yoga practice in the healing of developmental trauma, and whether this can be channeled effectively amidst Jung's caution of yoga practice in the West.

## Discussion

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In the psychotherapeutic sense, to cultivate this type of "binocular vision," the therapist would certainly need to attune her/himself to the client's affective state within the intersubjective field. At the same time, the therapist's own attunement to his/her somatic state can also serve as a powerful tool. One eye is turned toward the internal psychological state, while the other eye is attuned to the external physical state. For example, the client's own anxiety and fear may be not expressed explicitly but instead through non-verbal communication. If the therapist is adequately attuned to his/her own somatic state, this affective energy would also serve as information. Choosing when to reflect this extends beyond the scope of this paper, but certainly one may surmise that the somatically aware therapist can use such information to the client's benefit.

If the client engages in a consistent body-work practice such as yoga, she/he may also be more informed of the internal states of mind that are communicated by the body. Kalsched (2013) provided a beautiful example of how one traumatized client utilized her own body-work to process and ultimately express her early, unbearable childhood experiences that had been repressed by the psyche. Through body-work, she was slowly able to identify her dissociated affects and begin to experience them within the safety of the therapeutic container.

One could say that a very similar process is at work with the survey participants who dedicated themselves to a consistent yoga practice as well as partook in psychotherapy. Kalsched's statement also highlights the importance of the body—traditionally





overlooked by both psychoanalyst and Jungians alike—in the individuation process. The affects that were hitherto inexpressible would find a somatic release through the yoga practice; combined with psychotherapy, the experience of being witnessed would bring meaning to the suffering.

Kalsched's idea of binocular vision has relevance on a multitude of levels. He also expressed the binocular vision as one that incorporated both the mythopoetic, numinous realm as well as the transference field between the therapist and client. We discussed how the therapist can maintain an awareness of the internal psychological state as well as the somatic states of being. One could also say that the body can also serve as a portal to the mythopoetic realm which Kalsched has described. This would be true of the numinous dreams and visions experienced by the interview participants such as P1, P3, and P5, and such dreams and visions allowed them to deepen their own psychological growth.

Yoga practice has often been described as an alchemical process (Miller, in Donahaye and Stern, 2010). It would seem important to consider first the idea of alchemy – it is an ancient process founded in the East, Mid-East, and European societies, with the overt goal of transforming lead into gold (Burckhardt, 2006). However, the symbolic meaning of alchemy sheds light into psychological transformation as well. In the process of the tangible and manifest change, the alchemist undergoes a profound psychological change (Jung, 1962; Edinger, 1985).

In a similar vein, Ashtanga yoga practice begins with what is tangible and manifest, the physical body. In so doing, the practitioner experiences a deep internal change of the psyche. Alchemy, too, is a theme that often arises among yoga practitioners. Ashtanga yoga teacher David Swenson stated “There is a saying of the alchemists: through repetition the magic is forced to arise. It's only through repetition that we can gain depth of understanding” (Donahaye and Stern, 2010, p. 101). Tim Miller, another noted Ashtanga yoga teacher, stated that “the rewards of yoga are tangible and immediate, and especially in the beginning. . . . Staying connected to the practice...continues to unfold itself in some kind of organic way, creating greater health. . . greater possibility, greater things” (Donahaye

and Stern, 2010, p. 75). With this statement, Miller reiterates how yoga begins with the external and what is most observable—the body. Yet it is through consistent practice of body-work that one experiences the internal psychological change, a primary theme which has emerged from the interviews and is the overarching theme of this research study.

Indeed, the recurring theme from the interviews was how the connection to the body became a process and means of psychological changes. This feels dramatically different from our everyday perspective of placing priority on the mind and how the body would follow. Here it would seem that the mind—or rather, the psyche—follows the body. Again, this reaffirms how body-work can serve as a container to encounter, tolerate, and acknowledge what had hitherto been unbearable and thus parallels the function of analysis and/or psychotherapy. One can say that the body can serve as an alchemical container or vessel for the psyche. Through the medium of yoga practice, the body changes; in such a process, so does the psyche. Indeed, van der Kolk (2014) found that the practice of yoga was more effective than traditional forms of psychotherapy (DBT) in helping patients manage PTSD symptoms and improving body awareness.

Traditional psychoanalytic perspectives have often overlooked the body, but Winnicott's idea of psycho-somatic in-dwelling (attaining “unit status”) speaks to the recognition of the body's importance even during that time period (Kalsched, 2013, p. 271). For those who have experienced trauma and the subsequent disconnection from the body and mind, the practice of yoga may indeed re-initiate the arrested process of psycho-somatic indwelling.

The body as an unconscious container for traumatic memories and experiences is also significant, and bears far-reaching implications for future endeavors within this area of research. As we now know, early trauma arrests the process of one's developing life (Kalsched, 2013). In psychotherapy, the therapist follows the patient's life narrative back to the “unstoried, unprocessed” trauma, which is the point where the patient's potential was interrupted by unbearable and overwhelming psychological pain. The traumatic event also results in the development of primitive psychological defenses that initially protect against psychic pain but



ultimately obscures emotional life, leading to gaps in experience. The body, however, continues to “keep the score,” as van der Kolk (2014) suggests, and certain areas of the body may hold more traumatic memories than others. For example, Lampe *et al.* (2000) found a significant association between female survivors of sexual abuse and chronic pelvic pain. Likewise, the responses from the interview participants echo similar themes, mentioning the areas of the hips and back as holding the most tension or fear, and thus presenting the greatest challenges in poses that focus on opening the hips and the back.

The therapeutic process involves delving into frightening places and being able to tolerate what had previously been unbearable on part of both therapist and patient. Jung has once stated that “as a psychotherapist I do not by many means try to deliver my patients from fear. Rather, I lead them to the reason for their fear, and then it becomes clear that it is justified” (Adler, 1973, p. 400). However, it also appears that psychotherapy alone can be less effective in teaching complex trauma survivors basic skills in regulating their emotional experiences (van der Kolk, 2014). Interestingly, this same theme has emerged from at least three of the interview participants, who shared that they had been in therapy previously to address the trauma but somehow the process became too overwhelming or did not give them the necessary tools to manage emotional stress in the moment. One of the participants was herself a psychotherapist. They stated that therapy had been helpful up to a point; for example, helping them to understand cognitively their experience—but what ultimately helped them was the yoga practice. The role of the body again feels important here, and body-work such as yoga seems consonant with the idea of bridging the psychological separation wrought by early trauma. Finally, this is not to say that psychotherapy alone is ineffective, but more to emphasize how both facets of experience (mind and body) need to be in place for the trauma survivor to make the best use of the healing modalities available to her. Kalsched’s case study again shows how the body can serve as an alchemical vessel for psychological change.

While there are numerous articles and tests written on the relationship between trauma and yoga practice, there is still scant literature on Ashtanga yoga practice. Most yogic practices and

schools of thought have left very little written work, and for many generations, the practice was sustained by a dissemination of an oral tradition (Maehle, 2009). This phenomenon again highlights the concept of *parampara*, which indicates the devotion and learning through experiential practice with a trusted teacher. It is only more recently that written work has emerged on Ashtanga yoga. In the book *The Life of Guruji: A Portrait of Sri K. Pattabhi Jois* (2010), the experiences of numerous teachers and students of the late Pattabhi Jois were explored and written down. This text on Guruji, which is comprised on numerous interviews with his former students rather than on their own written work, again emphasizes the importance of the passing of knowledge through oral tradition and direct experience. Again, this process of direct learning and oral transmission from a teacher in Ashtanga yoga parallels the transmission of knowledge in medieval alchemy. In the ancient times, alchemy was practiced in secret, and the student was chosen carefully by the teacher and vice versa (Burckhardt, 2006); likewise, even in today’s era, practitioners of Ashtanga yoga are advised to keep their practice secret, and teachers are chosen with great care and commitment. It is common in Western yoga for students to drift from one practice to another, or go from one teacher from another; however, in Ashtanga yoga, one learns the deeper (secret) poses only through commitment to the practice and also to his or her teacher. Practically, this also makes sense; only a teacher familiar with the student’s body *and* psyche could determine the readiness for the next posture.

Each posture contains its challenges which test the student’s ability to learn and understand it on both a somatic and psychological level. Guy Donahaye, a certified Ashtanga yoga teacher, states that:

There are times (in the practice) when one encounters one’s deepest fears and is pushed to the limits of endurance, both mentally and physically... But as the mind is transformed through yoga practice, we become better able to perceive the reality underlying our existence (Donahaye and Stern, 2010, p. xxii).

What are the implications of such a powerful statement? Ashtanga yoga practice can definitely test our mental and psychological limits, but it



may allow an opportunity for the embodied trauma or “unstoried narratives” (Kalsched, 2013) to arise and be tolerated in the practitioner’s consciousness. Physiology may also be a key element, as the use of controlled breath decreases the physiological arousal state associated with the stress response (van der Kolk, 2014). Decreased arousal can ultimately allow such memories and feelings to be integrated in the psyche rather than going through the bypass mechanism of dissociation.

The participants’ responses also highlighted the important role of the teacher in yoga practice. In both arenas of psychotherapy and yoga, the therapist/teacher’s knowledge of the practice and accurate assessment of the patient/student’s abilities and limitations become crucial. There are very similar parallels to both processes—the therapist/teacher serves as a trusted guide who can lead the client/student where s/he needs to go because (one would hope!) the guide has been there. At the same time, the therapist/teacher must not push too much lest they re-traumatize the client/student and arrest the process of individuation once more. In the interviews, what really emerged as a significant theme was the feeling of trust that each participant had for her teacher, and this only emerged through time and consistent practice.

Encountering and accepting the darker aspects of being within yoga practice can ultimately transcend the ego. Epstein’s idea of thoughts without a thinker, to transcend the ego through the body and present moment, also reiterate this aspect of existence – “an openness to both internal and sensory experience that does not often survive our childhoods” (Epstein, 1995, p.117). It would seem that the dually physical and meditative practice of Ashtanga yoga can also facilitate such an experience, with the trusted teacher being the mediator of this process for the practitioner. Additionally, the focus on breath and the structure of Ashtanga yoga practice serve as containers which shape the mind or ego to follow the body, rather than the other way around. This involves an element of surrender, a dissolution of the ego, and it seems that only in this way can yoga truly heal the practitioner.

Epstein (1995) had noted that while psychotherapy tries to address difficult issues — “a particular agony—the longing and pain of self

estrangement” (p. 159) through verbal means, the patient can still remain in the grip of his or her suffering without a breakthrough. However, the Eastern practices of meditation can provide “actual relief” (p. 159). Drawing upon Freud’s notion of remembering, repeating, and working-through, Epstein states that searching for relief from suffering through psychotherapy alone may not be enough. Similar to Kalsched, Epstein also notes that certain memories, especially traumatic ones, are recorded in the body rather than in verbal memory. Only through experiencing and working through can the individual integrate these dissociated memories. The inclusion of meditative practices can facilitate a “working-through” of early experiences and memories as well as help the patient develop ego strength for this to occur.

One can simply—and erroneously—conclude that Eastern meditative practices such as breath-work and yoga would be answer to addressing psychological issues related to trauma. Epstein also emphasizes that while meditation can make one more aware of immediate feelings or memories, psychotherapy is essential to helping one make sense of it, to draw from experiences within the relational field and participation of the therapist. The second part of healing occurs when the patient/practitioner is able to tell their story or narrate their experience in the presence of another. This brings to mind a recent conversation with an experienced yoga practitioner. She herself had suffered extensive physical and verbal abuse and stated that while yoga practice had helped her a great deal, she still felt haunted by her memories and wondered if psychotherapy may be effective for her.

Epstein (1995) expresses how meditative practice—like psychotherapy—can only go so far and that “each need something from the other in order to work most effectively (p. 183). Kalsched’s idea of “binocular vision” (2013, p. 31), which is to include an eye turned to the outer world and an eye turned inward to the mythopoetic realm, also fits here. Further, one could say the binocular vision would include the psyche as well as the body. This study may illustrate the importance of the body in reconnecting with implicit memory; this ability to re-connect and consolidate traumatic memories can be crucial to healing from early trauma. Meditative practices such as Zen Buddhism and



yoga are deeply rooted in the unconscious, which is connected with implicit memory (Simpkins and Simpkins, 2010, p. 159). Furthermore, body-work such as yoga helps facilitate access to implicit memory as evidenced through spontaneous affects, memories and dreams experienced by the study participants, increasing awareness of bodily states can tap into the implicit memory and the unconscious, but most effectively within the safe container of the teacher-student or therapist-client dyad. Implicit memories can be reconsolidated through body awareness, and emphasizes the importance of grounding in the physical body to translate the sense of safety in the psyche. Body and psyche need another, equally and importantly so in the development of improved awareness and consciousness.

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