



Yoga Therapy For Trauma

Guest: Heather Mason

Alex Howard: Welcome everyone to this session where I am really happy to be talking to an friend old of mine. When I say 'old friend,' I don't mean she's old, but a friend of mine of many years, Heather Mason.

And we're going to be talking about yoga, but particularly yoga therapy as a tool and a support for healing and working with trauma. So firstly, Heather, welcome. Thank you so much for joining me.

Heather Mason: Thank you.

Alex Howard: So I just want to give people who might not be aware of who you are, just a bit of your professional bio.

So Heather founded The Minded Institute, one of the world's leading yoga therapy training schools. She's a yoga therapist with post-graduate education in neuroscience, physiology and psychotherapy, and specializes in using yoga therapy to work with trauma, anxiety and depression. Heather also works with members of parliament and the NHS to bring yoga to those in need and is the founding director of the Yoga and Health Care Alliance.

So, Heather, I think a good place to start would just be a little bit about you and your journey to yoga therapy. So where did your original interest in yoga start? So how did you get to the point of working in the way that you are these days?

Heather Mason: It was really a long journey. I work with trauma, depression, anxiety, I should say, and specialize in those different areas because I know them, not just from a clinical perspective and academic perspective, but I have been through all of those experiences. So because we're talking about trauma I'll focus in on PTSD, I didn't know when I was growing up that I actually had PTSD. So it's quite interesting. I knew that I was anxious. I knew that I was depressed. I knew that I had very extreme reactions to triggers.

But at that time - actually PTSD was only integrated into the Diagnostic Statistical Manual in 1980. I was born in 1976, so nobody was really talking about it when I was growing up. But by the time I was 23, having graduated from university, this conglomeration of these mental health issues came to such a head that I really felt that I could not continue anymore in my life in Manhattan where I was. And again, unaware that I had PTSD, but very clear that I had depression and anxiety, I went to Southeast Asia and I practiced intensive meditation and yoga for 3 years. And that wasn't actually the very beginning, by the way, Alex, of my yoga journey.

That was when I was 19, when I studied abroad in India. But I was an ex-gymnast and I didn't understand what yoga was really, when I first started, I just thought it was more adult gymnastics. And it took me going also into mindfulness meditation and being taught more of the breath work, which is so significant in modulating the autonomic nervous system to have a sense of, oh, this is yoga, this is curative. This isn't just a bunch of postures that seem like fun, where I can show off or continue to stretch my body as a little bit older than a gymnast originally.

When I came back from those 3 years, I did a lot of academic study and you have noted some of them. And I really wanted to help people, first through psychotherapy, which wasn't my route in because talking had never really helped me. And then I went to train as a yoga therapist with a focus on mental health in India. I was already a yoga teacher, by the way, in those 3 years I became my yoga teacher. And I realized that honing in on mental health is very important. And I think what's very interesting and I don't think I've actually said this before, is that I didn't know I had had PTSD all those years until I became a yoga therapist.

Alex Howard: So you suddenly had a new language with which to look back and reflect upon your history.

Heather Mason: Yeah, exactly. And just to give a bit of an overview of what I mean, I became a yoga therapist in India. I had done my degree in psychotherapy. I then decided to undertake a degree in neuroscience because there were a lot of things being said about yoga's value for mental health that I didn't think actually had grounds, in like five poses for this, ten poses for that. And I had been so helpless and hopeless myself. I didn't want to go down that approach, I wanted to be more evidence based. And as I was studying that and I developed this eight week course, actually for depression and anxiety. One of my students said to me, this was in 2008, "there is a program in the United States of Boston Trauma Center for Yoga for PTSD. No one in this country has trained in it. I have PTSD, Heather, and some of the things that you were doing in class require a little bit of fine tuning for somebody like me. Would you go and train?" And when I showed up there and I trained, I was like, oh, my gosh! PTSD! That's right, and I didn't know it.

And suddenly it made sense of a broad spectrum of reactions, symptoms and fears that I had had most of my life. And I actually felt an incredible amount of relief. And then it became so clear to me as to how to work with others, because when I had this information, I also was training in neuroscience and then I had my own lived experience for so many years. And even though at that point I was already healthy and well, it still further helped me along my path of personal development and wellness.

Alex Howard: Well, I think one of things - and I resonate with some of what you're saying - and I think one of the things that certainly has been true for me and my experience is that, there's the things that one needs to do to get to a basic level of health or wellness. But then to get to a point where your life is really flowing and you're not being triggered or having avoidant behaviors to avoid being in certain situations, or being hypersensitive to things that perhaps one doesn't need to be hypersensitive to, that's an ongoing refinement and awareness, and without having a truly trauma informed perspective, you just don't have the language with which to understand and make sense of those pieces.

Heather Mason: Yes. And often you also perceive - because you've talked about the avoidant behavior as useful, because why would you want to cause yourself harm? So you pull away from doing various things without actually realizing you're bypassing and not integrating.

And one of the best examples of that, and I know that this is more about me as a professional and my ideas around that, but to come back to my personal experience, one of the things that I used to do when I was doing intense meditation in Southeast Asia, you don't eat dinner, right, you just eat early meals. And as part of my PTSD experience and anxiety experience, I was very nervous around other people and I had a lot of social anxiety. So when I came out of the monastery as a form of spiritual bypass, I convinced myself that eating dinner with other people was outside of my spiritual practice, so I shouldn't do it. But actually it was just a way of avoiding the fear that I might still have and not trying to test it out.

Alex Howard: Yeah. And it's also strikes me - and I don't want to project all my experiences onto you - but it strikes me as well that, just the very intensity of going to live in a monastery is potentially quite a harsh way of treating oneself. And often when we've grown up in environments that have been in some ways traumatic or harsh or we've had a lot of pressure put on us, we can take that same approach to our own inner development, that there's a harshness and a cruelty sometimes to how we treat ourselves in the very act of trying to heal ourselves.

Heather Mason: I can really resonate with that because I was a competitive meditator.

Alex Howard: So then, how did things - just before we come into some of the specific benefits more broadly of yoga therapy for trauma - but just to complete this piece of the story in terms of your own path.

Heather Mason: So, what happened after that basically?

Alex Howard: So after that, in terms of the experiences you had, then you came back and you reintegrated that into your work as a teacher and a professional.

Heather Mason: So I became really aware of the effect of the autonomic nervous system. Something that I don't think I understood before, not even through my yoga therapy training and how profoundly breathing could alter that experience. And so I started to integrate more and more styles of breathing that would reduce levels of hyper arousal, and to be able to also take that off of the mat into my daily life, if there was a moment of trigger and anxiety.

So I had more than just the mindfulness piece of being able to see through my reactions and also the neurological shifts that have occurred from all of the yoga practice. But I had these very specific yoga therapy tools to manage those kinds of moments where suddenly I feel, oh, there's still something in the field for me. And I also started to develop other techniques that were useful for myself and for other people that were more expedient than things that I had been doing before. It would have been great if me now was the teacher of me then.

Alex Howard: But I guess, that you then going on the journey you went on, is how you became the teacher that you are now, right? I guess that's the challenge of it. So let's come - you've just touched on it in terms of the importance of breathing and regulating the nervous system - but let's broaden this a little bit more.

So yoga therapy, I think we should just define what we mean by that initially. So how is yoga therapy different to what people might be more familiar with a kind of traditional asana practice of going to a class and just doing a series of postures?

Heather Mason: Okay. So first of all yoga therapy is distinct as a field and then is the application of yoga to clinical health problems, be they mental or physical. And the distinction between yoga and yoga therapy in terms of practice is kind of many fold.

The first is that I think as yoga teachers we teach something and those people who are interested in our technique will just come. In yoga therapy you very much modify what you offer based upon the client's world view and their specific needs. You have to understand their specific diagnosis, sensitivities, best practice for that specific diagnosis, both psychologically and physiologically. And in some cases it might be theoretical because we don't have enough evidence so you rely on the best theory possible. It's very much a co-creation of a plan that's going to work for that individual and saying, "okay, this is what you're presenting with. This is some of the things that I can offer. How do we work on this together." Which is different than when you're in a regular yoga class.

And although yoga therapy can sometimes also be held in groups where obviously not co-creation occurs less. It's still part of the milieu and you're taking real account of best practice sensitivities. You have intake forms for everybody and you're modifying the practices to meet those individual needs moment by moment. And I often say one of the big differences between a yoga teacher and a yoga therapist, not to just mention that you need additional training. So it's like yoga teaching is a university degree or BA or BSc and then yoga therapy is like an MSc.

Alex Howard: So post-graduate. Yeah?

Heather Mason: Exactly. It's postgraduate education. You really do have to have quite a lot of medical knowledge and you're still using the energy systems of yoga. But you have to understand a lot of how the medical and psychological community also treat different conditions.

Alex Howard: And then, let's just say a little bit around being trauma informed and how that also forms a part of yoga therapy. People that have a specific awareness and understanding.

Heather Mason: So trauma informed means that there is an understanding of how different yoga practices may influence people with trauma. And likewise, some of the specific means that people with trauma might have that yoga can offer. And I want to actually make a distinction here, Alex, that I don't know if you're going to see often in the literature around yoga therapy for trauma. But I think it's important. At The Mindful Institute, we distinguish between three categories.

One is trauma sensitive, which means that a yoga teacher just has a basic education around things that might cause agitation for somebody with trauma. And if you have somebody potentially with trauma in your class, you might understand some of the different kinds of language that they would need and consideration.

Then we have trauma informed where individuals come to a class and the person has been trained in understanding unique needs of that population at a much higher level, and the class can be all individuals with trauma.

And then finally, you have what I call trauma focused therapy. This was actually, this three part model was designed by Dana Moore and Daniel Libbey in the United States. And trauma focused means that there is a robust understanding of how yoga can physiologically alter states for people with trauma. And so you're using it actively as an intervention rather than more of an unfolding, which is what you see in trauma informed yoga. Like, you're providing the safety for people to develop in their own natural way as their body is allowing.

Whereas trauma focused is things we know have an impact on trauma, we're definitely being trauma informed and have that organic unfolding, but we're also inserting very particular things and you have a trajectory of treatment in mind.

Alex Howard: I think that's a really helpful set of distinctions. And I think that also might speak to some people that have got PTSD trauma, that perhaps have been to a yoga class and not had such a positive experience. And I think it's helpful in terms of then selecting - if someone is particularly sensitive in that way - selecting someone that is able then to actually respond to that in a helpful manner.

Let's come a little bit more than to some of the specific benefits of yoga therapy for healing trauma. And I know that one of those is around promoting neuroplasticity. So maybe say a bit about what neuroplasticity is and how yoga therapy can influence upon it?

Heather Mason: Okay. And do you want me just, because how do yoga therapies influence neuroplasticity is much grander than how yoga therapy influences neuroplasticity specifically for trauma. Those are two different things. Do you want me to hone in or do you want me to...?

Alex Howard: I think, let's start general and then let's hone in from that, yeah?

Heather Mason: Okay. So neuroplasticity is the ability of the brain to change in relationship to experience, and that involves both the building of new pathways between preexisting neurons, the more deep relationship between preexisting neurons or the lack of relationship. So there's that saying, 'neurons that fire together, wire together'. And the second part of that would be that if neurons do not wire together, fire together over long periods of time, they're going to be less likely to wire together. And then finally, there is the birth of completely new neurons, a process called neurogenesis, which only a few structures in the brain are able to engage in. One of them shares its neurons with other structures in the brain so that they can also grow.

Now, in terms of yoga's ability or yoga therapy's ability to evoke neuroplasticity, I mean, it's many fold. And that is a very long answer, I think but I'll try to offer some of the main points. So firstly, I've mentioned already the autonomic nervous system, which is the sympathetic and the parasympathetic. And for people with any mental health issue, this is not just trauma, PTSD. There is usually an imbalance there. And what you have is hyper activation of the sympathetic system and in trauma as well, sometimes you will also have a freeze response, which is part of the parasympathetic system. But is not that kind of rest and digest healthy response that we want, but is more kind of just like the bodies completely shut down and often the mind does as well.

So one of the things that happens through breathing and through moving is, there's a movement away from greater levels of habitual sympathetic arousal. So a person can relax and also a reduction of that tendency to freeze. And that is primarily because yoga has that ability to support the newer parasympathetic circuit, the ventral vagal parasympathetic circuits. And I should explain this.

So, the primary nerve of the parasympathetic autonomic nervous system is the vagus, and it has two branches. One is the newer branch, which we associate with rest and digest, and that is ventral. And the older branch, which is called the dorsal branch, is associated with freeze. So as we engage in yoga practice, for example, and especially slow controlled breathing, what happens is we send quite a lot of information from the lungs up the vagus, influencing the vagus, enhancing its ability to send its signals and also that vagus will then influence what's happening inside the brain. The same will happen through movement, potentially through holding different positions for periods of time. Information will also be sent up that vagal nerve up to the brain and then we have shifts in what happens within the brain.

So probably the most notable that happens at a global level is that when we practice yoga, we increase levels of something called GABA. GABA is an inhibitory neurotransmitter and it is the major inhibitory neurotransmitter of the brain and it can be released by the neurons. Now by inhibitory neurotransmitter, what I mean for our intents and purposes is that it can actually inhibit fear-based pathways. And people with most mental health issues, but especially with trauma, have low levels.

Now, when research has been done on yoga, we have seen statistically significant increases in GABA, and also we've seen that even when yoga has been matched against other forms of exercise. So there's something unique about yoga. And it's been hypothesized by Dr. Chris Trader that what happens is through that breathing and through those postural holds, the vagus sends messages up to the brain, causing almost a huge spike in GABA. And that's going to start affecting how different aspects of the brain work.

For example, the amygdala, which is considered the alarm bell of the brain and often in PTSD is enlarged, can have some curbing to its activity. So you will have GABA moving into receptor sites on the neurons in the amygdala, inhibiting them from evoking fear. Additionally, you might see, for example, that the prefrontal cortex, which is kind of like here but within the skull, responsible for executive functioning, allowing us to engage in planning, new ways of perceiving, and also downgrading fear, when actually we're not truly threatens in that moment is smaller in PTSD.

And what we see also is that GABA probably floods the prefrontal cortex. Now, on first saying that you might think, well, why would you want that? That's the structure you want on board. But in so doing, we can come out of some habitual ways of thinking and suddenly new pathways in the prefrontal cortex might be active in that moment. But not only that, over time, we believe that that particular structure might actually be able to shift its circuits. And so we operate in a way where we're able to inhibit more fear and to be more fluid in our responses.

And then, the last structural mention in terms of Strater's hypothesis, is the insula cortex. So the insula cortex is kind of like here, but not straight at the top of the brain and the cortical region, it's a little bit deeper. And it's complicated to understand what this structure does. But the best way to explain it, is that it is involved with our perception of how our body feels. So, for example, people with anorexia will often have smaller insula cortices or some kind of aberrant activity. And so when they look in the mirror and when they feel themselves, they actually perceive themselves to be big, even though they are emaciated, so it's that sense.

Now, in PTSD we also have aberrant activity in the insula, which gives rise to fear around different sensations that might come from the body, confusion about what the body actually feels like. And also sometimes an inability to make sense of how we feel physically and emotionally, which is called alexithymia. It is also believed that when GABA continues to flood the insula in the moment, what happens is some of our preexisting perceptions around what we feel might fall away. So rather than being afraid of our leg in a warrior - because maybe our leg was involved in some kind of way that the body was compromised, I don't know - we can just have that momentary bare bones experience because we've inhibited the preexisting perceptions, but over time, just like with the PFC, the prefrontal cortex.

What might actually happen is that there's a reconfiguration of circuits in the insula, and so there's a higher level of congruence between our actual body and our sense of it. And so we develop a healthier relationship to our body and feeling states, something that we definitely know is significantly compromised in PTSD.

Alex Howard: That's great. That's definitely comprehensive in terms of explaining the different kind of impacts. And I think to simplify a little bit of people as well, really, one of the things that you've also touched on here, that people are learning to, in a sense, to self-regulate, they're learning to have an impact upon the function of their bodies responses.

So maybe say a little bit about that and particularly how yoga therapy, so the practice of yoga in certain ways can help teach that ability.

Heather Mason: Yeah, that's hugely, hugely important. Now, I've mentioned the breathing a few times, but I want to place a caveat on that. It's a wonderful way for people with trauma, PTSD, to learn to regulate and I'm going to talk about that in a second. But it's not usually the go to for the Mindful Institute as the first thing, because actually the power of shifting the breath is so marked that sometimes if we do it in the beginning with people with trauma, what happens is potential memories that they've kept pushed down actually percolate up to the surface. And they don't necessarily have the skills to manage them.

Or the shift in state out of stress to relaxation is so extreme, that even though it might feel good for a moment, it's scary. So what we do in the very first instance is help to forge a feeling of safety and that is going to have many different elements associated with it. But the skill that almost all of my trainees use, and myself, is grounding.

And grounding in a very particular way, which is sensing the touch of the body on the ground and inhaling up from the ground, exhaling back down from the ground. Now, I know that still involves breathing, but because the focus becomes just the ground, people's attention to that is often different. And it affords this sense of, oh, I'm connected to earth; when I feel overwhelmed, I can just bring my mind back down to the touch of the body on the ground to breathe up and down. And that tends to offer some level of regulation, as you said.

But after that, when that's emerged, we do other things in order to help people to regulate their emotions. And one of those things is elongating exhalation, and that's so simple, but actually the value of it is really pronounced. And if it's okay, I'll explain why.

Alex Howard: Sure please do.

Heather Mason: So remember that with PTSD there is this autonomic imbalance often with high levels of sympathetic arousal. Now, the vagus nerve that I talked about has all of these fibers that are going this way, we call that afferent from body to brain. But it also has some fibers that are going downward and one of the most important is towards the heart. And the vagus all the time is sending signals to the heart which are reducing the rate of the heartbeat and the intensity of contraction. And at the same time, you have other sympathetic nerves speeding it up. So you have this kind of variation in rate.

Now, when you exhale, you enhance the firing of the vagus to the heart. So when you exhale long, you're reducing the heart rate and that is then perceived by the entire body as relaxing. That message has been sent up to the brain and suddenly that individual can feel more relaxed and the change in state only takes a few minutes. So that's one of the very first things we often offer to people with PTSD. And there are other ways you can modify breath and I teach this also with anxiety, which is to bring the breath from the chest down into the lower lungs. Chesty breathing indicates to the brain that we're stressed out, whereas lower lung breathing has the opposite impact.

And most people with trauma will have habitual chesty breathing or we say accessory breathing. And we want to shift that into belly or diaphragmatic breathing. And if you want one other trick of the trade that I use, which is very unique to Minded, so is that okay?

Alex Howard: Yeah of course! Do we want as extra secret?

Heather Mason: I could talk about this forever! Okay, so another brain structure that is often influenced in trauma is the thalamus. The thalamus provides all sensory input from the body to the brain, except smell. So it provides feeling, touch, taste, hearing, seeing. And often the thalamus may have a certain level of damage in PTSD and trauma. Because the high levels of the stress hormone cortisol when released in the brain can damage that structure. And so what happens is sensory information can become confusing for a person.

And again, may cause overwhelm like suddenly sensing the body and, 'Ah, I don't like those feelings' or 'I don't like that sound,' but smell is not contingent on the thalamus. Now, for people that might struggle initially with breathing because of the reasons that I said, we do something a bit covert. Which is, we use smell in order to move past, transverse the thalamus directly to the olfactory bulb, and here's why that's important.

So smell has such a strong association with memory. In fact, the olfactory bulb connects to our synapses with the hippocampus, another structure in the brain involved in memory. And so when somebody breathes in a smell that they find relaxing, that reminds them of positive things from the past. What happens is you immediately stimulate those memories. And we've all had that experience, I think of, somebody in our past was wearing cologne or perfume and we had this intimate relationship with them. And then suddenly a stranger has that same scent on.

Alex Howard: Funnily enough, I remember once my grandmother wore a perfume that my ex-girlfriend had worn. It was very confusing.

Heather Mason: Yeah, I bet!

Alex Howard: My brain was like, steam coming out my ears trying to process this.

Heather Mason: I've had that exact same experience with somebody that I've dated that wore the cologne my grandfather did, so I really know how confusing that is. Anyway, we can use that sense of memory and safety in order to suddenly bring people to a place of regulation and teach the breath practices at the same time in kind of a covert way.

So we don't need to even say we're learning breathing today. We can say we're using this smell that you associate with safety and we'll place it on a cotton pad. If it's an essential oils smell it's really easy if it's something else, it could be a little bit more difficult to rub it on there, to procure it, but often we can. And then we'll just ask that individual to inhale in that smell and then exhale, release the scent. And to continuously - if we're doing a yoga practice like a physical asana practice - have them place it somewhere where they can smell it the entire time. And so they're actually engaging in slow, controlled breathing without even realizing it. And every single time they do, they're heightening that experience of safety and the olfactory bulb is one of those few neurogenic structures. So actually, the more you do it, the more potent that relationship becomes. It develops new neurons in response.

Alex Howard: That's fascinating. That's really cool. And in fact, we have an interview as part of the conference around essential oils, and smelling essential oils is one of the strategies in there so that ties in nicely.

One other thing that - before we come to some of the safety considerations that I think also are part of this - one thing I wanted just to touch on is, you mentioned grounding and coming into the body. And sometimes when people have had specific traumas, those are held in the body. And the challenge can be, as they start to come into the body, they start to feel and they start to contact some of that emotional history. How do you help people navigate that?

Heather Mason: So that's more complicated, Alex. And I think that people really need a significant level of training to be able to do that. So I hope that nobody takes what I'm saying right now and just says, I'm gonna go do that, because that really wouldn't be professionally ethical.

But firstly, there is the grounding, maybe the safe scent. So there is a lot of things that we're doing in order for people to start just sensing into movement and the body in general as being safe. Then again, there's the integration of the elongated exhalation and bringing the breath down and other practices like this. And all of these heighten the ability to more regularly be flexible to move out of a high level of fear, into a level of calm and also tend slowly to actually chip away underneath the surface of some of that fear.

But nonetheless, definitely somebody can become emotionally flooded. And what needs to happen in that time is, firstly, not to - as the therapist - to get nervous and to understand that this is actually a pivotal moment potentially in somebody's process of transformation. Because if they can go through that with you first and foremost, maybe later, on their own and understand that they can come back to a place of calm it affords confidence for the future.

So what we'll do first and foremost is just kind of be there and say, I'm present, I'm here, it's okay. Ask what's happening for that person and then also inquire as to whether or not there's any skills that they've already learned. So you're drawing on their own sense of mastery that helps them to regulate. And if they say yes, then you can practice that with them. If not, then they're really, really flooded and not very responsive to you. You usually want to make sure that you can stand that person up and use their legs in that moment. One, that prevents freezing and two, that heightened sympathetic response is there so that we would fight or flee. And so, what often I will do is have somebody in a yoga chair pose for three minutes, which is incredibly intense for somebody. But in that time, suddenly the brain changes from that overwhelm, to 'God, when can I get out of chair'? And then we take a break and we do it again. We take a break and we do it again.

Now, in terms of the resolution of something that might come up where an individual is not as overwhelmed, that they can still manage, but they have really difficult memories, especially in one to one sessions, we usually will help them to just be present. Possibly, if they allow us - because you always have to have consent - hold their feet because there is a sense of grounding in doing that and have them continue to breathe as they move through some of the emotions and experiences that are present and that can be very powerful. And it may happen in many, many different sessions, not just one time. But the biggest thing is to not worry and to remind the client of how valuable it is that they're actually doing this in a safe space.

Alex Howard: Yes. I think that's really helpful. And I think, let's just then broaden this a little bit more to some of the other safety considerations. So we talked about that emotional abreaction in a sense.

But what are some of the other pieces that are important when using yoga therapy, yoga or yoga therapy, actually to work with people with trauma?

Heather Mason: So first and foremost, because of the influence of sound, which can also be negative, don't have scents the room, don't have essential oils in the room. Because it's more important what somebody's unique relationship is to it, than actually the inherent properties. The same with sound. Make sure that if you are going to move around the room, if you are a yoga teacher or yoga therapist that you're announcing why you're moving. People are in vulnerable positions and they may not yet have a general sense of safety in working with you. So they want to know why you're moving and where you're moving. Be conscious of postures that put people in more vulnerable positions. And you don't just have to have sexual trauma to feel vulnerable in positions where vulnerable parts of the body are exposed. So things like down dog can feel vulnerable, cats and cows, because the buttocks kind of just straight there, and there's, I don't know what to say, it's just quite open in that sense.

Alex Howard: Yes.

Heather Mason: I think, where somebody is on their back, especially things like healthy baby, where the legs are spread apart, anything that's going to work on opening the hips, even if it isn't on the floor, even if the hips are facing towards the ground, sensations may arise there and that's a vulnerable place. And anything that's going to strongly open the chest because a lot of emotion is held there, so there's awareness of that. There is also awareness of the fact that potentially people are not ready to close their eyes. And so that option always has to be given for eyes open or downcast, because many people may worry that if they close their eyes and cannot see their environment, they won't be safe.

Another really vital thing is keeping tiny promises. Because people with trauma that show up in class usually have felt that when they thought that something would be okay, it wasn't. And so the things that you tell them you're going to do have to be honored, in so much as if you say you're going to be in a pose for one minute, you're in a pose for one minute, you don't forget. If you say I'm not going to do this today, you don't then choose to do that today. If you say I'm going to offer this to you, you do. You have to provide that sense of consistency. And then, I mean, there's so much.

Another, is to remind people regularly throughout class that everything is a choice, because during a traumatic incident, choice was not present. And so this is a very important time for people with their own bodies to feel a sense of greater agency. So that might mean that they just reject what you do or do something else. The very last thing I'll add is minimizing general uncertainty. There is a very low tolerance in the beginning for uncertainty. So in a yoga class, we might do that because uncertainty is part of life and we want our students to not know when we're coming out of a pose and what's happening next. But you don't want to do that with trauma, especially in the early stages, because it's often something that can be unbearable.

Alex Howard: And for somebody who is themselves working on healing trauma and decides, perhaps has some limited options in terms of what's available locally, in terms of yoga classes. How do they take care of themselves in that environment? If they're with a teacher, that's hopefully basically a good teacher, that perhaps doesn't have the depth of experience that you're describing here. How does someone take care of themselves in that environment?

Heather Mason: Rule one, also recognize at all times that you don't have to do what you don't want to do. Feel free to express to the teacher your concerns, your feelings about potentially being adjusted, all of that. So I would share with the teacher, but also we can't necessarily expect the teacher knows lots about trauma sensitive yoga. So even though it might be for ourselves, I would really suggest picking up a book about trauma sensitive yoga and understanding some of best practice. So that if that's not being taught in the room, you can revert to that as a practitioner yourself. And you might even explain to the teacher so that the teacher knows that you might do that at times because you're working through a process.

There's just one other thing I want to say about safety as well is that, you should have somebody that you can talk to about your yoga practice, a professional. The Minded Institute, if you're doing trauma focused yoga therapy, you have to have another professional that you can go to. Because big stuff can rise when we're working with the body. It can be more expedient, but also that means that things can come up more quickly. So it's really important that there's somebody else that's a professional, not just a friend or family member that you can go to. And I would suggest the same thing in terms of people working with their own trauma, for having safety in yoga class, have some form of additional professional support. So you can say, this is what I did this week in yoga class and this is how it affected me and the two of you can communicate.

Alex Howard: I'm mindful of time, but just one other question that I was curious about, is there a particular strategy in terms of trajectory? So when you're working with people or indeed someone's on their own journey and trying to navigate that, the best they can themselves, is there a particular sequence in terms of how you're generally approaching things?

Heather Mason: Yeah. So first and foremost, we start with all of the conditions to create safety within the room itself. Then we create the safety practices like grounding and possibly the breathing and the safe scent or other things. Then we work on evoking parasympathetic response. Then we work on resiliency between parasympathetic and sympathetic response back and forth. And then we work on actively directing people's attention to sensations in the body and then finally on integration of self and self-acceptance.

Alex Howard: That makes a lot of sense. As I said, I'm mindful of time, but the people that want to find out more about The Minded Institute and you and your work.

What's the best way for people to do that, Heather?

Heather Mason: So they can go to the website, www.TheMindedInstitute.com and we generally have trainings in yoga therapy for PTSD. So you can sign up for those and we also, on my Facebook page, often provide different studies and different information about best practice from those of you wanting to work with yourself. And all of our yoga therapists listed on the site are also trained to work with PTSD. So you can contact them.

Alex Howard: That's awesome. Heather, thank you so much I really appreciate it, and I hope that what it does is it inspires people to the potential of yoga to help support them, but also the way to do that in a practical and safe way. So Heather thank you so much.

Heather Mason: Thank you Alex, thank you very much.