

Yoga Group Therapy with Traumatized Adolescent Males

Kiranjit K. B. Longaker, M.A., R.Y.T., and Gabriel Tornusciolo, Psy.D.

Abstract

This paper describes how Yoga groups have been implemented as a form of interpersonal group therapy with adolescent males who have experienced severe trauma in their lives. It discusses how over time these groups have evolved to exhibit 11 therapeutic factors that are necessary for effective interpersonal group therapy. It then describes the ways in which these groups help the members begin to cope with and heal from the effects of their trauma without having to rely on traditional “talk” therapy.

Introduction

Our focus in this paper is on Yoga as the basis for group therapy with traumatized adolescents typically serviced in more intensive residential treatment settings. It describes how the use of Yoga-based techniques forms an intervention that helps these residents begin to heal from the effects of trauma without relying on traditional “talk” therapy. In order to get a sense of the place for Yoga-based techniques within an intensive residential treatment program, this paper will review the residential program associated with the authors. In order to delineate how Yoga-based techniques can help to create corrective experiences for traumatized individuals, and the ways in which trauma can disrupt a healthy developmental process, a treatment model, namely the Integrated Contextual Model,¹ will be outlined. Therapeutic factors that are necessary for effective group therapy are also out-

lined, after which follows a description of the Yoga groups themselves and the ways that, due to the existence

The use of Yoga-based techniques forms an intervention that helps these residents begin to heal from the effects of trauma without relying on traditional “talk” therapy.

of an effective group environment, the Yoga groups help residents deal with the symptoms of their trauma.

The George Junior Republic Residential Treatment Center

The George Junior Republic is a Residential Treatment Center in upstate New York that serves approximately 170 male residents between the ages of 12 and 18. These residents are divided into different cottages for treatment based on their needs. “Hard-to-place” cottages are those reserved for youngsters with the most severe needs. Their emotional and behavioral disturbances are so extensive that it is difficult to find other programs that will accept them for treatment. All of these youngsters experience a variety of interventions prior to their placement in a “Hard-to-place” cottage. These interventions include foster care, other residential programs, and/or psychiatric hospitalizations. Most of these youngsters have experienced significant and chronic

trauma in their lives, usually due to extreme physical, emotional, and/or sexual abuse, and they exhibit trauma-related symptoms. Choate Cottage, a “Hard-to-place” cottage, is an environment that is intended to provide a great deal of structure and safety in order to help residents develop the skills to form good relationships, to manage their emotions and their behaviors, and to develop a healthier sense of self.

There are several levels of supervision in place in order to ensure that each resident receives appropriate care. There is one staff member for every two residents, plus a cottage manager to supervise the staff members, and a cottage director to supervise the whole cottage and to provide therapy. In order to promote the residents’ feelings of safety, Choate is a secure cottage, which means that keys are required in order to enter or exit the building, or to move between various wings of the building. Residents are not permitted to have access to these keys. There are clear and simple expectations of the residents. For example, they need to ask permission to enter or exit their rooms or any other part of the cottage. When moving around the campus for various parts of their program, they are placed in a specific transition order. Each resident has his own room and is not permitted to be in another resident’s room.

As part of their program, residents are subject to a behavioral modification level system. Level 2 indicates that a resident is meeting minimal criteria for appropriate behavior. Level 3 is a privileged level, which indicates a resident is showing investment in his program and significant behavioral improvement. Level 4 is the highest level and indicates a resident is experiencing great success in the program and is suitable to serve as a role model to

other residents. Level 1 is a restricted level and is reserved for residents who have grossly violated rules of appropriate and acceptable behavior. Such behavior includes acting out sexually with another resident, assaulting another resident or staff

Most of these youngsters have experienced significant and chronic trauma in their lives, . . . and they exhibit trauma-related symptoms.

member, or substantial destruction of property. The higher a resident’s level, the more privileges he is allowed, such as more free time, a later bed time, more phone calls, more allowance, a timed walk outside the cottage without staff supervision, or more off-campus time and home visits. Some Level 4 residents are permitted supervised free time off campus.

Residents earn points every day based on their performance in specific areas, such as hygiene, peer relationships, school, recreation, and behavior. At the end of the month, these points are tallied to determine which of four levels they will be on for the next month. As residents achieve progress at Choate they become eligible for a “step-down” to a less structured program within the treatment setting. This step-down process is part of a larger continuum of care model that emphasizes social skill development, community integration, and family involvement.

The Integrated Contextual Model and Trauma-Related Disruptions

Per the Integrated Contextual Model, as a result of trauma, resi-

dents may experience disruptions in several areas. First, their ability to form attachments is often negatively affected. This can make it difficult for residents to feel secure, to develop mutual, fulfilling relationships, and to trust others. Their ability to feel empathy for others also can be affected.

Second, they often experience disruption in their ability to regulate themselves. They thus may find it challenging to express their emotions with an appropriate degree of intensity, or to show a sufficient degree of control over their behaviors. Residents may have difficulty processing information, be overwhelmed by distressing memories, experience difficulty with sleep, or display symptoms such as a consistently high heart rate. A tendency toward suicidal or self-harming behaviors is sometimes displayed. Residents may also present with difficulties in understanding and honoring appropriate interpersonal spacing and social touch. They often display sexually inappropriate behaviors.

Third, residents tend to experience disruption in the development of their sense of self, which affects their self-perception and self-esteem and their overall ability to develop a positive self-identity. In turn, their social skills, peer interaction skills, and confidence in social situations are compromised.

Yoga Groups as Group Therapy at Choate Cottage

The initial intention behind implementing Yoga groups at Choate Cottage was to help residents increase their ability to manage their anger and to soothe their anxieties. This was to be done by using *āsana* and relaxation to teach them to be aware of the existence of, as well as

how to lessen, chronically held tension in their bodies. The idea was that these techniques could be practiced outside of a crisis situation and

Residents tend to experience disruption in the development of their sense of self, which affects their self-perception and self-esteem and their overall ability to develop a positive self-identity.

then be employed by the resident if he felt he were moving into crisis, or to move out of crisis once he got there. What became apparent after the first few months was that the groups had therapeutic value beyond teaching anger management and self-soothing skills. The Yoga groups now exhibit many of the factors that are essential to successful interpersonal group therapy. They also enhance the program's ability to help residents recover from the negative effects of trauma.

Irvin D. Yalom² suggests that group therapy is a complex process whose success involves the constant interplay of 11 therapeutic factors. He lists these as:

1. Instillation of hope
2. Universality
3. Imparting of information
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors³

The first factor, instillation of hope, refers to the presence in the individual group member of the sense that the group process will be effective and helpful. The second factor, universality, refers to the sense in the individual that he alone does not face difficulties and problems, and there are other people in the world who struggle with similar issues. The third factor, imparting information, refers to information that is given to group members about the conditions from which they are struggling to recover. It also refers to advice given by other group members, and the sense of interest and caring that this implies. Altruism, the fourth factor, is important because the act of giving to other members is intrinsically therapeutic in that it affirms that the giver has something of value to offer.

The corrective recapitulation of the primary family group refers to the correction of distortions brought about by early family experiences, when these experiences are relived in a healthier manner during the group process. The development of socializing techniques is the factor within the group process that nurtures the development of basic social skills. Imitative behaviors are the factor that helps group members develop effective and healthy life skills by imitating the therapist, or other group members, who model these skills. Interpersonal learning is a complex factor that takes place in the relationships of the group members to each other over the life of the group, and relates to the ability of group members to re-undergo emotional situations they could not handle before in the healthier context presumably afforded by the group environment. It also refers to the notion that each member will eventually begin to exhibit in the group environment the maladaptive behav-

iors they exhibit in society at large and that the therapeutic process will provide the opportunity for each individual to become aware of, and to correct, these behaviors.

Group cohesiveness is the sense of community and belonging felt by the members of the group for the group. Yalom sees this not only as a therapeutic factor, but also as a "necessary precondition for effective therapy."⁴ Catharsis is the development of insight into one's behavior, or realizations about one's life, and the impact these things have had on one's current experience. Existential factors refer to aspects of the group process that contribute to consideration of how one makes meaning out of one's life, or, more broadly, the essential nature of the human condition.

The Yoga groups at Choate Cottage provide the opportunity for the effective interplay of these factors without emphasizing or presupposing verbal ability on the part of the residents. The first nine therapeutic factors are a greater part of the group functioning, while the last two are present in only a limited fashion. Since catharsis and existential factors require a developed capacity for insight into one's motivations, as well as the ability to view these motivations in the light of reflection upon the nature of the human condition, it is the minority rather than the majority of Choate's residents who are able to incorporate them into their group experience.

No-Talk Therapy

Extensive concern with catharsis and existential factors may be suitable for therapy with adults, which is arguably more appropriately verbal and reflective in nature. Currently, however, there are therapists who advocate the idea that insight-oriented

therapy, with an emphasis on talking, is often wholly inappropriate for therapy with adolescents, since they often lack the skills of abstraction this type of therapy requires. As Martha B. Straus writes about adolescents who struggle with traditional “talk” therapy, “Most therapies for kids are too much like simplified versions of adult treatments. Trends in child therapy, spurred by managed care and cognitive behavioral approaches, are entirely adapted from adult theories.”⁵ She also writes, “All no-talk kids have deficits that make the requirements of traditional therapy overwhelming for them.”⁶ This is not to say that there is no place for any talking at all. To this effect, Straus writes, “In no-talk therapy, there is, sometimes, of course, some dialogue, if only now and then. The conversation is seldom, however, about problems and their solutions. When kids don’t want to talk, they are typically both bored and degraded by the discussion of their problems.”⁷

Straus’s observations are particularly relevant for the population served at Choate Cottage. The focus of therapy with these adolescents is on creating the safety and structure in which the development of healthy relationships, appropriate self-regulation, and a strong sense of self can be nurtured. This process is one that can easily be interrupted by emphasizing verbalized reflection upon past experiences in order to understand the motivation for current behavior, or by invoking premature, and potentially unsettling, consideration of the essential loneliness of the human condition. Furthermore, if talk is focused on problems that can invoke feelings of being degraded, then therapy oriented around such talk almost certainly compromises the objective of helping traumatized adolescents build a strong sense of self.

This does not mean that the residents do not have cathartic or existentially relevant experiences as a result of their participation in Yoga groups. It does mean that, in the vast majority of cases, such experiences will be most valuable when they are concrete. In her research about which of the eleven factors adolescents found to be most valuable, Billie Farmer Corder⁸ finds that both cathartic and existential factors are highly rated. However, these factors are only highly rated when they concern basic skills and realizations such as “being able to say what was bothering me instead of holding it in,”⁹ “learning how to express my feelings,”¹⁰ and “learning that I must take ultimate responsibility for my life, no matter how much guidance and support I get from others.”¹¹ These factors were selected as least helpful when they pertained to skills and realizations that were more abstract and reflective in nature, such as “learning I react to some people or situations unrealistically with feelings that somehow belong to earlier periods of my life,”¹² and “Recognizing that, no matter how close I get to other people, I must still face life alone.”¹³

The Evolution of Yoga-Based Techniques at Choate Cottage

The way in which Yoga-based techniques have been used at Choate Cottage has evolved over the past eighteen months, and continues to evolve. It would be inappropriate to say that Yoga groups alone are having a positive effect on the therapy of Choate residents. The ability of these techniques to have an effect is due to the way their application *within* the treatment system is supported by this treatment system. An important

example of this is the fact that almost all of the residents have been legally mandated to receive treatment and have been placed at The George

The focus of therapy with these adolescents is on creating the safety and structure in which the development of healthy relationships, appropriate self-regulation, and a strong sense of self can be nurtured.

Junior Republic as a result of this mandate. Many residents are initially reluctant to participate in these groups, although over time this reluctance has become less common. The fact that they are mandated to receive treatment can be the leverage that is required to get the residents into the group initially. This leverage is reinforced by the fact that staff members, as part of the broader treatment system, impose logical consequences for refusal to attend group treatment, and they oversee the serving of these consequences. It is important to note that residents are required to attend group treatment, but they are not forced to do postures. They are permitted to sit on their mats if they choose.

A Yoga group at Choate Cottage does not fit the popular conception of a modern Yoga class. It is structured and paced to meet the residents at their level of functioning. There are no neat rows of Yoga mats with trim, peaceful-looking individuals falling naturally into a fully expressed pose. Rather, it is normal for someone to have an angry outburst and to run swearing from the room. There are usually one or two residents out of ten who do everything they

can to distract and annoy their peers. Residents can often be seen popping in and out of poses, or executing them without any attention to alignment. There also are residents who show great focus and attention to detail. All of these experiences can be incorporated to provide an effective therapeutic experience. For example, one way a resident running screaming from the room can be handled is to encourage the other residents to stay focused in their own experience throughout the distraction.

Since most residents lack the skills to navigate the type of social situation that a Yoga group entails, clear group rules are necessary. These rules contribute to the development of safety and structure in the group. Residents participated in the development of the group rules, which are as follows:

1. Mats are personal space. No one is allowed on another's mat without that person's permission, and without staff supervision.
2. Appropriate attire is required. Jogging pants must be worn, with two shirts. The bottom shirt must be tucked in.
3. Respect your body's limits. Put in good effort, but never push or force yourself.
4. Embrace a noncompetitive attitude. Try not to compare yourself to others. Focus on yourself.
5. Stay with the group pace as best you can. Do not move ahead of the group pace.
6. Have fun!

Groups are offered twice per week for one hour. Cottage staff members are always present to supervise the residents and to ensure their behavior is appropriate. Mats are set up in a circle with everyone facing the center in order to prevent

anyone from feeling like someone is behind them, watching them secretly. Details such as these provide a sense of safety for the resi-

A Yoga group at Choate Cottage does not fit the popular conception of a modern Yoga class.

dents. The groups generally begin with a brief amount of breath work and some jogging on the spot in order to warm up. After this, a few rounds of *sūrya-namaskara* (sun salutation) are done, followed by several postures. These postures differ every day and may be chosen by the group leader or by a resident. If a resident desires, he may volunteer to lead the sun salutations or a posture. Sometimes, only one or two postures are completed. After the postures, the residents lie in *shavāsana* (corpse pose) for a guided relaxation. After relaxation, they are asked to remain silent as they put their mats and blankets away and make the transition to their rooms. At times, these Yoga groups are replaced by discussions on how residents can apply what is learned in Yoga groups to succeed in their treatment.

Development of the Yalom Therapeutic Factors within Yoga Groups

The first nine therapeutic factors outlined earlier have had much room to develop within the Yoga groups. Residents feel hope when they receive encouragement in difficult postures. As they improve over time, the fact that they are at least attempting postures they never thought they would be capable of is tangible proof of their ability to succeed. Residents gain a sense of universality by learning that they, like everyone in the

group, need to respect their physical limitations. They learn they are not alone in their limitations because they actually see other residents struggling with postures. A resident also learns he is more capable in certain postures than other residents, and that some residents have capabilities he does not have.

Information is imparted to residents both through the verbal guidance given during postures, as well as during "lecture" groups. Verbal guidance may be worded something like, "Concentrate on the sensations you feel as you hold this posture. See if you can soften around those sensations. You can learn to concentrate on feelings like anger and to soften around those feelings in the same way you soften around sensations in your body."

Altruism shows up in a significant manner as residents complete their treatment, and new residents arrive. New residents are often regarded with some suspicion and are picked on by their peers. During the Yoga groups, however, more experienced residents often try to help new residents learn the postures and the group rules. The experienced residents are then able to feel they have something valuable to offer to another, and the new residents gain a feeling of acceptance.

The corrective recapitulation of the primary family groups occurs primarily through the demonstration of appropriate nurturing from the group leader. Residents receive constant positive messages about their abilities, their improvement, and their capacities to succeed. Over time, this helps to counteract the deeply ingrained sense of being "bad" that many residents carry with them. Residents also are encouraged to have fun, which is a normal childhood experience that many of them missed out on.

Residents develop appropriate socializing techniques in numerous ways. The mats are a clear physical indication of personal space, and residents are able to get a sense of their own space and that of others. Supervised partner work helps them learn how to enter another's personal space appropriately. They learn to respect people's limitations and not to make fun of others for their deficiencies. Residents learn how to move appropriately in front of other people. Residents develop confidence and leadership skills by leading postures if they wish. When their

Residents receive constant positive messages about their abilities, their improvement, and their capacities to succeed.

postures are corrected, they learn how to *receive* feedback appropriately, and when they venture a suggestion for another resident's posture they learn how to *give* feedback appropriately. When they receive posture assists, they develop a sense of their own comfort with social touch, as well as a sense of what appropriate social touch is.

Imitative behavior occurs as the residents model their postures on the group leader's demonstration of the postures. More experienced residents naturally serve as role models for their less experienced peers. Because the residents are watching the group leader's postures so closely, there is ample opportunity to model other forms of appropriate behavior. The group leader's way of handling residents as she leads them through the postures can often be seen reflected in the way a resident who is leading other residents in a posture chooses to interact with them.

Interpersonal learning occurs every moment as residents observe and respond to each other and are guided by the group leader and staff members about how to do this appropriately. Residents point out each other's inappropriate behaviors in the group. The group leader and staff members can also observe residents' behaviors and then help the residents understand how these behaviors appear in their interactions outside of the group.

Group cohesiveness has developed over time. Residents repeatedly express to people outside the cottage that they feel special to be a part of these groups. Because residents helped develop the group rules, they exhibit investment in acting by them and they hold each other accountable to them. The sense of fun is important as well. The group becomes more attractive to the members when they realize they will be able to laugh and be playful. On a more subtle level, the cohesiveness results from the residents developing the sense that *they are a part of* a practice that has a long history and tradition.

Building Attachment, Self-Regulation, and a Sense of Self

Due to the presence of these therapeutic factors, the Yoga groups provide an effective forum for successful group therapy. Residents can begin the therapeutic process of addressing the effects of their trauma without having to talk constantly about their issues. Residents slowly learn to develop more effective attachments through their interactions with the group leader and their peers during group. They develop a sense of security that they will be accepted in the group as they are. They also learn to develop

empathy for others, as they develop acceptance of the struggles and limitations of their peers. They learn trust for others as they participate, show their limitations, and are not laughed at or rejected. This is not to say that Choate residents who complete their treatment and leave exhibit only healthy and fulfilling attachments. They have, however, been exposed to a situation in which healthy attachments have been modeled and encouraged, and they thus have at least the beginnings of a sense of how to create and maintain such attachments.

Residents develop an improved ability for self-regulation, as they begin to realize they are connecting with their bodies in a way that gives them some mastery and control over their bodies. This sense of physical mastery paves the way for a more broadly applied sense of control over their behaviors, or an understanding that they can create for themselves a life they would like to live. The third group rule, about putting in good effort but respecting their body's limitations, encourages a sense of control by promoting a sense of responsibility. This rule encourages residents to take charge of their experience of a posture. In many groups, residents ask questions such as, "How is this? Am I doing this right?" When a resident asks such a question, he is unflinchingly redirected to notice how the posture feels to *him*. He is encouraged to modify as necessary in order to do the posture in a way that works for his body. Some residents try to avoid responsibility for their actions by saying things like, "Now my back hurts from what you made us do." In this instance, a resident is informed that he needs to take responsibility for his own body and not to push past an appropriate limit for himself. Residents are, of course, given guidelines

for how to maintain physical safety in a posture, but they are informed that, beyond that, there is little the group leader can do to ensure they do not push themselves too far. Residents also try to avoid responsibility for participating to the best of their capacity by saying things like, “That hurts my ankle too much, so I’m not doing that.” In such an instance, a resident is informed that only he knows whether he is applying himself too little or too much. He is told that if he is manipulating his way out of applying himself, he may definitely fool others, but he will always know inside himself that he did not try his best.

Mastery and control are also learned through the guided relaxations. Over time, residents learn that they can soothe their own anxieties and relax their own bodies. They learn that they can be aware of their feelings and thoughts and that they can take steps to deal with them. This process can help counter a resident’s deeply ingrained sense that his feelings, thoughts, behaviors, and more importantly his whole experience of life are beyond his control.

During the Yoga groups, the group leader is provided with almost limitless opportunity to instill in the residents feelings of success and thus to encourage the development of a strong sense of self. Whenever a resident makes a minor adjustment in a posture, or makes the slightest degree of improvement, it can be noted enthusiastically in front of everyone. Furthermore, since the emphasis of the groups is on working within the capabilities of one’s own body, there is simply no room for an experience of failure. This is an extremely important message for traumatized adolescents, who have often been publicly chastised for displaying poor regulation of their behaviors. They have internalized the message

that they are failures, and based on this distorted belief they act in ways that cause them to be chastised further. This causes a vicious cycle to be created in which a distorted belief leads to actions that cause others to give messages that reinforce the distorted belief. By removing the possibility of failure, and by providing ample opportunity to reinforce their successes, Yoga groups provide residents with the ability to gradually

This sense of physical mastery paves the way for a more broadly applied sense of control over their behaviors.

work past their feelings of failure, and to develop the sense that they are capable of success.

The abilities to focus and to process information are both compromised in traumatized adolescents. The sun salutation, because it is made up of a series of movements that never changes, is used in the Yoga groups as a means of helping to encourage these abilities by getting residents to learn and repeat a pattern. Most residents have difficulty following along at first, as well as remembering the particular order of movements. Paying attention to the details of each posture while moving from one to the next encourages focus and nurtures the ability to process varied bits of information. As a resident becomes more proficient at performing the sun salutation, his ability to pay attention to greater postural detail and bodily sensations increases. Furthermore, a resident becomes able to lead the sun salutation more effectively, which increases feelings of self-confidence.

It is important to note here that in teaching Yoga to this population,

the expectation of adherence to appropriate alignment, or postural details, *must* be significantly relaxed. The emphasis must stay on providing encouragement and on reinforcing success. Attention to alignment is important, as discussed above, inasmuch as this can promote the abilities to focus and to process information. For many residents of Choate Cottage, however, a correction, no matter how innocent, risks furthering the ingrained sense of failure. It is important sometimes to ignore incorrect alignment and to focus on the ways in which a posture is being done well. As residents develop a stronger sense of self, and their sense of being a failure is lessened, focus on correct postural details and alignment becomes more appropriate. It is usually helpful to phrase corrections in a manner such as, “Wow, you’ve made such improvement that I think you’re ready for me to give you a more advanced detail.”

There are other ways in which the Yoga groups provide opportunities for residents to build their sense of self. For many residents, the Yoga groups increase feelings of significance and belonging. Although residents often complain to their Cottage director and staff members about being “forced” to do the Yoga groups, it is evident in many ways that the residents value the groups. For example, teachers at the on-campus school often report that Choate residents have been bragging to other residents about their Yoga groups. On more than one occasion, residents have excitedly shown their visiting family members postures they have learned to do.

As discussed above, it is impossible to isolate the Yoga groups and give them the sole credit for improvements that residents make. The treatment offered at The George

Junior Republic is multilayered, and there are many factors that support a resident's progress. However, it is possible to note examples of some changes that have taken place since the Yoga groups began.

A good portion of Choate residents, who have some of the most serious treatment needs on the cam-

Teachers at the on-campus school often report that Choate residents have been bragging to other residents about their Yoga groups.

pus, now regularly earn and maintain privileged levels. This shows that residents have increased their ability to regulate their behaviors. Staff members encourage residents to use breathing and relaxation techniques to calm themselves down and to manage their anger. Residents ask to take their Yoga mats into their rooms to occupy themselves by practicing postures. One resident, who has a history of experiencing difficulty sleeping, admits that he practices gentle sun salutations before bed to help him get to sleep. Rather than showing resistance to the Yoga groups, many residents admit they are now applying themselves, so they can learn to manage their anger.

Most residents who are transferred to Choate from a different cottage on campus say they have heard about the Yoga groups and are excited to begin them. One resident, who belongs to no community outside of The George Junior Republic and has no family he can return to, has stated that he feels he can sign up for Yoga classes when he is discharged as a way of developing social connections. He has even

openly wondered whether he would like to pursue becoming a Yoga teacher. Examples such as these show residents grasping onto, and applying, tools that have been offered to them to help them participate in their process of healing. These are the indications that the Yoga groups are having a beneficial effect on their treatment.

The Future

Since the Yoga groups are a work in progress, it is important to consider in what ways they can continue to evolve. Discoveries in the field of body movement and resolution of trauma, for example, may have important contributions to make to the functioning of the Yoga groups. The strong affinity that Choate residents feel toward the Yoga groups makes them receptive to the therapeutic benefits that are available within the groups. An area for future evolution of this program would be to explore how to make it available to other adolescents who also have the capacity for this affinity. An important part of making groups such as these more broadly available would be to modify them to suit different populations of adolescents, such as those who are diagnosed primarily with conduct disorders instead of trauma. If treatment centers that focus on offering more traditional modes of treatment can be made aware of the benefits offered by the approach to therapy the Yoga groups take, then it will be easier to make such groups more broadly available. This would open up many possibilities for study and refinement of the techniques in these groups and encourage mainstream acceptance of what has developed at Choate Cottage into a valuable approach to group therapy with adolescents.

Endnotes

1. Friedrich, William N. *Psychotherapy with Sexually Abused Boys: An Integrated Approach*. Thousand Oaks, Calif./London: Sage Publications, 1995.
2. Yalom, Irvin D. *The Theory and Practice of Group Psychotherapy*. New York: Basic Books, 1985.
3. *Ibid.*, pp. 3–4.
4. *Ibid.*, p. 50.
5. Straus, Martha B. *No-Talk Therapy for Children and Adolescents*. New York: W. W. Norton and Co., 1999, p. 11.
6. *Ibid.*, p. 107.
7. *Ibid.*, p. 4.
8. Corder, Billie Farmer. *Structured Adolescent Psychotherapy Groups*. Sarasota, Fla.: Professional Press, 1994.
9. *Ibid.*, p. 8.
10. *Ibid.*
11. *Ibid.*
12. *Ibid.*, p. 9.
13. *Ibid.*

© Kiranjit K. B. Longaker and Gabriel Tornusciolo 2003

Kiranjit K. B. Longaker
c/o The George Junior Republic
380 Freeville Road, Freeville,
NY 13068
Tel.: 607-844-6220

Dr. Gabriel Tornusciolo
c/o The George Junior Republic
380 Freeville Road, Freeville,
NY, 13068
Tel.: 607-844-6499